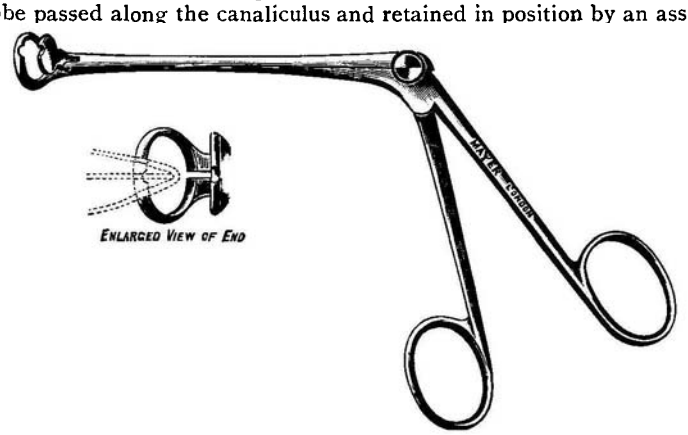
material, but there were cystic spaces with columns of cells lying between them; the tumour was definitely a cyst-adenoma of the tracheal wall. It was suggested that the tumour was of a type allied to the mixed tumours of the salivary glands, and that there was a danger of carcinomatous change. In support of this theory was the fact that the rings of the trachea were notably eroded.

This case shows the value of radiography of the upper air passages without opaque substances, and demonstrates that an intratracheal growth can be diagnosed from an extratracheal one by the fact that the margins of the former are much more sharply delimited and the growth is mushroom-shaped, instead of having the fusiform swelling of the extratracheal growth. The spondylo-arthritis in this case is explained by changes in the balance of electro-chemical and colloido-chemical reaction of the tissues which are brought into play by the presence of such a tumour. F. C. ORMEROD.

DACRYOCYSTOSTOMY FORCEPS.

Dr J. B. HORGAN.

The instrument, which is made by Messrs Meyer & Phelps to the design of Mr J. B. Horgan, of Cork, is intended to simplify the difficulties experienced in making a clean window resection of the inner wall of the lacrymal sac with toothed forceps and knife in the performance of West's operation. The sac wall is presented to the forceps by means of a lacrymal probe passed along the canaliculus and retained in position by an assistant.



A notch in the male and female blades of the forceps permits of the withdrawal of the probe after the blades have been closed over the tented sac. The inner wall of the sac will still be attached by two small bridges corresponding to the notch in the instrument, but these may readily be torn through after it has been grasped by West's or other suitable forceps. A separate instrument is necessary for each side, that illustrated being used for the left.

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