II. MOUTH AND PHARYNX.

A Case of Superimposed Uvula—T. A. DEBLOIS—*N. Y. Med. Journ.*, December 22, 1900.

This peculiarity occurred in a young man who complained of an irritation in the throat. On examination two uvulae were seen, one hanging from the anterior pillar and another from the posterior pillar, almost masked by the anterior uvula.

The posterior uvula was removed with the galvano-cautery snare, and the other uvula fell into position. The tissue removed was muscular in consistence.

M. D. LEDERMAN.

Supplementary Report on a Recurrent Tonsillar Tumor—R. P. LINCOLN—*N. Y. Med. Journ.*, October 7, 1900.

This recurrence occurred in a man in excellent physical condition, which at first resembled "Tertiary Ulceration Simulating Sarcoma of the Tonsil," and was reported under that title.

The new growth was removed under ether and suprarenal extract without the loss of much blood.

Portions of the growth were examined by different microscopists who differed in their opinions, though no malignancy was found by any of the observers. It was said to be a simple hyperplastic inflammatory product.

M. D. LEDERMAN.

Contribution to the Causation of Subacute Pharyngeal Tuberculosis in Infancy—C. COMBA—*Lo Sperimentale*, Anno liv, Fascicolo 3.

In the pharynx tuberculosis, while showing a preference for the combination of lymphatic glands, known under the name of the Ring of Waldeyer, particularly chooses the palatine tonsil. At one time it was thought that tuberculosis of the tonsils was rather rare, but on the contrary, it is frequently located in the lymphatic apparatus of the pharynx, but only in a latent condition and without giving any symptom of its presence. Pharyngeal tuberculosis is rather rare in children who are more subject to the secondary form. This is explained by the fact that before the age of seven or eight children do not expectorate but swallow their sputum, so that the tonsils do not remain in contact with the bronchial secretions or only for a short time. The pharynx may also be secondarily infected through the blood vessels (in the course of miliary tuberculosis) or in a retrograde sense by the lymphatics (in the peribronchial end cervico-lymphadenitis of tubercular nature).

Tuberculosis does not always remain localized and latent in the tonsils. We see it sometimes rapidly invading the pharynx, the soft palate, the fauces and the tongue. Of this acute form of pharyngitis the author has collected fourteen cases in literature and adds three others observed in the children's clinique in Florence. In these three cases the post-mortem demonstrated that the pharyngeal tuberculosis was secondary to pre-existing processes in the respiratory apparatus and the digestive tubes.

G. FERRERI. (Translated by StClair Thomson.)