

Abscess may also occur as a result of erysipelas, variola, typhus, etc. The author had met, likewise, with three cases of serous cyst of the septum. He usually treated the latter by cautery puncture without the use of artificial drainage.

Acquired Tongue-tie.

Arthur Powell (*Brit. Med. Jour.*, December, 1898) records the history of an instance of this condition occurring in a Bengali lad, aged eight years. Nearly half the lower lip, from the right angle to opposite the right central incisor tooth was firmly united to the margin of the tongue for a corresponding distance. All the lower teeth on that side had fallen out, except the median lower incisor. Three years previously he had suffered from an ulcerative stomatitis of scorbutic origin. The teeth fell out at the time, and the ulcerated surfaces of the tongue and lip united along the line of contact. They had remained in that condition ever since. The union was firm, involving the whole thickness of the tongue.

On the Pathology of Diphtheritic Paralysis.

F. E. Batten (*Jour. Lar., Rhin. and Otol.*, October, 1899) bases his paper on the examination of six cases by the Marchi method.

The result of the examination was that he found "degeneration of a parenchymatous nature in various cranial nerves, in the anterior and posterior nerve roots, and in the nerve fibres as they pass through the white matter to the grey matter of the spinal cord, in the vagus, phrenic and peripheral nerves, and also on both sides of the posterior root ganglia."

In conclusion, the author regards the dominant lesion in diphtheritic paralysis as a parenchymatous degeneration of the myelin sheath, affecting both sensory and motor elements.

Tonsillar Calculi.

Aitchison Robertson (*Brit. Med. Jour.*, January, 1899) reports a case of enormous tonsillar calculus, occurring in a man aged 50, and weighing one ounce. About six years previously, he began to have repeated attacks of tonsillitis. These often ended in suppuration. About three years later the sub-maxillary glands on right side began to enlarge and become painful. They ultimately suppurated and discharged by a small sinus in front of the neck, at the level of the thyroid cartilage. After a while the discharge ceased, to be followed by diffuse cellulitis of the neck. This extended from the right ear down to the sternum. The sinus was slit up and pus freely evacuated. The wound then healed, and for two years the patient was well.