ous stomatitis. Dr. Charles Herrman predicted that future bacteriological study would show that this same ulcerative process occurred in other parts of the body as well as in the throat.

Phlegmonous Lingual Periamygdalitis.—L. DEPOUTRE, of Cambrai, reports (*Annales des Maladies de l'Oreille, du Larynx, etc.*, May, 1903) a case in a man, thirty-five years of age, which was relieved by incisions. A few other reported cases are referred to in the accompanying remarks.

Amygdalitis Localized in a Supernumerary Tonsil.—DR. FAYETTE C. EWING, of St. Louis, Mo., reports (*Laryngoscope*, January, 1903) a case of well-developed supernumerary tonsil between the posterior pillar of the soft palate and the pharyngeal wall affected with a typical amygdalitis without any associate involvement in the adjacent normal tonsil.

Amygdalotomy.—For the purpose of cutting away large tonsils, DR. ARTHUR BAILIE FRANCIS, of Carrickfergus (*Medical Press*, April 15, 1903), has devised a tonsil sector in which a pair of semicircular scissors-blades move inside a circular guarding ring, through which the tonsil is pulled forward with a small vulsellum to the point at which the section is desired.

Lymphoid Growths at the Vault of the Pharynx.—EUGENE LABARRE, of Brussels, extols (*Annales des Maladies de l'Oreille, du Larynx, etc.*, May, 1903) the ablation of adenoid vegetations with the electrothermocautic curette of Rousseaux, in the handle of which he has made some illustrated improvements which facilitate its use.

At a meeting of the Laryngological, Otological, and Rhinological Society of Paris, January 9, 1903 (*Ibid.*), GALAND reported a case of an adenoid infant in whom digestive troubles were produced by pus which ran from the rhinopharynx into the stomach. On curettage a flow of pus accompanied the pharyngeal mass, in which a calculus was found in addition. From this moment the digestive symptoms—both gastric and intestinal—disappeared completely.

In the discussion following a number of cases were reported in which nursing children had been relieved of digestive troubles by removal of lymphoid vegetations at the vault of the pharynx.

Recurring Multiple Angiomata of the Septum.—This case was reported by DR. JOHN O. McREYNOLDS, of Dallas, Texas, at the last meeting of the American Medical Association (*Journal of American Medical Association*, March 7, 1903). A man, thirty-two years of age, had on each side of his cartilaginous septum a few dark blue elevations, each about the size of a pea; discrete, rounded in shape, and most enormous in the anterior superior portion of the septum. Electric cauterization destroys the growths temporarily, but in a few weeks others have become reproduced.

Postnasal Polyp Adherent to the Septum of the Nose and the Soft Palate.—CHAVASSE records (*Archives Internationales de Laryngologie, d'Otologie et de Rhinologie*, January and February, 1903) in an article on rhino-