

3. Paresis of soft palate and pharynx.
4. Vomerine crest.
5. Distortion of vertebral column.
6. Retropharyngeal abscess.
7. Hypertrophy of palate tuberosities.
8. Webs and neoplasms.

**TONSILLOTOMY RASH.**—Wingrave refers to the surgical rash which not infrequently follows the removal of tonsils and adenoids. This may be simple and non-specific and soon disappear, or it may be from drug intolerance, or if operation be done when tonsils are inflamed, such as is advised by some authors, it may be the rash of scarlatina, or the eruption occasionally seen in diphtheria, and thus deserves watching.

**IMPORTANCE OF PREVENTING CHRONIC, SUPPURATING ETHMOIDITIS BY PROMPT TREATMENT.**—Clarence Rice concludes his article on this subject—as follows :—

1. No nasal disease should be allowed to progress far enough to produce obstruction, deficient drainage, the close contact of turbinals with septum, and the retention of muco-purulent secretions, because in those conditions there exists great danger of extension of disease to the sinuses, and especially to the ethmoid cells.

2. All surgical work in the nose should be carefully and cleanly performed, so that no resulting infection can produce chronic suppurating ethmoiditis. He favours the persistent use of antiseptic powders for the first forty-eight hours after operation, in preference to the older method of washing the nasal passages, and believes this is a better safeguard against sepsis.

**ABNORMAL PULSATING PHARYNGEAL VESSEL.**—Tilley showed a patient suffering from enlarged tonsils and adenoids where such a vessel existed, and discussed the advisability of operation, at a meeting of the London Laryngological Society. It was decided that, in the hands of an operator with special skill, the removal might be successfully done, but the risk was generally admitted.

**DI-IODOFORM IN TUBERCULAR LARYNGITIS.**—Massier (Nice) reports the result of treatment in seven (7) cases of laryngeal tubercle by this remedy, and concludes from