SOCIETIES' MEETINGS.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

A MEETING of the Society was held on December 18, in the Medical Society's Rooms, Chandos Street. Sir WILLIAM DALBY occupied the chair. The minutes were read and confirmed of the meeting held by the Initiative Committee last June, on which occasion a Sub-committee, consisting of Mr. Cresswell Baber, Mr. C. A. Ballance, Dr. Thomas Barr, Dr. Adolph Bronner, Mr. A. E. Cumberbatch, Sir William Dalby, Mr. George Field, Dr. Edward Law, Dr. Jobson Horne, Dr. McBride, Dr. Milligan, Dr. Middlemass Hunt, Professor Urban Pritchard, Dr. Laidlaw Purves, Dr. A. W. Sandford, and the Hon. Secretary, Mr. Arthur H. Cheatle, was appointed to draw up rules and regulations for the Society.

The proposed rules and regulations were submitted and approved, and the following were elected as Officers and Council for the coming session: President, Sir William Dalby. Vice-presidents, Dr. Urban Pritchard, Dr. Thomas Barr, Mr. G. Field. Hon. Treasurer, Mr. Cumberbatch. Hon. Librarian, Mr. Cresswell Baber. Hon. Secretaries, Mr. Charles A. Ballance and Mr. Arthur H. Cheatle. Council, Mr. Victor Horsley, Mr. Mark Hovell, Dr. Law, Dr. McBride (Edinburgh), Dr. Milligan (Manchester), and Dr. Sandford (Cork).

It was announced from the chair that gifts of books to the library, which it is proposed to form, had been received from Mr. Alban Doran and Mr. Asher Lawrence. The next meeting of the Society will take place on the first Monday in February at 4.30 p.m.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

Fifty-second Ordinary Meeting, November 3, 1899.

F. DE HAVILLAND HALL, M.D., *President, in the Chair.*

The PRESIDENT referred to the loss laryngology had sustained by the death of Professor Störk, of Vienna, one of the earliest and most distinguished laryngologists and an honorary member of this Society.

The following cases and specimens were shown:

Microscopical Section of a Growth (Lymphangioma?) removed from the Right Ventricular Band of a Man aged Forty. Shown by Dr. FURNISS POTTER.

The specimen was brought before the notice of the Society because there was some doubt as to its nature, and also because, as far as the exhibitor knew, a growth on the ventricular band was not of common occurrence.

Mr. WAGGETT said he had been asked by Dr. Furniss Potter to suggest that this case might be referred to the Morbid Growths Committee, as Dr. Potter had some doubt as to whether it was lymphangioma.

The suggestion was supported by the PRESIDENT and adopted.

Case of Enlargement of the Nose. Shown by Dr. WILLIAM HILL.

A boy aged eight, the subject of congenital syphilis, first came under observation as an out-patient a year ago with necrosis of the premaxilla and ulceration of the septum. Subsequently a large sequestrum was removed under an anæsthetic. About a month ago signs of symmetrical periostitis of the nasal bones and of the nasal processes of the maxillary and frontal bones appeared. The enlargement and deformity of the nose had steadily increased: the swelling, which was very painful to touch, had now extended halfway up the forehead; the usual depressions at the inner angles of the orbit had disappeared, and the cheeks were becoming puffy. There appeared to be no active destruction now going on in the septum, but there was present a condition of crusty rhinitis. The boy had been taking gray powder, but the condition was gradually getting worse, and the exhibitor asked whether anyone present could suggest any local or constitutional treatment likely to arrest the morbid process; otherwise much destruction and deformity seemed to be inevitable.

A Case of Lateral Enlargement of the Nose. Shown by Dr. HILL.

The patient, a girl aged eleven, had been under observation as a sufferer from atrophic rhinitis for more than a year. Owing, presumably, to retarded growth of the septum, the shape of the nose, with its now depressed bridge, was quite different from what it was formerly, and the patient had been gradually altering in appearance for two years. Within the last two or three months, however, a more rapid change had taken place. This consisted of a lateral widening of the nose; the nasal bones, instead of forming a bridge, have become markedly flattened out, and the nasal pro-

cesses of the superior maxillæ were now widely separated and formed prominent ridges, rising above the level of the depressed and flattened nasal bones. The question asked was, Could anything be done either to correct the present deformity or to arrest its progress?

Female aged Twenty-four with Enlargement of Nose. Shown by Dr. StClair Thomson.

