

## Abstracts.

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### MOUTH, FAUCES, Etc.

**Fontoyront and Jourdran.**—*Streptococcal Glossitis and Stomatitis in Madagascar.* "La Presse Méd.," September 16, 1903.

This affection begins on the tongue and may be confined to the tongue, but frequently spreads on to the cheeks and lips. The lesion commences as a series of little red plaques about the size of a pinhead. Each plaque enlarges concentrically till it meets and fuses with its neighbours. Thus large plaques are formed. They are red, smooth, varnished in appearance owing to loss of epithelium, the edges are pale, somewhat raised, and polycyclic in outline, whilst the rest of the tongue is covered with a whitish fur. The condition may spread till the whole surface of the tongue is affected.

The submaxillary glands are always more or less swollen; fever is slight or absent. If left untreated the condition gets well of itself, leaving no trace of its occurrence. It appears to be endemic in Tananarivo amongst the natives. Europeans are liable to be attacked, and at certain seasons of the year little epidemics break out. A streptococcus in long chains and in pure culture is always found in scrapings from the affected parts.

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### NOSE, NASO-PHARYNX, AND ACCESSORY SINUSES.

**Dieu.**—*Tertiary Lesions in the Naso-pharynx.* "Revue Hebdomad. de Laryng.," etc., September 19, 1903.

Gummata in the naso-pharynx may be divided into two classes: (1) Those beginning in the deep tissues—periosteum, etc. (2) Those beginning in the mucosa. The latter class only is dealt with in this paper. The symptoms are often so slight and so vague that no attention is paid to the condition till it is far advanced. Some obstruction to nasal respiration, frequent desire to clear the throat, and slight, vague pain about the throat or in the back of the head, may be the only symptoms present. When the condition is more marked, the four principal symptoms are nasal obstruction, more or less deafness, which is generally unilateral, dysphagia, and headache with nocturnal exacerbations. The intensity of each symptom will vary greatly with the position of the gumma and the amount of ulceration.

Diagnosis is made by aid of the post-rhinoscopic mirror.

Before the stage of ulceration is reached a gumma of the naso-pharynx has to be differentiated from naso-pharyngeal fibroma, sarcoma, tuberculous abscess, cysts of the vault of the cavum, and acute "adenoiditis."

Fibroma and sarcoma both occur generally at an early age, when tertiary syphilis is rare. The former is often extremely hard and bleeds readily. The latter bleeds readily and grows very quickly. Neither sarcoma nor gumma give rise to adenopathy in the neck—at least, in their earlier stages. Often the diagnosis can be settled only by antisyphilitic treatment. Tuberculous abscess is generally easily dis-