intracranial operation (Dr. George Huer) with the closing of the dura by a transplantation of fascia lata and, secondly (eight months later), by an external opening of the ethmoid area (Dr. Goodyear). Vision, which was practically gone, returned within twenty-four hours and headaches ceased.

Psammoma in this area might most commonly be confused with osteoma and epithelioma. The author cited two cases of the former and one of the latter in which he operated on the patient by an external exposure of the ethmoid region.

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Abstracted by ALEX. R. TWEEDIE, F.R.C.S.

Case of Tonsillectomy with Unusual Complication—Dr. REVAY.—A woman, aged 23, was operated on under local anæsthesia for tonsillectomy on account of recurrent sore throats.

Local anæsthesia was induced in the usual way, that is to say, two injections of novocain were made in the anterior pillar of the fauces, one injection in the plica and one injection through the posterior pillar of the fauces. There was no difficulty in the operation itself and very slight bleeding, but, four days after the operation, the patient complained of a sudden discomfort in swallowing and pain in the throat. On examination, a swelling was found in the submaxillary region tracking down to about the middle of the neck, tender on pressure, whilst internally there was a diffuse swelling extending to the left lateral pharyngeal wall, with œdema of the uvula and epiglottis and corresponding ary-epiglottic fold.

The temperature was 38·8° but fell during the night when the patient expectorated a large amount of pus—the precise origin of which, however, could not be determined.

In the exhibitor's opinion the infection resulted from the injection of novocaine and not from the infection of the wound itself.

In the discussion which followed, the general opinion was to the effect that such post-operative abscesses and cellulitis were due to failure to restrict the injections of novocaine to the immediate tonsillar area.

Cyst of the Naso-pharynx with Secretory Middle-Ear Catarrh — L. FORSCHNER. — A young man was shown, who had complained at the hospital of impaired hearing in the right ear for two years for which he had received repeated special treatment.

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A diagnosis was made of so-called secretory middle-ear catarrh.

On examination of the naso-pharynx, a swelling could be seen situated on the posterior aspect of the soft palate and adherent to the posterior pharyngeal wall.

On removal of the greater part of the swelling, a cyst was disclosed with a dark yellow mucoid content. The exhibitor considered that this represented the so-called pharyngeal bursa.

Now, two months after this operation, adhesions had again recurred and it was proposed to remove the cyst with the adenotome.

Prof. HAJEK considered that there was no doubt that the case was an instance of retention cyst of the pharyngeal bursa.

In reply, the exhibitor stressed the very great importance of examining the post-nasal space in cases of such middle-ear lesions.

Tumour of the Parotid. Necrosis after treatment with Radium and X-rays — Dr. TSCHIASSNY. — A woman was shown, aged 29, with the history that a gradually increasing swelling of the throat was first noticed in 1926 for which she had undergone operation in 1928, when she was told that she had a malignant tumour.

She was then referred to the radium centre and received treatment there till May 1929, having some twenty applications the dosage of which, however, she was unable to state.

From May 1929 to November 1929 she was treated with X-rays, after which she applied for relief at the exhibitor's clinic.

On examination, the left half of the soft palate was seen to be pushed forwards in all directions by a tumour the size of a child's fist, extending across the middle line almost to the right tonsil—upwards into the naso-pharynx and downwards to the epiglottis. The surface was smooth and covered with mucous membrane of normal appearance. A scar in the neck corresponded with the past operation—the lymphatic glands were not palpable but the tumour itself could be felt from outside.

Under the false impression (as appeared later) that this was a tumour of the tonsil, several exploratory incisions were undertaken, but these, however, in no way assisted the diagnosis.

X-ray treatment in the hospital was again applied without result and the tumour gradually increased in size, causing much difficulty in swallowing.

In September a further specimen was excised from the most anterior part of the tumour for examination, and the following laboratory report was received:—"Mixed tumour of the type of those found in the neighbourhood of the parotid, partially necrotic but without any definite evidence of malignancy."