This patient applies for relief for frontal and occipital headache and nasal obstruction. She states that her nose was always rather broad, but that lately it has increased. The bridge of the nose appears expanded on either side, the ridge of the nose is ill defined, and (apparently from distension of the skin) appears thin, and the capillary circulation in it is marked, while the alæ seem thickened.

She has cacosmia, but states that she cannot smell on the right side. Both nostrils are patent; there is no pus on either side, and no marked pathological change in the nose, except that the middle turbinal is enlarged and pushed inwards against the septum. A view has not been obtained of the post-nasal space.

Male aged Fifteen with Enlargement of Nose. Shown by Dr. StClair Thomson.

In this case the nose is not only enlarged externally, but it is red and decidedly tender. The tenderness is slight over the lower wall of the frontal sinus, hardly perceptible over the centre of both maxillary sinuses, but is increased over the nasal process of the superior maxilla, while it becomes very marked over the nasal bones and on pressure at the inner canthus of the eye on the region of the ethmoidal labyrinth.

The patient states that for twelve months the discharge from his nose has smelt badly both to himself and others.

Pus has been seen on the posterior wall of the cavum and on the floor of the right choana, as well as a slight amount in the left middle meatus.

Nasal Case for Diagnosis. Shown by Mr. Atwood Thorne.

The patient is a boy aged twelve. Six weeks ago it was noticed that his nose was broader than usual, and since that time it has been getting gradually worse.

He has also had increasing difficulty in breathing through his nose.

There is a history of a blow three months ago, when his nose bled a good deal for an hour or two and then ceased.

He came to St. Mary's Hospital on November 3, and was seen to have a broad nose with a depressed bridge. He could not breathe at all through either nostril. On examination both nostrils were found to be filled with hard, blood-stained masses. On clearing these away the septum was found to be thickened and ragged immediately within the columella, and beyond was a large perforation of the cartilaginous septum.

There is nothing in the boy to suggest tuberculosis.

There is nothing in the teeth or eyes to suggest hereditary syphilis, but he is the youngest child, and the mother had a miscarriage three and a half years after his birth.

Dr. William Hill said: I think Dr. StClair Thomson's two cases are instances of perichondritis and periostitis of a more or less acute character, and we can dismiss, at any rate as a prime factor, the question of ethmoiditis, though secondarily the ethmoid region may be involved. I have had cases resembling them before in which I had thought I had excluded syphilis, but on more than one occasion they eventually turned out to be syphilitic; others were apparently of an erysipelatous nature.

In the female I cannot help thinking that there is perichondritis of the septum present owing to the thickness of septum, and if so, that might explain the condition of the rest of the nose, because when you get perichondritis of the septum the inflammation often does spread to the adjacent structures. I cannot, however, throw any light on the ætiology of the case.

Dr. Scanes Spicer said in the boy's case the bony and cartilaginous framework of the nose appeared quite normal and not hypertrophied, whereas the hyperplastic condition was confined to the soft tissues of the tip, dorsum, and alæ, and appeared to be only of the skin and subcutaneous cellular tissue. The explanation of this seemed to him not clear in all cases. Doubtless sometimes this enlargement resulted from œdema of an acute inflammation which did not completely subside. In others it was secondary to the congestion consequent on systemic circulatory disorder. Reflex congestion from intranasal irritation might explain other cases; and sometimes, as in this case, a stagnation of lymph-flow was suggested, although one could not determine the fact of blockage of lymph vessels.

Dr. F. de Havilland Hall: The first case reminds me of the case of a lady who consulted me some years ago, though in my case there was more swelling, redness, and tenderness. In order to get a satisfactory examination I applied cocaine to the interior of the nostril. There was no change in the nose, and I sent her back to

her medical adviser in the country. To my dismay, I heard three weeks later that, a few days after I had seen her, acute mischief set up in her nose with the formation of an abscess and destruction of the bony framework, so that the bridge of the nose fell in. At the time there was very little more to be noticed than in the case we are discussing; it had been going on for some weeks, and seemed a chronic or subacute case, and I had no idea that such rapid mischief was in progress. I have been unable to satisfy myself of the final result, as the lady would never come near me again.

