Dr. PEGLER suggested it was a case of tuberculosis.

Dr. SCANES SPICER thought the condition was syphilitic.

Dr. SMURTHWAITE thought from the general appearance that it was syphilitic. If it were tuberculous, he thought there would be redness of the cords, whereas the cords appeared to be white, except at the base. If it had been tuberculosis in the pharynx, one would have expected the patient to be worse than he was at present, and there would have been pain on swallowing. He advocated putting the patient upon a course of antisyphilitic treatment first.

Sir FELIX SEMON said that if the patient had come to him privately he would not have committed himself to a definite opinion after one single examination.

Mr. BARWELL said it was difficult to believe it was tuberculosis. That disease was not only very uncommon in the pharynx and fauces, but it usually only occurred at a late stage of phthisis. No report of the condition of the chest had been mentioned. The patient was usually very ill, and dysphagia was severe; therefore it seemed improbable that the ulceration of the fauces could be tuberculous. The œdema of the arytenoids was asymmetrical, and a very translucent bluish-red, the remainder of the larynx being unaffected. It did not give him the impression of tubercular laryngitis, but of an inflammation of the posterior surface, which he regarded as probably syphilitic.

Dr. STCLAIR THOMSON said he did not think Mr. Parker suggested it was tubercular, but that the diagnosis lay between chronic infection of the pharynx and syphilis. One had never seen a tuberculous pharynx like that without much more local and general reaction. The pseudo-œdema of the arytenoids in this case was more characteristic of syphilis than of tubercle. Recently he saw a case in his clinique in which the arytenoid flapped about and looked as if it were fluid, but when taking hold of it and trying to get it off it was very tough. A similar case was brought to the hospital during his absence, and it was looked upon as œdema of the larynx, because it appeared translucent. *Post-mortem* examination showed it to be an extremely fibrous syphilitic infiltration.

Mr. PARKER said, in reply, that he would have been glad to hear from those who thought it was syphilitic what they considered the exact lesion was. He thought that with such extensive infiltration of the lateral walls of the pharynx it could hardly be of a purely secondary nature, and yet, if it was tertiary, it was very unusual for such extensive gummata in the pharynx to persist for three months without breaking down.

BRITISH MEDICAL ASSOCIATION.

SEVENTY-THIRD ANNUAL MEETING, HELD AT LEICESTER,

July 24, 25, 26, 27, 28, 1905.

SECTION OF LARYNGOLOGY, OTOLOGY, AND RHINOLOGY.

THE meeting of the British Medical Association will take place this year at Leicester from July 24 to July 28 inclusive. The

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Section of Laryngology, Otology, and Rhinology will be held under the Presidency of Dr. F. W. Bennett.

The Section will meet on Wednesday, Thursday, and Friday, 26, 27, and 28, at 10 a.m., adjourning at 1 p.m. each day.

The following subjects have been selected for special discussion:

(1) WEDNESDAY, JULY 26.—"The Lines of Treatment in Preventing Acute Middle-Ear Suppuration from becoming Chronic." To be introduced by Dr. WILLIAM MILLIGAN (Manchester) and Dr. ERNEST WAGGETT (London).

(2) THURSDAY, JULY 27.—"The Treatment of Tuberculous Disease of the Larynx." To be introduced by Dr. JOBSON HORNE (London) and Dr. SAMUEL HABERSHON (London).

(3) FRIDAY, JULY 28.—"The Infectivity and Notification of Diphtheria, with special Reference to Latent Forms of the Disease." (Conjointly with the State Medicine Section.) To be introduced by Dr. WATSON WILLIAMS (Bristol) and Dr. DAVID DAVIES (Bristol).

Foreign and Colonial visitors will be cordially welcomed in the Section, and such as may desire to attend are requested to send in their names, together with the titles of any papers they may wish to read, as soon as possible to the Honorary Secretaries, CHARLES HERBERT FAGGE, M.S., F.R.C.S., 22, St. Thomas's Street, London Bridge, S.E., and ALEX. LEWIS MACLEOD, M.B., 89, Hinckley Road, Leicester.

Members are invited to contribute any preparations, specimens, or drawings, or any instruments or apparatus pertaining to the work of the Section, and which have been designed by themselves, in order that the Committee of the Section may make arrangements to form a special exhibit of such objects.

Papers, accompanied by an abstract, should be sent as early as possible for reference to the Committee of the Section. No paper will be accepted for reading until it has been so sent in and approved. The offer of a paper will not be accepted on its title alone.

In order to save time and correspondence, all communications relating to the exhibition of preparations, instruments, etc., may be addressed to Dr. BENNETT, 25, London Road, Leicester, and all others relating to papers and discussions to Mr. C. H. FAGGE.

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