would be well advised to take no further measures until inunctions of mercury had been given a good month's trial.

Mr. DE SANTI considered this case to be epitheliomatous rather than syphilitic. There was marked induration at the base of the ulcer; the ulcer itself was raised and warty, not depressed and punched out, and it rubbed distinctly over the lower incisor teeth. There was a little limitation of movement, and some slight fulness in the submaxillary region. It was an uncommon situation for a gumma, but not so uncommon for epithelioma.

Dr. LAMBERT LACK said that Dr. Thomson had exactly stated his views when he said it was certainly syphilis and quite likely epithelioma, but he disagreed entirely with his suggestions as to the course to be pursued. Dr. Lack thought it was very wrong to put a case of suspected epithelioma in such an accessible region on a course of iodide of potassium, and more especially to give him a month's course of treatment by mercurial inunction, when the diagnosis could be immediately made by removing a small piece of growth for microscopical examination. Should the case be malignant, the danger of such a long delay was obvious.

Mr. VINRACE wished to ask whether Mr. Thorne had noticed any fixation in the tongue. He thought the patient had considerable difficulty in putting it out, and its movement was impaired. He asked if there were any infiltrations, other than those of a malignant nature, which impaired the movements of the tongue.

Mr. THORNE, in reply, said that he would remove a small portion for examination, and would order mercurial inunctions, and hoped to report on the case at a future meeting.

PROCEEDINGS OF THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

General Meeting on Friday, March 8, 1901.

Mr. MAYO COLLIER, *President, in the Chair.*

THE PRESIDENT read the notes of a case of severe orbital and semifrontal pain due to nasal disease. The patient, a young lady residing in India, had suffered from periodic attacks of severe orbital pain on the right side for many years. The onset was always sudden, commencing in the ball of the eye and extending to the deep temporal region and upper frontal area. The pain was of a throbbing character, and increased by any movements. The attack usually lasted from twelve to thirty-six hours and subsided

quite suddenly. There was no sickness, or deafness, or abnormal nervous symptoms. The general health and condition was otherwise good, except for a chronic nasal catarrh and tendency to catch colds. On being consulted as to the possible nasal origin of the trouble, Mr. Collier found a very large turbinal body on the same side, so large as to embed itself in the septum and push it over to the opposite cavity; the left nasal cavity was consequently nearly obliterated. Under cocaine the turbinal body became greatly decreased. The galvano-cautery was applied to the prominent part of this turbinal enlargement, with the result that the patient was quite free from headaches for a period of six months. Mr. Collier attributed the pain to pressure on the nasal nerve and implication of the ophthalmic ganglion from its connection with that nerve.

Case of Nose-straightening. Shown by Dr. STOKER.

The PRESIDENT congratulated Dr. Stoker on the result of his case of nose-straightening. It was an axiom in nasal surgery never to fix or leave in a splint, tube, tampon, or other foreign body if it could be prevented. Personally, the President seldom or never attempted to straighten the septum; the results were most unsatisfactory. It was better to remove the angles by a clean cut with knife, chisel, or saw than to attempt to straighten out the bend. He (the President) never used even a plug of cotton-wool after removing spurs, ridges, or prominences on the septum; the convalescence and healing were delayed by so doing.

A Case of Congenital Syphilis affecting the Upper Respiratory Tract. Shown by Mr. NOURSE.

When this patient, a youth aged nineteen, came recently under observation there was evidence of an active inflammatory process going on in the upper part of the pharynx and in the naso-pharynx, together with ulceration, which had attacked the right side of the fauces and extended up into the naso-pharynx on that side. On the left side were scars. He merely complained of dryness and discomfort in the throat for the previous fortnight, which he attributed to cold. The voice was very hoarse, and he had some cough, which was worse at night. The left side of the nose was roomy; there was a synechia between the inferior turbinal and the septum, concealed by a red nodular growth. In the larynx the epiglottis was partially destroyed and the remains swollen and red, the arytenoids red and thickened, and the cords ulcerated.

He had been taking 10 grains of potass. iodid. with liq. hydrarg. perchlor. for five weeks. The faucial ulceration had healed, leaving

many scars, and a perforation in the right anterior pillar, although the uvula and the pharynx were still red and œdematous.

An inquiry into his history elicited the facts that his father and mother, aged sixty and fifty-eight, were alive and well. He had five brothers, all alive. On the other hand, his right central incisor was distinctly notched, and there were scars about the mouth and nose. There was no history of any venereal disorder.

Mr. BARK read the following notes on *Cysts in the Glosso-epiglottic Fossa.*

This was the case of a man, aged thirty, who consulted me on March 3, 1900. He had been troubled for four years with the following symptoms: excessive secretion of saliva and constant desire to swallow, which produced the sensation of a lump at the root of the tongue. His voice had never been affected, and his general health and family history were good.

The laryngoscopic image showed in the pre-epiglottic fossa three yellowish-white globular tumours with vascular walls, one the size of a small grape to the right of the middle glosso-epiglottic ligament, another, much smaller, near the ligament, and a third, about the size of a pea, to the left of the ligament. They were soft and yielding to the probe. They were excised by cutting forceps.

