

cheek. There was marked trismus, and Duchamp suspected that a wisdom tooth might be the cause of the trouble. Under chloroform the wisdom tooth was extracted; its eruption was imperfect. No pus, however, escaped when it was extracted, and the tooth was healthy. None of the fistulous tracts led to the alveolus around the tooth. These tracts were curetted. The swollen soft parts were as tough as wood, and Duchamp now began to suspect actinomycosis. A few days later tracts formed in the neck, reaching to the sternum; those which had been scraped began to cicatrise; but the patient refused any further application of the curette. He took iodide of potassium, beginning with half a drachm daily, and finally taking over a drachm and a half. At first cachexia threatened and the tracts increased, but at the end of two months they all cicatrised; the health was good and the trismus had vanished.—*Brit. Med. Jour., Oct. 9th, 1897.*

MIXED TUMORS OF THE SOFT PALATE.—Berger (*Revue de Chirurgie*, July, 1897), publishes the following conclusions derived from careful study of cases of mixed tumors of the soft palate. These growths, he finds, form a well-marked group of tumors which possess distinctive anatomical and clinical characters. They take origin in the glandular structures of the palate, and are always enclosed within a capsule of connective tissue, which completely isolates them from the surrounding parts. They are made up of (a) epithelial elements, the arrangement of which resembles sometimes that of an adenoma, at other times and more frequently that of an epithelioma; (b) a stroma presenting varying forms of connective tissue, principally mucoid tissue and cartilage. The author's observations have led him to oppose the theory of the endothelial origin of these growths. Regarded from a clinical point of view these tumors are essentially non-malignant. They never take the same course or lead to the same results as true epitheliomata. This innocent character seems to be due to the suppression of the epithelial constituents of the growth by the development of the mucoid or cartilaginous tissue of the stroma. It is occasionally difficult to distinguish these mixed tumors from sarcomata, which, on the palate, may present analogous characters, such as a slow growth, a distinctly circumscribed form, and relative innocency. The sole reason for anxiety on account of mixed tumors of the palate is their gradual and persistent growth and their tendency to impair through compression the functions of adjacent organs. Their extensions towards the pharynx, the pterygo-maxillary region, and the parotid gland cause some difficulty in their extirpation, which, however, thanks to their investment by a capsule, may be effected by enucleation. Local relapses, when they occur, are always the result of incomplete