STEWART, DONALD (Nottingham).—**Suppuration of the Antrum of Highmore.** *British Medical Journal, March* 16, 1889; *Nottingham Medico-Chirurgical Society, March* 1, 1889.

THREE cases were described in which pus was detected by syringing the antrum through the natural opening in the middle nasal meatus. The author inclines to the idea that in such cases the nasal disease precedes that of the antrum. **Hunter Mackenzie.**

LARYNX, &c.

GOTTSTEIN (Breslau).—**Illumination of the Larynx.** *Dtsch. Med. Wochenschr.*, 1889, *No.* 41.

THE author has tried the method in several cases of disease of the larynx, but has not had any diagnostic results of value. **Michael.**

RAUTHACK.—Contribution to the Histology of Polypi of the Vocal Bands. *Monatssch. für Ohrenheilk.*, 1889, *No.* 9.

THE author has made microscopical examination of 15 polypi of the vocal bands, and relates his results. Of glands, or portions of them, in no case were any found. **Michael.**

HUNTER, WALTER (Nottingham). — **Spontaneous Expulsion of a Laryngeal Tumour by Coughing.** *British Medical Journal, April* 13, 1889.

The growth was expelled after coughing; its expulsion was followed by some hæmorrhage. It is described as a "solid, softish growth, about the "size of a horsebean, fairly regular in shape, covered entirely by healthy "mucous membrane, with the exception of a small circular patch, about "the size of a split pea, which was red, raw, and granular, and was plainly "the site of attachment." On section, it looked like a fibroma (no microscopical examination). It was thought to have grown from the left vocal cord. **Hunter Mackenzie.**

STOKER, GEORGE (London).—**Auto-intra-Laryngeal Operation.** *British Medical Journal, March* 23, 1889; *Medical Society of London, March* 18, 1889.

EXHIBITION of a patient, aged thirty years, who had been the subject, from about the age of seven years, of growths in the larynx. He seems to have suffered much at the hands of physicians, surgeons, and specialists, —one having operated on him about 100, and another about 120 times— and at last he took his treatment in his own hands. He used the mirror and forceps, and successfully removed the growths (multiple papillomata). **Hunter Mackenzie.**

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ROBERTSON, WILLIAM (Newcastle-on-Tyne). — **Cauliflower Excrescence of the Larynx.** *British Medical Journal, March* 30, 1889; *Northumberland, etc., Medical Society, March* 14, 1889.

EXHIBITION of patient, who had much improved after tracheotomy.

Hunter Mackenzie.

HUNTER (Nottingham).—**Laryngeal Growths.** *British Medical Journal, April* 6, 1889; *Nottingham Medico-Chirurgical Society, March* 15, 1889.

THIS was spontaneously expelled by coughing, followed by free hæmorrhage. The growth was a dense, spherical fibroid tumour, three-eighths of an inch in diameter, with a distinct line of attachment.

Hunter Mackenzie.

TROIANOFF, ALEXËI A. (St. Petersburg).—**On Typhoid Laryngeal Perichondritis.** *Obükhovsky Hospital Surgical Reports,* 1889, *p.* 88.

THE author describes the case of a male patient, aged twenty, in whom, immediately after a severe attack of enteric fever, there developed intense perichondritis of the cricoid cartilage, which was rapidly followed by grave laryngo-stenosis. A superior tracheotomy was performed without delay. The patient recovered after the operation, but the perichondritis did not yield to any measures. A permanent laryngo-stenosis remained, the treatment by mechanical dilatation proving utterly unsuccessful.

Valerius Idelson.

WASSERMANN (Heidelberg).—**On Extirpation of the Larynx.** *Deutsch. Zeitschr. für Chir., Bd.* 29, *Heft* 5 *and* 6.