Sir FELIX SEMON: I have had the opportunity of seeing a good many similar cases, and in the majority I have satisfied myself that the origin of the enlargement was traumatic. It appears that often enough after a fall in early infancy, or after a blow during school-time, or a fall in the hunting-field, etc., an inflammation is set up, not only of the soft parts, but also of the perichondrium or periosteum, the acute symptoms of which (pain, obstruction, epistaxis) quickly subside. But later on it progresses very slowly and insidiously. So much is that the case that patients often, when first asked about a history of traumatism, distinctly deny such; but on a subsequent occasion return with the statement that, on further thinking about the matter, they remember having had months, or even years, ago an injury to the nose. The best treatment I have always found in such cases consists in applications of ice-water externally, and iodide of potassium internally.

Dr. DUNDAS GRANT: I share the diffidence which seems to usually possess the members of this Society with regard to these cases; personally I have a good deal to learn about them. With regard to the youth whose case was brought before us by Dr. StClair Thomson, I agree with Dr. Scanes Spicer that the condition is more that of vascular congestion from pressure, owing, I think, to the size of the medial turbinated bones; and I am of the opinion that a very considerable diminution will take place if the turbinated bones are removed. Very often early swelling is due to some skin disease affecting the lining of the vestibule, and I think that repeated small follicular abscesses will leave this enlargement.

With regard to the case of Dr. Hill, it is a very serious one indeed: the child seems to have been inoculated with some virulent form of suppurative disease, which has resulted in a chronic atrophic condition and cirrhotic contraction of the parts; afterwards this has resulted in the falling down of the soft tissues, which bring with them the nasal bones, which do not seem to have acquired their attachment to the nasal process of the superior

maxilla, as they would do at a later period of life. I do not think it is necessary to assume a syphilitic condition in that case.

Dr. Fitzgerald Powell: To help clear up this matter, I wish to ask Dr. StClair Thomson to tell us whether any cultures have been made from the nasal secretions, especially in the case of the boy. I think we must look further afield in the majority of such cases for the cause, and if sought for it will be found in certain blood dyscrasias, such as tubercle, syphilis, or perhaps septic infection. In traumatism no doubt we may have the exciting cause, the disease remaining latent until the blow or injury has been received. We know in septic, tubercular, and other forms of osteitis, a blow or other injury is often the starting-point of the disease, which not infrequently runs a rapid course. In these nose cases tubercle or syphilis will, I think, generally be found at the base of the trouble, and not septic infection.

Dr. StClair Thomson, in replying, said: I am very glad to have raised a discussion, and I hope that members having similar cases will bring them before the Society. Firstly, I would say that no cultures have been made from either of my patients. While no doubt traumatism is a cause in a large number of cases, I hardly think it will explain all cases. Among my private patients such cases have occurred in middle-aged ladies, who do not seem likely to be exposed to traumatism; one was over fifty years of age, who was quite sure she had had no injury. Her nose was tender, shiny, and red, and for this reason she had a dislike to going into society. I had another case in consultation in which the condition was in an advanced stage; the bone and skin were distended to such an extent as to cause superficial ulceration. It was seen by a general surgeon in consultation; he could give no opinion, and regarded the case as very obscure. The post-nasal space was perfectly clear. Under potassium iodide (up to 30 grains three times a day for six weeks), given by a Manchester surgeon on the suspicion of syphilis, no improvement took place.

A Case of Laryngeal Growth (Anterior Commissure) in a Man with Altered Voice for over Thirty-five Years. Shown by Dr. Hector Mackenzie.

The patient is a man aged forty-eight. His voice has never been natural since the age of ten or twelve, when it suddenly altered and became weak and hoarse. Since then the voice has remained high-pitched, weak, and more or less hoarse, but sometimes worse, sometimes better. He has noticed no difference recently.

He has suffered from a cough off and on since he was a boy. For the last six or seven years he has easily got out of breath on exertion. It was on account of the cough that the patient sought advice. He was found to have a slight degree of emphysema, together with some bronchial catarrh.

On examination of the larynx there was to be seen a flat, smooth, reddish growth projecting from the epiglottis immediately above the anterior commissure, and extending above the anterior fourth of the right vocal cord. The remainder of the larynx appeared healthy.

During the three months that the patient has been under observation the growth has not altered in size or appearance. From the appearance, shape, size, and situation of the growth, it is probably a fibroma.

I have brought the case forward especially with regard to the question of treatment.

The growth, as far as we can observe, produces no symptoms, unless we are to suppose that it is the cause of the alteration of voice, in which case we must assume that the growth has been in existence for thirty-five years. Is this not one of those cases where the growth is best left alone, the patient being seen from time to time, and surgical interference being employed only if required by increased size of the growth or by interference with the breathing.

