

to do good work and to avoid injury the instruments must be fitted to the particular case, which meant anticipation beforehand of all possible conditions.

Dr. FRANK B. SPRAGUE, of Providence, R. I., called attention to the use of atropine for the purpose of fortifying respiration and drying the secretions. He had employed it successfully in three cases.

Professor KILLIAN, in closing the discussion, said that irritation of a foreign body in a bronchus would very probably cause bronchitis or pneumonia, in which event it was important to understand the general condition of the patient, and whether bronchoscopy should be performed. Some cases were so dangerous that the patient would die unless the foreign body was removed; in such cases the method should be continued and the child be given the benefit of possible relief.

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## Abstracts.

### MOUTH.

Roy, J. N. (Montreal).—*Primary Melanosis of the Palate; Naso-buccal Fistula of Recent Sarcomatous Origin.* "Montreal Medical Journal," November, 1907.

This is an exceedingly interesting case on account of its rarity, the writer having found only two similar cases on record. The patient, a blacksmith, when twenty-three years old, injured his palate slightly with the stem of a clay pipe. One year later he discovered in the medium raphe of the vault a small round spot 3 millimetres in diameter. During the following twelve years this spot increased in diameter to about 6 millimetres. The only symptom was slight roughness of the tongue on pressure. About this time iodine was applied, and pain commenced to appear, which lessened when it was discontinued. The extension of the disease, however, was continuous, pigmentation taking place in the surrounding parts as well as the original site. Four years later all the space within the dental arch of the superior maxilla was filled with melanotic granulations. At the end of another four years, while the general granulation had markedly increased, there was depression of the palate on the left side, due to the formation of a naso-buccal fistula. This was attended by neither hæmorrhage nor suppuration.

Examination now revealed melanosis of the entire hard palate. Granulations of a brown or blackish colour were scattered all over, the left side being greatly depressed. At a point between the middle and posterior thirds of the hard palate a probe passed readily into the nasal cavity.

There was no dysphagia, but the voice was nasal, and the pharyngeal reflexes were absent.

Microscopic examination led to a diagnosis of "melanotic sarcoma resembling melanotic endothelioma."

As the patient positively refused operative measures, the necessary mutilation together with the possible complications and doubtful prognosis being explained to him, the case was allowed to progress, under resorcin and hygiene treatment, toward the inevitable fatal issue.

The writer concludes: "I should like to remark how unusual this case is, presenting a primary melanosis of the palate, without co-existing lesions of the eye or skin, a slow evolution of twenty years, and a recent rapid sarcomatous growth." *Price-Brown.*

## NOSE AND ACCESSORY SINUSES.

**Downie, Walker.**—*Sarcoma of the Nose, with Six Cases.* "Glasgow Med. Journ.," August 1, 1907.

Sarcoma of the nose is rare, and mentioned only briefly in text-books. It grows from the antrum, the ethmoid cells, and the middle turbinal, and comes at any age, as shown by these cases, and in either sex. In some cases it has a characteristic malignant tendency, and in other cases it resembles an ordinary simple polypus or papilloma, and, therefore, a great deal of confusion takes place.

Sarcoma is often not recognised until too late. The following symptoms point to malignancy: (1) Occasional attacks of epistaxis; (2) hæmorrhage on touching the growth; (3) severe pain on probing or removing them; (4) deformity of the nose; (5) general loss of weight and health. The *treatment* is to recognise these growths when small and beginning, and to remove them thoroughly with snares, forceps, or the galvano-cautery. But if these growths come from the antrum or frontal sinus, the prognosis is not good unless a very radical operation is done.

*Andrew Wylie.*

**Haseltine** (Chicago).—*The Septum Nasi—a Comparative Study.* "The Homœopathic Eye, Ear, and Throat Journal," July, 1907.

The author studies the nose from a developmental standpoint, including the ontogeny and phylogeny of the organ.

The formation of the face may be considered as one of Nature's difficulties of accommodating the size of the anterior portion of the human brain, and the most difficult part of this face building is the formation of the nose.

The nose is a relatively more important organ in many lower animals, but in no animal is the actual relative size of the nasal chambers so great as in man. So one meets with the curious biological paradox of an organ increasing in size but losing function. This can only be explained by regarding the larger nasal space as caused by the widening facial angle due to cerebral growth.

The structure of the septum in man is altogether different from that of the animal; whilst the latter has the septum practically complete at birth in man its formation is largely a post-nasal process. The bony plates which fill the extra space within the facial angle have but a flimsy support, and are subjected to almost constant disturbance of their inter-relations. Hence deformity results.

This theory of faulty union of the bony plates of the septum is supported by clinical observations. Children are free from septal deformity. The posterior border, which ossifies early and without disturbance, is nearly always normal. The anomaly of septal deformity is less frequent in flat-nosed races with less frontal development. *Macleod Yearsley.*