As far as I can ascertain, three other cases have been recorded prior to this. The first was a cyst of the glosso-epiglottic fold, reported by Clifford Beale to the Laryngological Society of London, March 11, 1896; the patient felt something at the back of the tongue during swallowing, and had slightly altered voice. The second case was reported to the same society by Dundas Grant and R. Lake, December 9, 1896. In this patient the symptoms were rather formidable—viz., recurring attacks for four years of pain in the throat, with absolute loss of voice, loss of taste, and dysphagia. The third was reported as a case of cyst of glosso-epiglottic fold in the *Nord Médical* by Jousset, October, 1896, and complained of hoarseness and dyspnœa. Excision of the cysts relieved the symptoms in all these cases.

Mr. Bark drew attention to the varying nature of the symptoms produced in the cases reported. In Grant and Lake's and also in Jousset's the symptoms were serious and alarming; while in his own case—and which, by the way, was the only one in which the growths were multiple—the symptoms were only such as were met with in cases of chronic catarrhal pharyngitis in dyspeptics, and also in some cases of enlarged lingual tonsil.

Mr. BARK showed a *Case of Epithelioma of the Right Vocal Cord* four years after operation.

This was a man, aged forty-five years, whose right vocal cord, ventricular band, and arytenoid cartilage Mr. Bark removed by laryngo-fissure on March 21, 1897. He made an uneventful recovery, and has enjoyed good health and fair-speaking voice ever since. The pathological report by Mr. Newbolt showed the growth to be epithelioma. A micro-photograph of the section was exhibited. The laryngoscopic image revealed a firm, healthy cicatricial band, taking the place of the removed cord, and there was no sign of recurrence.

Mr. LENNOX BROWNE, in congratulating Mr. Bark on his success, said that the Association ought to be particularly indebted to him, since the exhibition of a living patient after such a long interval of time would do much more to encourage operations of this nature than the mere relation of cases or collation of statistics, however numerous and apparently conclusive. Mr. Browne was happy to report five cases in his own practice in which this same operation had been performed, all the subjects of which were living after eight, six, four, and three years respectively. But he held to the conviction that cases which were too advanced for its adoption would offer so little hope of comfortable extension of life as not to justify more radical procedure.

Mr. COLLIER congratulated Mr. Bark on the excellent result of his operation. The obvious surgical rules as applied to cancer in other parts should be applied to the removal of cancer in the upper respiratory tract. A free and complete removal of the affected part was followed in Mr. Bark's cases by freedom from recurrence after four years. The larynx was singularly well adapted anatomically for the removal of malignant growths, the thyroid cartilages limiting the extension to and infection of extra-laryngeal parts.

Case of Pharyngeal Growth. Shown for Dr. ORWIN by Dr. P. H. ABERCROMBIE.

W. H. B——, aged thirty-seven years, a carman, came to hospital on Wednesday, February 27 last, and was seen by Dr. Holloway and myself in the absence of Dr. Orwin. He complained of a "lump" in his throat, which had been there to his knowledge for about five or six weeks.

Inspection of the throat at once revealed a large rounded swelling, in appearance not unlike a very much hypertrophied tonsil, and whose attachment from before backwards extended from

the right side of the pharynx, just behind the posterior faucial pillar, to beyond the middle line of the posterior pharyngeal wall. The upper limit of the growth was hidden by the soft palate, while the tongue concealed its inferior border. To the touch it felt very firm, and it was movable to a considerable extent. The finger could reach to the upper and lower limits of the growth. There was no marked lymphatic glandular enlargement. The only symptom complained of was the "lump in the throat"; there was no pain, no dysphagia, and no respiratory trouble. The speech was affected, being somewhat "thick." During the last three months patient thinks he has lost flesh.

The family history is good. Both his father and mother are alive and well, aged about sixty. He has five brothers and three sisters living, and in good health. Four paternal uncles of the patient attained the age of eighty years. There is no history of any malignant or other tumour or growth in his family so far as he is aware, nor of any tuberculous affection. He denies ever having had any venereal disease.

Dr. Mackintosh had made a coloured drawing of the growth, which was exhibited along with the patient.

Mr. Lennox Browne thought that the growth might be a fibroma, but from the rapidity of development was of opinion that it was some form of sarcoma, and was more or less encapsuled. He considered that an attempt at removal should be made without delay with a preliminary tracheotomy and introduction of a Hahn's tampon cannula.

Mr. W. H. Kelson said he had seen two similar cases, and had assisted at the removal of the growths. In these the soft palate was split to facilitate removal, and the tumour removed by means of snare, finger, and scissors. Both did well. He thought probably, on the whole, this growth was not sarcomatous.

Dr. Stoker showed a *Case of Lupus of the Nose.*

Notes on a *Case of Epilepsy and Aural Disease.*

The President read the further notes of the case as described at the last meeting. He had removed the stapes with most of the drumhead on the side not affected by the exostosis, with the result that the fits had lessened from fourteen per week to one slight one. The hearing had improved and the noises lessened. Subsequently the drumhead was removed of the other side, with a still further improvement in the condition of the patient and an improvement in the hearing.