I very much doubt whether it would be of any advantage to the patient to have a perfectly normal voice, seeing that he has reached the age of forty-eight with his present vocal peculiarities, even if it were possible to secure this by operation. What the man hopes from operation is to be cured of his shortness of breath, with which the growth has no causal relation.

The PRESIDENT: If I were the patient, I would prefer to go to the grave with my voice in the present condition.

Dr. DUNDAS GRANT: Is it not worth while to have that growth removed? I think an attempt ought to be made. It is not always an easy place to get at with forceps, but the "seat of election" for operation by means of a snare. I have seen a case just like it where it could not be removed intralaryngeally, and the result of removal by means of thyrotomy was to restore the voice, though it is generally supposed that thyrotomy is attended with great risk of loss of voice.

Dr. SCANES SPICER: This particular growth seems an easy one to remove by snaring, since it appears free from and above the vocal cords; with no attachment below the anterior commissure,

and with a constricted pedicle, removal would probably entirely cure the unpleasant hoarseness.

Mr. Waggett advised Dr. Mackenzie to remove it, or someone else would.

Dr. Herbert Tilley thought that the growth might quite well be removed by intralaryngeal forceps; he had recently thus treated a case at Golden Square Throat Hospital, and had found no difficulty with it. He felt bound to differ from Dr. Mackenzie's view of the treatment. The fact that the patient had had a bad voice for thirty years seemed to the speaker a powerful argument that it was time to endeavour to give the patient a good voice.

Dr. Hector Mackenzie: I am very glad to have had the opinion of the members of the Society about this case. I had an opportunity this afternoon of seeing the man's elder brother, who confirmed what the patient had told me, that the change in the voice came on quite suddenly; he said he could remember the very place where his brother lost his voice, namely, a certain field in Oldham. This is rather difficult to explain if the cause of the alteration of voice is the presence of the tumour. Mr. Waggett says if one person does not remove the growth someone else will do it. I believe the man himself wants it done, because he thinks he will be cured of his shortness of breath. Unless I felt it was the best thing for the man, I should neither do it nor advise it to be done. I quite agree with you, Mr. President, that as the man has gone about all these years—nearly forty years—with very little inconvenience resulting from the tumour, it is better to allow things to take their ordinary course.

[The President subsequently had an opportunity of re-examining Dr. Hector Mackenzie's patient, and agreed with those members who advocated the removal of the growth.]

A Case of Epithelioma of the Left Ary-epiglottic Fold in a Man aged Sixty-five. Shown by Mr. Wyatt Wingrave.

The only symptom was painful deglutition of seven months' duration. Portions was removed by snare and Grant's forceps, and proved to be squamous epithelioma.

During the last two months he had lost weight, and the growth showed signs of extension.

Mr. Butlin: I could not quite convince myself how far the growth extended anteriorly and posteriorly, but it seems to me from most points of view a good case for operation in that situation, though such operations are very rarely successful. The best way to do it is to open through the thyroid cartilage, turn back the two

halves of the larynx to obtain a better exposure, and then deal with the growth. I have performed infrahyoid laryngotomy for a growth not quite so large as this one under discussion; it was not a great success, there was very little room to get at it. I have removed very few growths from this situation, but such as I have done I have exposed from the front.

Male with Unusual Indrawing of the Alæ Nasi. Shown by Mr. Richard Lake.

This case was shown simply as a curiosity.

Dr. Scanes Spicer: The stenosis of nose from alar collapse is so extreme in this case, that he would probably derive comfort from wearing tubes to keep the nostrils open.

Mr. Lake: The patient wears Schmidt's dilators, and derives great benefit from their use.

Dr. Scanes Spicer: He wants nothing more than small pieces of ordinary drainage-tube, which fulfil every indication and do not irritate.

Mr. Waggett: Mr. Stewart asked me to draw your attention to the fact that he had a similar case which was shown to the Society, which perhaps will be remembered, and that he made use of an apparatus with a not very favourable result.

Dr. StClair Thomson: The man is a neurotic subject; by manipulating the speculum, though I gave him a good deal of space and could see right through into the nose, he was still breathless. He has cardiac disease, and I have noticed that people with heart trouble, whose nasal respiration is deficient, are very neurotic.

A Case of New Growth in the Vocal Cord, probably Cystic in Nature. Shown by Dr. Dundas Grant.

