

the operation, and in the other on a second or third day. The former occurrence is observed commonly in cases of dental caries complicated with periodontitis (of any stage). The pain is characterized by an intolerable severity and is said to be dependant upon the alveolus being tightly plugged with a firm blood-clot involving flaps of a torn and inflamed periosteum and, sometimes, also exposed ends of nerves. The best treatment here is constituted by a forcible irrigation of the alveolus with 3% solution of carbolic acid, which acts both as a disinfectant and anæsthetic. In the other groups of cases the pain is relatively less intense and is caused simply by an inflammatory reaction about the alveolar wound, which arises in consequence of an infection by food-particles, oral discharges, etc. The septic inflammation is to be treated by an initial irrigation with the carbolic lotion, after which the alveolus is to be thoroughly dried and plugged with a gauze tampon soaked in the same solution. If suppuration be present, the alveolus should be well powdered with iodoform before plugging; the plug should be covered with a cotton-wool pledget which is to be changed every 1 or 2 hours. Any narcotic drugs are said to remain entirely useless in either of the categories—*Zubovratchebnyi Vestnik*, December, 1888.

III. Mucous Cyst of Dorsum of the Tongue. By Dr. W. ZOEZE-MANTEUFFEL (Dorpat, Russia). A gentleman, aged 50, came to the writer with complaints of a painless but gradually increasing swelling of his tongue, which had been noticed by him first about 8 months before, and of late been greatly interfering with his speech and swallowing any solid food. On examination, the anterior part of the dorsum was found to be occupied by a symmetrically developed tumor of the size and shape of a hen's egg. Backward, it reached nearly as far as the circumvallate papillæ; on either side there remained intact only a narrow strip of the parenchyma of the organ. The swelling was covered with a normal mucous membrane; it was elastic and fluctuating. A puncture with a Pravaz's syringe drew out about 30 cm. of a milky, slightly opalescent fluid. The patient's speech was jabbering and lisping (*lallend*). An incision, $1\frac{1}{2}$ cm. long, was made, several cubic centimetres of the same fluid escaping. The wall of the cyst

was found to be perfectly smooth, measuring about 2 mm. in thickness and consisting of the mucous membrane and submucous coat. The cavity was washed with thymol, and a drainage tube inserted. There were slight febrile movements (38° C.) and a considerable swelling of the parts about the night-fall, but on the next day the temperature became normal, while the swelling subsided after the local use of ice. The drainage tube was removed the 9th day. About the 16th day the patient came with his wound completely healed by a scarcely perceptible scar, his tongue and speech being quite normal. No recidive occurred up to date (six months have elapsed). The microscope showed that the fluid removed contained mucous corpuscles of various sizes. According to the examination by Professor Carl Schmidt, the fluid represented a thick, viscid, colorless, alkaline mucoid matter, which did not change starch, and consisted of 95.396 water, 3.946 mucin and other organic substances, and 0.658 mineral bodies. In short, the tumor was nothing else than a muccus cyst. Dr. Manteuffel was unable to find in the international literature any other instance of the development of a mucous cyst in the anterior part of the dorsum of the tongue. According to Henle (*Handbuch d. Systemat. Anatomie*, 1886, pp. 129, a. 133), precisely this region is void of glandular structures. The tumor could not possibly have developed from a process of the *foramen cæcum*, since otherwise the cyst would be situated somewhere posteriorly, or at all events, if anteriorly, there would be present then *two* cysts (correspondingly to a terminal bifurcation of the said process), and never *a single symmetrical* cyst. Dr. Manteuffel comes to the conclusion that the tumor has developed from "an erratic (*verirrte*) mucous gland exposed to some accidental irritation," the patient being in the habit of cleansing his tongue with a blunt knife.—*St. Petersburger Medicinische Wochenschrift* No. 2, 1888.

IV. A simple Method of Tonsillotomy. By Dr. G. LEVITSKY, (Russia). The writer recommends the following plan for excision of hypertrophied tonsils, which may be resorted to when no special instruments are under hand. The fauces and gland having been cocaineised and the patient seated on a chair, an assistant takes his position behind