Adenoids Neglected and Some of the Results—M. H. GARTEN—*West. Med. Rev.*, November, 1899.

Picturing the far-reaching evils resulting from neglected adenoids the duty of the family physician to look out for, and detect the condition is strongly urged. EATON.

A Case of Complete Occlusion of the Posterior Nares—E. D.

CAPPS, Forth Worth, Texas—October, 1899.

Digital examination of the patent, a woman of thirty years, showed firm adhesions between the soft palate and the post-pharyngeal wall. Under complete ether anesthesia, a steel sound was introduced into the pharynx, which was found to be almost occluded by a bony mass, the hard palate extending upward and attached firmly to the base of the occipital. The obstructing mass was cleared with a chisel and curette, the adhesions of the soft palate broken up by means of the finger and steel sound, and the passage packed with iodoform gauze. The result was satisfactory.

The author believes the case to be of congenital origin, and that the adhesions of the velum resulted from the presence of adenoids which had atrophied. SCHEPPEGRELL.

Innocently Acquired Syphilitic Infection of the Throat—F. R.PACKARD—*Journ. Eye, Ear and Throat Dis.*, October, 1899.

A woman, aged forty, unmarried and a professional nurse complained of sore throat. Objectively there was a large, irregular superficial ulceration with a grayish slough on the surface of the right tonsil involving the right anterior faucial fold. The cervical glands on the right side were very much enlarged. The history was that a year before she had had scarlet fever from which she entirely recovered, save some soreness of the throat. One month after her attack she attended a confinement case of a woman who had mucous patches all around the vulva and anus, and also in her mouth, but of this she knew nothing until she had attended the case for a week or two, during which time she had been frequently kissed by the patient. Then a sore developed on her upper lip. The doctor in attendance then told her the patient had syphilis, and that the sore on her lip resembled a chancre. The points of interest are:

1. The apparently genuine history of infection.
2. The difficulty of making an early diagnosis.
3. The absence of all symptoms of syphilis except those presented on the lips and tonsil.

The literature of the subject is given and it is maintained that syphilis of the mouth and throat is very commonly of innocent origin, and that the difficulty of making a diagnosis of syphilis of the tonsil is sometimes very great. EATON.