Man aged twenty-six, omnibus conductor, was brought under my notice by Dr. Mackintosh on account of the peculiar condition of his left vocal cord, of which he has made a very faithful portrait. The cord is shaped very much as if a small lemon-seed had been let into the middle of its vibrating part. The mucous membrane over the swelling is perfectly normal in colour and lustre, and the mobility of the cord is unimpaired; a few bloodvessels ramifying on the surface are just visible. There has been no pain, and the only symptom has been a pronounced degree of hoarseness each winter for four years, coming on gradually, lasting for the winter, and then gradually diminishing, but not wholly going, as summer comes on. The growth appeared to me to be in the substance of the cord rather than on its surface, and its presence, no doubt,

gave rise to a chronic laryngitis under unfavourable climatic conditions, this retrogressing under favourable ones. Its rounded contour suggests that it is a cyst.

I propose making an incision, or at least a puncture, in the first instance, subsequently applying an electric or chemical cautery.

This growth has increased in size since I first saw it, and has become more prominent. It has been suggested by Dr. Tilley that it would be better to remove it with my own forceps than make an incision as I proposed. Having again examined the case, I shall act on the suggestion.

Dr. HERBERT TILLEY advised removal by means of intra-laryngeal forceps; the growth was freely movable, and the treatment suggested would be much easier than the endeavour to puncture it and apply chromic acid to its interior.

Dr. STCLAIR THOMSON: Are cystic growths common? I thought I had a similar growth once, but when removed and put under the microscope it turned out to be a case of œdematous fibroma.

Dr. SCANES SPICER: It also struck me as being a fibroma.

Mr. WAGGETT had operated on a case very similar in appearance to that now shown. Microscopic examination proved it to be a cyst lined with columno-squamous epithelium.

Dr. DUNDAS GRANT in replying said: I hope to bring this growth (be it œdematous fibroma or cystic) before the Society on another occasion. My reason for thinking it cystic was that it was deeply buried in the substance of the cord, whereas fibromatous growths are usually outgrowths from the surface of the cord.

A Case of Fibro-papilloma of the Vocal Cord causing Hoarseness; Restoration of Voice after Incomplete Removal of the Growth. Shown by Dr. DUNDAS GRANT.

A teacher, aged nineteen, came under my care last September on account of extreme hoarseness of about two months' duration, which had come on after an attack of bronchitis and influenza. The laryngoscope revealed a pink nodule of the size of a large pin's head on the edge of the left vocal cord at the junction of the anterior and middle thirds, and a much smaller one immediately opposite it on the right cord.

By means of my laryngeal cutting-forceps I succeeded in at once effecting a somewhat incomplete removal of the growth, which Mr. Wingrave considered to be a fibro-papilloma. The voice, however, was so well restored that I have not deemed it justifiable or requisite to carry out any further surgical treatment.

Case of Sarcoma of the Post-nasal Space. Shown by Mr. WAGGETT.

A young woman, aged thirty, who six months previously had begun to notice nasal obstruction, and also the formation of a lump in the neck. Some pain was experienced at the back of the neck, and otorrhœa on the left side had recently developed without pain.

Examination showed infiltration of the left lateral and posterior walls of the naso-pharynx, with a firm growth of pinkish-white colour, ulcerated in parts. A large secondary growth fixed to the deep structures was present beneath the upper quarter of the left sterno-mastoid muscle. The primary growth had descended almost to the level of the palate. The nasal fossæ were not involved.

Dr. BOND: This is a very grave case, and it is evident that an operation will either sooner or later be required to relieve the girl. I think that an early attempt should be made, that the palate should be split, and the growth thoroughly examined before deciding what should be done further. It is possible the whole mass in the naso-pharynx might be snared and scraped away and the site cauterized; one cannot tell before exploration, but the patient should have the benefit of the doubt, and an attempt be made to either cure or relieve her. I should recommend a preliminary laryngotomy, and then a few days later, if the last operation was a success, an attempt should be made to remove the glands. It is within the bounds of possibility that the girl can be cured; she ought to have her chance. My own argument is that something in any case must be done.