THE author reviews the history of the operation. He remarks rightly that statistics of such an important operation must be given up to date in order that a judgment of its proper value may be obtained. In the great majority of the cases tracheotomy has been performed some time before the major operation, often indicated by dyspnœa. In seven cases it was not performed at all. It is of advantage to perform deep tracheotomy. To prevent the entrance of blood into the trachea this must be tamponned. There are three forms of operation: (1) total extirpation; (2) half extirpation; (3) resection. The author then describes the *technique* of these three forms and their indications, and discusses the differential diagnosis. He then gives a table of 49 cases not yet published. Of 118 cases of total extirpation eight have been definitively cured, living for four and a half years after the operation, or having died later from intercurrent diseases; 41 cases have died within fourteen days in consequence of the operation, mostly from pneumonic affections (which could be prevented by permanent tamponning.) Of 50 cases of partial operation, 5 have been positively cured, and 14 have died in consequence of the operation. The result of this operation is not yet very favourable; partial extirpation is, however, not so dangerous as total, and gives better functional results. The results will be better if the operation is performed earlier.

The author then relates three cases of laryngeal carcinoma in which an operation was performed: (1) A patient, forty-eight years old, very dyspnœic, hoarse for half a year, was tracheotomised. Three days later the laryngoscope showed a tumour of the right ventricular band. Partial

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extirpation was performed; death followed from pneumonia. (2) A patient, fifty-one years old, had been hoarse for a year. Sudden dyspnœa called for tracheotomy. The laryngoscope showed a growth in the intra-arytenoid region. Partial extirpation was performed; death followed from pneumonia. Papilloma laryngis. (3) A patient, fifty-four years old, had hoarseness and dyspnœa. Tracheotomy; partial extirpation; death followed from pneumonia.

A table follows of 34 total extirpations, and 71 partial extirpations.

Michael.

WALKER, H. (Worksop). — **Tracheotomy for Foreign Body.** *British Medical Journal, March* 30, 1889; *Sheffield Medico-Chirurgical Society, March* 14, 1889.

NARRATION of a case in which a bean had been successfully removed from the larynx of a boy. **Hunter Mackenzie.**

WHIPHAM and DELÉPINE (London). — **Tubercular Lupus of the Larynx, Trachea, and Bronchi, producing Stenosis of the Trachea and Bronchi.** *British Medical Journal, March* 16, 1889; *Clinical Society of London, March* 8, 1889.

THIS was the case of a boy, aged fourteen years, who died the day following that on which tracheotomy was performed. Necropsy showed great constriction from sub-mucous thickening below the fourth ring of the trachea on the right side; there were no signs of tubercle in an active state, but there were a small cretaceous nodule and some fibrous puckering of the left apex. There was ulceration of the right vocal cord and ventricular band, as also of the right tonsil, septum nasi, and inferior turbinated bones.

Dr. Percy Kidd and Mr. Bathie considered that the malady was probably a combination of syphilis and tubercle. The specimen was referred to a committee. **Hunter Mackenzie.**

JACOB, E. A. (Leeds).—**Tubercular Larynx.** *British Medical Journal, April* 20, 1889; *Leeds Medico-Chirurgical Society, April* 5, 1889.

DEMONSTRATION of sections of larynx (probably tubercular) in which sudden death occurred while the patient was coming to the hospital.

Hunter Mackenzie.

FOWLER, WALTER (London).—**Laryngeal Phthisis.** *British Medical Journal, April* 20, 1889; *Hunterian Society, March* 27, 1889.

FOUR specimens were exhibited. The chief interest in these consisted in the remarkable distortions the epiglottis had undergone during the tuberculous process. **Hunter Mackenzie.**

PRINZING (Ulm).—**Laryngeal Phthisis, and its Treatment.** *Würzburg Med. Correspbl.*, 1889, *No.* 30.

A REPORTING article. **Michael.**

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WILLIAMS, C. THEODORE (London).—**Anomalous Case of Aortic Aneurism.** *British Medical Journal, April* 20, 1889; *Medical Society of London, April* 15, 1889.

THE diagnosis in this case was aneurism of the ascending and transverse portions of the aorta pressing on the lower end of the trachea and left bronchus. Loud stridor accompanied inspiration and expiration; heart sound, normal; pulses and pupils, equal. There was swelling of the right vocal cord and ventricular band, with old syphilitic scarring of the pharynx. Attention was specially directed to the presence of permanent stridor, as being in contract to the intermittent dyspnœa of recurrent laryngeal pressure.

Dr. De Haviland Hall mentioned that pressure on one pneumo-gastric had been known to paralyse the abductors on both sides.

Hunter Mackenzie.

