

for malignant growths, if they perforated into a cavity where it met with no resistance at all, to become pedunculated. Therefore, having regard to the rapidity of recurrence and ulcerated appearance of the growth in conjunction with this tendency, he had little doubt that Dr. Tilley's case was one of malignancy.

In answer to Sir Felix Semon, Dr. HERBERT TILLEY said that he thought the growth would not turn out to be one of the most malignant forms of sarcoma, in spite of the fact that it had already recurred twice after removal. Its non-vascular nature and free mobility would suggest a preponderance of fibroid tissue rather than the embryonic tissue associated with the more malignant forms of sarcoma.

Abstracts.

NOSE AND ACCESSORY SINUSES.

Lake, R.—*The Restoration of the Inferior Turbinate Body by Paraffin Injections in the Treatment of Atrophic Rhinitis.* "Lancet," January 17, 1903.

White paraffin wax melting at 105° F. is used. The syringe should hold about 30 minims, and be armed with a needle about 2½ inches long. The same precautions are used as for paraffin injections under the skin of the nose. In suitable cases the turbinate has been replaced with one injection of about 25 minims of melted wax. In other cases it is necessary to inject several minims every week.

As a result the patients feel more comfortable in the nose, and crust formation is more rapidly checked.

StClair Thomson.

THYROID AND TRACHEA.

Carnegie Dickson, W. E.—*Expectoration of a Tooth Thirteen Months after Inhalation into the Lung.* "Lancet," February 28, 1903.

The patient had twelve stumps removed from the upper jaw, on two consecutive days, under gas. After the second day's operation he had a slight feeling of uneasiness behind the sternum. A month later he developed influenza, and suffered from aphonia for some days. Two months later he had an attack of pleurisy. Following this he was much troubled with cough, expectoration, hæmoptysis, and, in short, many of the symptoms of phthisis, for which he was treated, although tubercle bacilli were never found in his sputum. Finally, while lying quietly in bed, he felt a "sort of obstruction" in his chest, and coughed up a large mouthful of bright, red-clotted blood. In this he felt something hard, which proved to be the fang of an upper molar tooth. The case is of considerable interest to both the dentist and the physician.

StClair Thomson.