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The President, Dr. George A. Leland, *in the Chair.*

Report by Dr. Emil Mayer.

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(*Continued from vol. xxviii, p.* 666.)

Primary Carcinoma of the Epiglottis.—Emil Mayer.—Primary cancer of the epiglottis is rare, and up to the present time the treatment has consisted of surgical intervention or the use of radium and the X-ray. He had seen two cases. The first was diagnosed as probable malignant disease of the epiglottis, and the subsequent history was that of primary epithelioma of the larynx with subsequent metastasis, laryngectomy, and death. The second case was that of a man, aged sixty-four, who complained of some slight difficulty in swallowing, especially the swallowing of cold liquids. His general condition was good. Examination showed some œdema of the uvula and leukoplakia buccalis. He gave no history of lues. After treatment he improved somewhat, but this did not last, and some six or seven months later there was discomfort in swallowing, a naso-pharyngeal catarrh, and the white patches still present. There were no other evidences of a diseased condition in the throat. About three weeks later a new condition presented itself on the laryngeal surface of the epiglottis. There was a deep ulceration surrounded by a thickened mass. The pathologist pronounced this cylindrical-celled carcinoma. The epiglottis was removed, after the patient had been anæsthetised and the suspension laryngoscope placed in position. There was little bleeding at the time of the operation, but twenty-six hours after the patient began to expectorate large quantities of blood. This bleeding was checked by the application of ice internally and by sprays of peroxide of hydrogen. He left the hospital in ten days.

Broncholith, Bronchial Calculus, or Lung Stone.—Walter F. Chappell.—The patient was a woman, aged fifty-two, who was attacked by severe wheezing, the spasmodic cough lasting an hour at a time, and by intense tickling in the throat. The tickling was below the larynx, and the wheezing in the upper part of the chest, in front and behind. The patient soon raised a small calcareous mass, but the asthma continued. Another coughing spell resulted in the expulsion of a large calcareous mass. Immediately all wheezing stopped and the breathing became absolutely free. Later another calcareous mass was coughed up. Chemically these masses consisted of phosphate of lime. The patient gave no history that would give a clue to the cause for the existence of this condition.

The Removal from the Œsophagus of a Denture embedded for Eighteen Years.—D. Braden Kyle.—The foreign body was very difficult to locate, in spite of its size and shape, on account of the granulation-tissue which had organised into fibrous tissue, together with the curvature

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of the spine, as the X-ray picture showed. The patient swallowed the upper plate with four front teeth attached while sleeping. The plate lodged in his throat, and a physician who was called in wished to push it down into the stomach, to which the patient objected. He then went to a hospital, where, after the passage of several instruments, he was assured that he had never swallowed the plate or that it was no longer in the œsophagus. For a few weeks after, the patient felt slight pain in the lower part of the neck at the point he always felt that the object had lodged. After that time there was no sensation, but swallowing has always been difficult. The Kahler œsophagoscope was used, and many attempts were made before the foreign body was successfully removed. By loosening the plate from the fibrous bed by setting up slight inflammatory action and then waiting a few days, the plate was removed without much ulceration.

The Passage of Bacteria through the Tonsillar Tissue.—George B. Wood.—From a study of our experiments it seems that the following conclusions may be drawn. (1) The tonsils in the hog are more readily infected by the anthrax bacillus than any other portion of the buccal or pharyngeal mucosa. The clinical history of this disease in the hog shows that in the great majority of idiopathic cases the pharynx has been the site of invasion, and in all of these cases of pharyngeal diseases the tonsils are the port of entry. In none of the experiments was there any involvement of the pharyngeal or buccal mucosa other than the tonsils. While the culture of anthrax was generally brought into more intimate contact with one of the tonsils, it was impossible to limit the bacilli to the tonsillar surface, and they came into contact with a large part of the pharynx. In the infection an effort was made to rub the emulsion into one tonsil only and in one case the lesions were limited to one tonsil only, but this was not the tonsil on which the culture had been rubbed. (2) Anthrax bacilli penetrate through the crypt and not the surface of the epithelium. (3) The anthrax bacillus probably gains access to the parenchyma of the tonsil by passing through the living, unaltered epithelium, and having gained access through the superficial layers of the epithelium, they tended to multiply in the deeper layers and then pass into the interfollicular tissue. (4) Anthrax bacilli penetrating through the living normal epithelium cause a devitalisation of the tissue, which paves the way for secondary infection from the staphylococci or other pathogenic organisms. (5) The rapidity of the invasion is influenced both by virulence of the organism and the susceptibility of the individual animal. Following the invasion the subsequent course of the disease is similar to that found in other tissues. The toxin elaborated by the bacilli causes at first an accumulation of polymorphonuclear cells, later necrosis of the tissue-cells with disintegration of the nuclei. The germinating follicles show more resistance to the disease than the interfollicular tissue. Associated with the necrotic process is an increase in the number and engorgement of the capillaries, and sometimes there is marked extravasation of the red blood-cells. The anthrax bacilli accumulate in the lymph-spaces and also around the blood-vessel walls. In some of the sections examined the bacilli were found penetrating the blood-vessel walls, and a few were found actually in the blood-current.

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