DYSON.—Aneurism of Aorta. *British Medical Journal, March* 30, 1889; *Sheffield Medico-Chirurgical Society, March* 14, 1889.

EXHIBITION of specimen of aneurism of the thoracic aorta, springing from the back part of the transverse portion of the arch. It pressed upon the trachea, and pushed it to the right. The symptoms were stridulous breathing, slight dulness over the manubrium and in the first left interspace, general bronchial catarrh, dyspnœa, continuous and paroxysmal. No alteration in the pupils or pulse. **Hunter Mackenzie.**

WINDELSCHMIDT.—Asphyxia from Occlusion of the Larynx by a Cherry. *Monats. für Ohrenheilk.*, 1889, *No.* 9.

SUDDEN death of a child two years old while swallowing cherries, one of which passed into the larynx. After death the author found that the cherry was fixed by the hypertrophied tonsils, and had passed down the epiglottis. **Michael.**

MACKEY, E. (Brighton).—**Foreign Body in Bronchus.** *British Medical Journal, March* 23, 1889; *Brighton Medico-Chirurgical Society, February* 7, 1889.

REPORT of the case of a child, aged three years, with signs of chronic pneumonia in the right lung, and a history of having swallowed part of plum-stone four months previously. Urgent dyspnœa occurred at the time, but passed away on shaking, slapping, etc. The child died suddenly, and on *post mortem* examination a long section of a plum-stone was found at the second division of the left bronchus. The tubes of the other lung were full of purulent secretion, which, it was thought, had floated the stone to the opposite bronchus, and caused sudden death.

In the discussion which followed, it was generally agreed that the trachea should have been opened early. **Hunter Mackenzie.**

GULLIVER (London).—**Caseating Gland projecting into the Trachea.** *British Medical Journal, March* 23, 1889. *Pathological Society of London, March* 19, 1889.

EXHIBITION of a specimen in which a small hole in the wall of the

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trachea was occupied by a mass of caseating gland, non-adherent to the margin of the opening through which it protruded. It was taken from the body of a child who had suffered from intermittent dyspnœa. Mr D'Arcy Power narrated a case in which a lymphatic gland had been expectorated by a phthisical patient. In this case a healed wound of the trachea was found some months afterwards. **Hunter Mackenzie.**

THYROID, NECK, &c.

TOMKINS, HARDING (Bristol).—**Acute Thyroiditis.** *British Medical Journal, March* 16, 1889; *Bristol Medico-Chirurgical Society, February* 13, 1889.

THE patient was a woman, aged twenty-seven. The attack lasted three weeks, and was treated by salicylate of soda and tincture of belladonna, with hot fomentations. **Hunter Mackenzie.**

TAYLOR (London). — **Exophthalmic Goitre.** *British Medical Journal, March* 23, 1889; *Medical Society of London, March* 18, 1889.

EXHIBITION of a girl, aged fifteen years, presenting marked symptoms of exophthalmic goitre, with tremors in both hands. She was a nervous, emotional girl, and was the subject of congenital syphilis.
Hunter Mackenzie.

SEMON, FELIX (London).—**Unilateral Incomplete Graves' Disease after Removal of Nasal Polypi.** *British Medical Journal, April* 20, 1889; *Clinical Society of London, April* 12, 1889.

PATIENT exhibited and paper read. The author made references to several instances (five having been already recorded) in which intra-nasal operations had led to the diminution or disappearance of the symptoms of Graves' disease. He now brought forward this case to illustrate (it is believed, for the first time) that Graves' disease may follow upon intra-nasal operations.

Mr. R. B. Carter believed the alleged connection between nasal operation and exophthalmos a mere coincidence. He considered that, in the case now submitted, there was little or no protrusion of the eye-ball.
Hunter Mackenzie.

WHITE, W. HALE (London).—**The Pathology of the Central Nervous System in Exophthalmic Goitre.** *British Medical Journal, March* 30, 1889.

THE author believes that the case here recorded is the first in which changes have been found in the central nervous system in association with exophthalmic goitre, and which could also in any way explain it. These changes consisted in punctiform hæmorrhages, visible to the naked eye, and markedly discolouring the floor of the fourth ventricle.
Hunter Mackenzie.

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