The whole duration of the case was less than six weeks, and the disease therefore was "acute" Graves's disease. Points of interest were: a large and persistent thymus found at the autopsy, the small size of the liver and the pancreas, the very large thyroid, the disappearance of the exophthalmos after death, and the absence of any lesion in the nervous system. The author thinks that exophthalmos and pulsating goître, the most prominent clinical features in most cases of Graves's disease, are the least constant if we take the whole number of cases, and that the patient may lose them while retaining the other three chief symptoms; and if in some patients either the exophthalmos or the goître may be absent, and in some both may disappear, it is certainly open to us to argue that in others they may be absent from the beginning.

The author argues in favour of a central origin of the disease.

[With the author's views generally, and in the view that patients may have all the signs and appearances of Graves's disease without exophthalmos or goître, *i.e.*, "palpitation, anæmia, emaciation, and the minor symptoms generally complained of," the reviewer is quite in agreement.]

ASSOCIATION MEETINGS.

Medical Society of the State of New York.

EIGHTY-FIRST ANNUAL MEETING, HELD AT ALBANY, FEBRUARY 1, 2, 3, 1887.

The Correction of the Deformity termed Pug-Nose by a Simple Operation.—Dr. J. O. ROE, f Rochester, read a paper, in which he said that making the outline of a pug-nose regular by taking away a portion caused the nose to look larger, by rendering it unsymmetrical. The operation consisted in turning back the end of the nose, removing sufficient tissue to correct the deformity, and returning the integument. Malformation due to deformity of the cartilage was corrected by dividing the cartilage and making the patient wear a suitable splint. He had operated in five cases, and the result had been good in all.

The Relation of Laryngeal to Pulmonary Phthisis: Importance of Local Treatment.—Dr. C. C. RICE, of New York, read a paper, in which he expressed the opinion that laryngeal disease in connection with pulmonary tuberculosis was not always tubercular. In about 65 per cent. of cases there was characteristic tubercular deposit. In the remaining cases the process was slow, commencing with subacute catarrh, becoming chronic, and finally ulcerative. The disease not being often tubercular, the term tubercular laryngitis was unfortunate.

Laryngeal Intubation.—Dr. O'DWYER demonstrated the method of performing the operation. Dr. Jacobi said that thirty years ago he had spoken of Bouchut's method as ridiculous. Two years ago he had expressed doubts as to the success of O'Dwyer's method. He was now convinced of its usefulness.

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La Société Francaise de Laryngologie

MET ON APRIL 13, 14, 15, 1887.

The officers of the meeting were :—

GOUGENHEIM	President.
GAREL (of Lyons)... } SCHIFFERS (of Liege) }	Vice-Presidents.
MOURA-BOUROUILLOU	Secretary.
JOAL	Assistant Secretary.

The following communications were made :—

1. Observations on Hæmorrhagic Laryngitis, by Dr. GAREL.
2. Treatment of Catarrh of the Maxillary Sinus, by Dr. SCHIFFERS.
3. Some Clinical Considerations on Atrophic Rhinitis, by Dr. NOQUET (Lille).
4. Supplementary Glottides, by Dr. GOUGENHEIM.
5. Classification of the Laryngeal Muscles, by Dr. MOURA.
6. Observations on Indurated Chancre of the Right Nasal Fossa, by Dr. MOURE (Bordeaux).
7. Laryngeal Cysts, by Dr. GAREL.
8. Thyroid Tumour, by Dr. AIGRE (Boulogne.)
9. On Anterior Rhinoscopy, by Dr. CRESSWELL BABER (Brighton).
10. Lymphatics of the Larynx, by Dr. POIRIER (Paris).
11. Total Extirpation of the Larynx, by Dr. CH. FAUVEL (Paris).
12. Nasal Vertigo, by Dr. JOAL (Mont Dore).

We shall at a future time refer to some of these papers in greater detail.

JOAL.

REPORTS OF SOCIETIES.

New York Academy of Medicine.

Meeting, December 30, 1886.

Deformities of the Nasal Septum.—Dr. FRANCKE H. BOSWORTH read a paper, containing the analysis of over 150 cases treated with the saw. This condition was probably the most common cause of catarrhal affections of the upper air-passages. Dr. Bosworth called attention to the fact that in addition to the true deflections there were cases of deformity consisting of a prominent ridge running along sutural lines ; the line of junction between the vomer and the palatal process of the superior maxillary bone ; the junction of the cartilage of the septum and vomer, ending abruptly at the junction of the upper border of the septal cartilage and the vertical plate of the ethmoid ; or along the whole anterior edge of the vomer, including its union with the cartilage of the septum and the vertical plate of the ethmoid. There was no depression on the opposite side. Ordinary deflections of the septum and the above deformities are thought by the author to be due to traumatism ; probably in many the injury occurred in childhood. He described a special form of saw, by the aid of which he could correct all deformities, without suppuration or cicatrization and without pain (cocaine being previously applied). Hæmorrhage was always profuse, but rarely called for plugging. He regarded the primary cause of the naso-pharyngeal catarrh as due to deformity of the septum, causing nasal stenosis and hypertrophic changes in the nasal mucosa, this being started by a chronic hyperæmia. Then occurred

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