The tumour then began to necrose and daily one was able to remove portions of necrotic tissue till at the present time—that is some

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six weeks later—hardly any of the tumour remains to be seen, whilst the surrounding mucous membrane is almost completely restored.

The exhibitor drew attention to the fact that the case appeared to consist of a benign submucous tumour which for a long time remained irresponsive to the combined treatment of radium and X-rays, and that it was not until the tumour had been incised and a portion of the tumour removed for examination, that apparently the late effects of the X-ray and radium treatment led rapidly to healing.

The difficulty in determining the character of these tumours was discussed, and the impossibility of excluding a malignant element since they always contained endothelial elements and were thus similar to sarcomata. It was further remarked that the delayed effect of radium and X-rays, not associated with previous operative interference, was not uncommon.

Epiphora in connection with Nasal Lupus—E. RUTTIN.—A woman, aged 26, was shown, whom the exhibitor had treated twelve years ago, when she had been referred from the oculist for West's operation on the tear-sacs to be performed on both sides.

As on examination, however, Ruttin had found lupus of the inferior turbinal on each side, he did not perform the operation, but treated the lupus with applications of lactic acid and X-rays. After such treatment, lasting over two years, the lupus and the epiphora had completely disappeared. She had thus remained ten years completely healed.

In the following discussion, the supreme importance of nasal examination in all such cases of epiphora was stressed.

Congenital Aplasia of the Right Auricle and External Auditory Meatus with Paralysis of the Facial Nerve—Atrophy of the Right Side of the Face, Right Velum and corresponding Faucial Pillars—Dr. MENZEL.—A woman, aged 26, was shown, in whom the velum appeared strongly drawn to the left side whilst there was complete aplasia of the right tonsil, though an irregular process at the base of the tongue at first sight suggested that the right tonsil was thus represented.

The hard palate was extremely high and narrow but there were no adenoids.

The patient showed also a definite rhinolalia aperta; but swallowing for fluids and solids was, however, unimpaired. Other muscle groups, therefore, obviously acted in place of those concerned in the right half of the velum, although patient could not close the right half of the nose completely.

Thus the response was positive to the test as described by Welleminsky, which consisted in the ability to feel a warm current of

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air from the corresponding side of the nose when the patient was instructed to blow out her cheeks. As regards the ear, there was a certain remnant of function as demonstrated by the presence of bone conduction. The pharyngeal end of the eustachian tube on the right side was larger than that on the left, but the opening of the tube appeared to be absent.

X-ray showed the presence of a labyrinth, a mastoid process, (though very much diminished in size), and a rudimentary development of the ossicles, the antrum, and the attic.

The accessory sinuses of the nose, according to the X-ray picture, were smaller on the right than on the left side, a condition which in the exhibitor's opinion was important and corresponded with the congenital origin of the facial paralysis. He had examined a large number of cases of hemi-atrophy of the face by X-rays and in every other case found the accessory sinuses symmetrical.

He regarded the case as an instance of an arrested development in connection with the neighbourhood of the first branchial cleft.

Pharyngeal Voice Fourteen Days after Total Extirpation of Larynx—H. STERN.—This case of laryngectomy was shown as demonstrating an ability to speak with pharyngeal voice within a fortnight of the operation, and the rapid acquisition of the power to swallow air for the purpose of such voice. With this satisfactory extraordinary development it could certainly be expected that even further improvement would be obtained in the future.

Foreign Body in the Left Pyriform Sinus. Retro-pharyngeal Abscess—A. WESSELY.—A girl of 11 years was admitted to hospital with the story that two days before she had swallowed a piece of bone which had remained in her throat and caused considerable pain.

An X-ray examination revealed a small piece of bone in the hypopharynx. An effort at removal, the patient stated, had been unsuccessful, but after admission to the hospital, and under a general anæsthetic, a piece of bone was removed from the left sinus pyriformis.

On account of the repeated instrumentation, the patient was kept in hospital. The temperature was found gradually to rise, with development of slight tenderness on the left side of the neck, and œdematous swelling involving the whole sinus.

Five days later an operation on the neck was undertaken disclosing a retropharyngeal abscess, after which convalescence was uneventful.

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