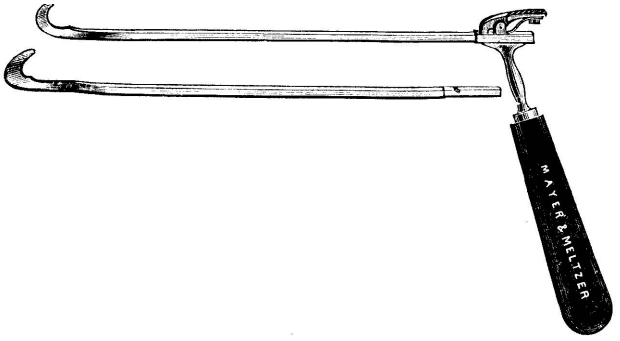
under cocaine, absolutely painless. The view is, furthermore, unobstructed by bleeding. The hooked knife is introduced through a speculum into the nasal chamber to be operated upon, passed well behind the posterior

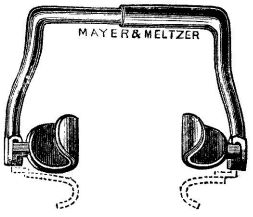


extremity of the crest or spur, and, hugging the flattened side of the knife closely to the septum, the growth is removed with neatness and dispatch. A number of blades are necessary to meet the varying conditions found in nasal deformities. The universal handle, fitted with a spring catch, will be found both strong and convenient. The above instrument has been made to my designs by Messrs. Mayer and Meltzer, London.

MOUTH GAG.

By John Bark, F.R.C.S., Hon. Surgeon to the Liverpool Hospital for Diseases of the Throat.

Having for some years used the gag well shown in the accompanying cut, I take this opportunity of recommending it to all surgeons who are in the habit of frequently performing operations on the mouth and throat. In the removal of hypertrophied faucial or pharyngeal tonsils,



either with or without an anæsthetic, but especially with nitrous oxide gas, it is simply perfect.

The following are some of its advantages :—

1. It is easily placed in position, is self retentive, and is easily removed.

2. It gives a full view of the parts without impeding the passage of the tonsillotome or other instrument.

3. It requires no special assistant to keep it in place,

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and, therefore, will be found particularly valuable where rapidity is a *sine qua non*.

It is made for me by Messrs. Mayer & Meltzer, of 71, Great Portland Street, London.

ANNOTATIONS.

THE MALIGNANT TRANSFORMATION OF INNOCENT GROWTHS.

THE possibility of malignant degeneration in benign growths is the subject of a thesis taken up by Dr. Balloch ("Med. News," Jan. 7th, 1893), who believes the majority of members of the profession to entertain such a change as possible. As the author remarks, the question is one of not merely theoretical importance, but its determination bears directly upon the surgical propriety of treating innocent growths as a possible element of danger. While such a proposition is accepted in general surgery and by pathologists as a fact not calling for discussion, indeed one of not infrequent occurrence, it has in later times been disputed as regards the throat by Semon, who in 1887 brought forward a collection of over 3000 cases of growths of the larynx, to support the thesis that malignant degeneration of an innocent growth of the larynx, if ever it did occur, was an event of extreme rarity. Of Semon's collection it might be considered that this transformation had occurred in five cases, but only in one, that of Elsberg, were the facts recorded with any degree of fulness. Solis-Cohen, Bosworth, Gottstein, Lennox Browne, Seiler and Fauvel all believed such a change to be possible, and some think it to occur frequently; but facts to support such a view are rather conspicuous by their absence, and the only extensive collection of statistics points in entirely the opposite direction. To contend that if such a transformation occur in the larynx it is only in persons with a special predisposition to malignancy, is only to shift the difficulty a little further back. The next question that arises is, in what consists this predisposition? and the further question arises, why should the larynx show such an immunity as is not possessed by other regions of the body? One of the main factors in determining malignant degeneration in healthy tissue is irritation, and this is shown to be an important determining factor in all other regions of the body. The larynx itself is not free from this factor. Dr. Balloch's general conclusions will find general acceptance as being in accord with pathology. They are that such transformation may occur, that there is nothing in the modern theory of tumours and tumour formation to contra-indicate the possibility of such a change; facts enough are now on record to show that such a change may and does occur, although but rarely, and that the change is more frequent in growths of mesoblastic origin, especially in so-called uterine fibroids than in any class of neoplasms.

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