

appeared. At first it seemed as if an abscess had been opened, but after consideration and exploration it was considered more likely that the cavity was a cyst-like projection from the ventricle, such as was normally present in certain apes—*e.g.*, the orang-outang—and was rarely met with in man. This diagnosis was confirmed by sections of part of the wall which was excised, and which showed that the cavity was lined by ciliated epithelium.

(To be continued.)

## Abstracts.

### MOUTH, PHARYNX, NASO-PHARYNX.

**Butto, H. Hoyle.**—*Hypertrophy of the Lymphoid Ring of the Pharynx and its Surgical Treatment.* "Medical Record," January 17, 1903.

In this paper hypertrophy of the lymphoid tissue of the vault of the pharynx, of the faucial tonsils, and of the lymphoid tissue at the base of the tongue is considered, and indications laid down as to efficient means of treatment.

The paper is a useful summary of the subject.

W. Milligan.

### NOSE AND ACCESSORY SINUSES.

**Bellevue.**—*A Case of Tuberculous Tumour on the Posterior Part of the Septum Nasi.* "Revue Hebdom. de Laryng.," June 14, 1902.

Tuberculosis of the nose, excluding lupus, is a very rare affection; primary tuberculosis in the form of a definite tumour is still rarer. Madame D——, aged forty, began to be troubled in 1899 with a pricking sensation in the nose, accompanied by the formation of crusts. In other respects her health was excellent; previous history good, and her parents were quite healthy. For about a year and a half the nose was treated by daily washing with boracic solution, etc., but the condition did not improve. In January, 1902, she came complaining of vague pains in the nose, and of nasal respiration being obstructed by the crusts. On examination, slight atrophy of the mucosa of the inferior turbinals and anterior end of the septum, with crust-formation, was found; also a small tumour about the size of a pea growing from the septum towards its posterior end. The tumour was irregular in shape, very red, and bled readily on the slightest touch; the mucous membrane around it was congested. This was snared, and the site of origin cauterized, and suitable treatment ordered for the atrophic condition. After a few months' treatment the nose appeared perfectly well, and the patient in robust health.

On microscopic examination, the tumour was found to consist chiefly of lymphoid cells, traversed by engorged bloodvessels. Scattered throughout were typical tubercles, in the centre of each a large giant-cell with nuclei *en couronne*, around it a more or less broad zone of epithelioid cells. No attempt was made to find tubercle bacilli, nor