

laryngeal papillomata in children as advocated by Dr. Paterson. With the forceps devised by Dr. Paterson it was necessary to make a considerable allowance for the kick upon closing the instrument, and with it there was difficulty in clearing out the anterior commissure—the part which the operator particularly wished to reach. With a view of overcoming these difficulties, Dr. Horne had had an instrument made by Messrs. Mayer and Meltzer, and this he would be pleased to demonstrate at the next meeting.

Dr. STCLAIR THOMSON said that he also had invented an instrument, which he would bring. It left the eye open to see along the gunwale. For the last two years he had been removing such papillomata by the Killian method. But he did not find them soft to pull away, but remarkably tough, nor did he find it so easy to get “all away,” as did Mr. Tilley. At the last meeting Mr. Robinson showed a specimen of papilloma of the larynx, all of which it would have been impossible to take away except by flaying the larynx, as the growths were spread over the ary-epiglottic folds on both sides, the vocal cords, the ventricular side of the epiglottis, and below the cords. He had been disappointed to find that the growths recurred when removed by the Killian method, as by any other.

Dr. D. R. PATERSON said there were various sizes in which the forceps could be used. He had had one made in which the end was very narrow, and which could be got into any commissure. He agreed with Dr. Thomson's remarks as to the toughness of some of the growths, especially if they were sessile. Straight forceps would not grasp them, and he had found it necessary to use Lörri's curette, which he had modified to use with a Killian tube. Various sizes were made, and they were especially useful in removing small pieces of growth from below the anterior commissure.

Mr. HERBERT TILLEY, in reply, said Dr. StClair Thomson must have misunderstood him, as he knew full well the difficulty of being sure that the whole of the growths had been removed. He meant to say that one was more certain of removing growths by the direct than by the indirect method. If the growths were fairly limited, probably all of them could be got away. He maintained that papillomata themselves were not so tough as Dr. Thomson and Dr. Paterson thought. When the forceps were fixed, and the growth would not come away, it was because they grasped not only the papilloma but also the tissue from which it was growing. The papilloma was a collection of “sprays” of epithelial cells supported on a fibro-vascular stem, and was quite soft. Last Wednesday he had a demonstration of that, because at the commencement of the operation he could see the growths and pick them off, but towards the end of the operation he had great difficulty in doing so when he endeavoured to get away the bases of the growths. He would be examining the larynx again next week, and would then apply a solution of salicylic acid in absolute alcohol to the growths.

Dr. WATSON WILLIAMS exhibited a Sphenoidal Sinus Syringe.

CORRIGENDUM.

In May number, page 211, eleventh line from top, for “aphonia” read “aphasia.”