

His principal reasons for this statement are:—(1) The abundance of these degenerated glands in the mucous membrane subjacent to, and in the neighbourhood of, the polypi of which specimens were examined; (2) the absence of œdematous projections in the normal mucous membrane, and, generally speaking, at the points where the glands were normal in the turbinal tissues, in instances of polypus; (3) the presence in a section of the lower edge of the middle turbinal from a case of early polypus (No. III) of two isolated œdematous projections (similar to those observed in other instances of polypus), immediately beneath which lay the only group of diseased glands visible in the section, the other groups being normal and the remainder of the mucous membrane smooth; (4) the presence of active glands and the absence of œdematous projections in the middle turbinal regions in cases of chronic catarrhal rhinitis (which were free of polypi), although the other signs of chronic inflammatory action, which the sections exhibited, were distinctly similar to those seen in the mucous membrane of polypoid cases; (5) the microscopic appearances noted on comparing the whole length of the mucous membrane covering the lower boundary of the hiatus semilunaris (1) in a normal (non-polypoid case) and (2) in a case in which polypi were present in the nose.

On the other hand, inasmuch as in the case of nasal polypus (No. II) in which all the structures of the outer wall of the nose were examined, degenerated glands were observed in every part except the inferior meatus, it is not possible to think of gland-degeneration as the sole factor in determining the onset of the disease.

Dr. YONGE will exhibit and demonstrate his model of Meyer's apparatus for laryngeal demonstrations.

The following papers have also been promised:

Dr. WALKER DOWNIE (Glasgow)—“*Two and a Half Years' Experience of the Subcutaneous Injection of Hard Paraffin for the Removal of Deformities of the Nose.*”

Dr. STCLAIR THOMSON (London)—“*Arrest of a Case of Maxillary Sinusitis by Spontaneous Expulsion of Polypi through the Natural Ostium.*”

Abstracts.

NOSE AND NASO-PHARYNX.

Glatzel.—*On the Examination of the Permeability of the Nose.* “*Monatschr. f. Ohrenheilk.*,” January, 1904.

Zwaardemaker's method of measuring the permeability of the nose, by observing the marks left on a flat metal or glass surface by the expired air, is adopted by the author. The surface he uses is a nickle-plated piece of zinc plate. From the centre of both ends a piece is cut out, so that the plate will fit closely to the upper lip, below the nose. A straight line is marked from end to end, dividing the plate into two equal parts,

and at either end are marked four concentric semicircles. When the plate is held in position and breathed on, if both sides of the nose are quite free, the mark produced is more or less "butterfly-shaped" and will extend out to about the third semicircle on both sides. But if one side is more or less blocked while the other is free, the mark on the obstructed side will extend to perhaps the first or second semicircle, that on the free side extending to or beyond the third semicircle. Thus an estimate can be formed of the amount of obstruction present. The author maintains that the results obtained apply as well to so-called inspiratory as to expiratory obstruction.

Arthur J. Hutchison.

Zuckerkaudl, E.—*On the Occurrence of Cartilage in the Pharyngeal Tonsil.* "Monatsschr. f. Ohrenheilk.," February, 1904.

Referring to an article by K. Reitmann ("Monatsschr. f. Ohrenheilk.," 1903, No. 8) on the frequent occurrence of cartilage in the faucial tonsils, Zuckerkaudl remarks that cartilage develops in the body quite without any immediate relationship to the skeleton; and although the presence of cartilage in the faucial tonsil may be in connection with the second branchial arch, such connection is not proved and is not theoretically necessary. Cartilage may occur in the pharyngeal tonsil. Zuckerkaudl found it in the pharyngeal tonsil of an adult lion. The tonsil was cut into a series of 147 sections, and in every one of these cartilage was present. It lay in the connective tissue between the layer of glands and the masses of adenoid tissue; it was hyaline, and surrounded by perichondrium. In an embryo and in a new-born lion which Zuckerkaudl examined no cartilage was found in the pharyngeal tonsil.

Arthur J. Hutchison.

TRACHEA.

Tsakyroglous (Smyrna).—*Two Cases of Leeches in the Trachea.* "Monatsschr. f. Ohrenheilk.," February, 1904.

During the year 1903 Tsakyroglous saw seven cases of leeches in the upper air-passages, viz. one in the nose, two in the pharynx, two in the larynx, and two in the trachea.

Of the tracheal cases, the first was a man aged twenty-five, who came to the hospital on account of hæmoptysis, dyspnoea, and sleeplessness, which he himself ascribed to the presence of a leech. On laryngoscopic examination a small leech was seen fixed to the trachea, quite beyond the glottis. It was removed with a pair of Fauvel's forceps under cocaine. The leech had been *in situ* six days.

In the second case the patient was a man aged fifty. The leech had been present nine days. Cocaine seems to be a strong poison for leeches. Having seized the leech with the forceps, it is useless to try to pull it out at once; a series of little twitching movements must first be applied till it lets go, then it can be lifted out, otherwise it simply slips through the forceps and remains *in situ*.

Arthur J. Hutchison.

THYROID.

Goris, C.—*Note on a Series of Forty-two Cases of Operations for Goitre.* "La Presse Oto-laryngologique Belge," March, 1904.

Two of the patients in this series were over sixty years of age, one