Dr. SCANES SPICER: I have had such a case under treatment during the last two years, and which has up to now been a great success. The patient was a gentleman, aged sixty-five, with almost complete nasal obstruction on left side, with septal exostosis and deflection, hypertrophied inferior and middle turbinated bodies, and left nasal cavity blocked with growths. These were thoroughly removed in December, 1897, and the nose rectified. The growths were myxomatous and fibromatous, and presented no evidence of malignancy. The nose was quite clear for some months, but there was an undue amount of mucous secretion and post-nasal irritation leading to hawking. Towards the end of 1898 the passage seemed to be narrowing again at the back, though no growth whatever was to be seen in the nose or naso-pharynx. In February, 1899, owing to increased stuffiness, the patient again sought advice, and complained of a lump and tenderness externally, but deep behind ramus of lower jaw. I then suggested that Mr. Butlin should be

asked to see the case, as it looked as if it was a case of malignant disease in an early stage, and that an external operation would be required. The patient was examined under an anæsthetic, and a portion of swollen lump in naso-pharynx removed for examination, and found by Mr. Butlin to be sarcomatous. The patient thereupon agreed to extirpation of the growth internally and externally at two operations. Mr. Butlin operated on the internal mass after dividing the soft and partly the hard palate. The patient was weak, and made but a tardy recovery from the first operation, and it was decided to defer the second, at all events, for some time, until he was stronger. The cervical gland mass did not appear to increase in size or to spread. Arsenic was tried, but was not tolerated. The patient went to the Riviera for some weeks, and later in the summer to Switzerland. In the Engadine he consulted Dr. Bernhard, of Samaden, who thought it necessary there and then (September, 1899) to excise the enlarged masses in the neck; pain was a prominent symptom, and the possibility of there being deep suppuration in a gland or glands had been held throughout, though it was considered probable that the neck growth was also sarcomatous. Dr. Bernhard's expert declared the tumour removed from the neck to be glands affected with chronic lymphadenitis with suppurative foci, and to be free from malignancy or tubercle. The patient left the Engadine within three weeks of the operation, and now, save a slight fistulous track over clavicle, is quite well. The practical lessons to be derived from this case appear to be that it is almost impossible to form an exact and complete opinion of such a case as this from the results of a histological examination of portions removed; that post-nasal sarcomata should be removed as early and as thoroughly as possible; and that secondary enlargements in the cervical glands outside are not necessarily malignant.

Dr. DE HAVILLAND HALL: I remember one case in which a growth was mistaken for adenoids, and an operation performed, but which later was found to be a case of sarcoma.

Mr. ATWOOD THORNE: I have seen a case in hospital practice which was taken to be adenoids, and was operated on as such. The mass recurred, was found to be sarcomatous, and did not admit of removal.

Mr. WAGGETT: I only have to say that these cases appear to be much more common than the scanty literature would lead one to suppose. I have seen four cases during the present year, in two of which an erroneous diagnosis was at first made. I shall attempt to carry out the suggestions made by Dr. Spicer and Dr. Bond.

Case of Laryngeal Perichondritis in a Man of Twenty-six, the Subject of Pulmonary Tuberculosis. Shown by Dr. SCANES SPICER.

The exhibitor called attention to the confinement of the disease to the right half of the larynx, to the considerable induration over the right half of the thyroid and cricoid cartilages, to the displacement and tilting of the larynx over to the left, and to the marked œdematous infiltration of the right side of larynx on laryngoscopy.

Extra-laryngeal (?) Malignant Growth. Shown by Mr. WAGGETT for Mr. W. R. H. STEWART.

A woman of fifty-six, the subject of chronic throat symptoms, for eighteen months had suffered pain in the throat and left ear.

Careful examination with the mirrors early in July had revealed no disease, the patient's note-book bearing the remark that the movements of the cords were normal. Paresis of the left vocal cord was noted in September, and early in October œdema of the left arytænoid region developed, partly hiding the paretic cord. A plaque, white in colour and resembling in appearance the surface of a furred tongue, was now seen on the posterior pharyngeal wall on the left side and close to the arytænoid.

Digital examination revealed the presence of a hard nodular infiltration of the left linguo-epiglottic fold.

The case was regarded as malignant and inoperable, though no glandular enlargement was detected. Consequently, no microscopic investigation had been made.

The PRESIDENT: This case is one of three—either tubercular, syphilitic, or malignant. Sir Felix Semon seemed in favour of syphilitic, and he put malignant last, though I should put it first.

Dr. DUNDAS GRANT: I should consider it a case of epithelioma of the larynx and pharynx.

Mr. WAGGETT said that iodide of potassium had been used in this case.

Dr. HILL: The diagnosis could readily be cleared up by snipping a bit off for examination. This, assuming the case to be operable, ought to be done at once, with a view to prompt surgical measures.

Dr. LAMBERT LACK: I should advise that the growth be not touched in any way. The diagnosis seemed quite certain, and the tumour was quite inoperable.