with the following history: The day before, during a violent fit of coughing accompanied by nausea, a fleshy mass suddenly protruded into the mouth; the cough abated, and the mass returned into the throat, but since then she was continually troubled with nausea, associated each time with prolapse of the growth into the buccal cavity. Her health had previously been good, but for the past nine or ten months she had experienced some little difficulty in nasal respiration, and occasionally expectorated a little blood in the morning. Examination of the oro-pharynx revealed the presence of a large tumour which hung behind the free border of the velum. The growth, raspberry red in colour, was irregularly rounded, multi-lobed, with a cauliflower-like surface. Transversely it extended from the right posterior faucial pillar to midway between the uvula and the left posterior pillar, and in a vertical direction it dipped down to the base of the tongue; in consistence it was hard and did not bleed when touched. When nausea was induced the growth protruded from the naso-pharynx, and swinging from behind forwards was smartly driven into the mouth; during this movement it carried the palate with it. Digital examination showed the growth to be attached by its anterior surface to the right half of the palate. The author draws attention to the insidious course of the growth: it had attained the size of a small hen's egg without causing notable nasal obstruction; this depended upon its position rather than its size. Probably before prolapsing into the oro-pharynx the growth was more or less fixed behind the right choana, leaving the left side of the naso-pharynx free. Histologically the growth was an adenoma undergoing epitheliomatous degeneration. Adenomata usually develop at the expense of the anterior surface of the palate; in the present case the growth was implanted on the posterior surface. Removal was easily effected under cocaine anæsthesia. Having placed the patient in Rose's position the soft palate was tied up with a gauze thong; the tumour was then seized with an Escat's fibroma forceps and firmly drawn forward by an assistant, after which, with the left index finger as a guide, the pedicle was divided with curved scissors; the patient made an excellent recovery. Full details of the histological examination of the neoplasm are recorded.

H. Clayton Fox.

NOSE.

Tunis, J. P. (Philadelphia).—Multiple Abscesses of the Nasal Submucosa in a Case of Leukæmia. "Amer. Journ. Med. Sci.," January, 1911.

The case reported was one of ten cases of leukæmia in which the writer had the opportunity of examining the nasal cavities *post mortem*. It was the only one which showed the condition described. A man, aged forty-four, died after an illness lasting three weeks from acute lymphatic leukæmia. Epistaxis, hæmorrhages from the gums, and swelling of the cervical glands were the prominent features of the disease. Portions of mucous membrane removed from the middle and inferior turbinals showed to the naked eye numerous punctate hæmorrhages, and microscopically much thickening with œdema and round-cell infiltration, and in places small abscesses with large numbers of streptococci in their border zone. It was estimated that there were at least one hundred of these abscesses

in the nasal mucous membrane. The occurrence of interstitial hæmorrhages in leukæmia is almost the rule, but their development into abscesses is rare. *Thomas Guthrie.*

LARYNX.

Wilson, J. Gordon.—Some Points in the Comparative Anatomy of the Larynx in the Anthropoidea. "Annals of Otology, Rhinology and Laryngology," December, 1910, p. 951.

An interesting paper, the result of a study, macroscopic and microscopic, of the larynges of a Chinaman, an orang-outan, several *macacus* monkeys, and a marmoset. These organs the author compared with those of an adult and infant Caucasian, a young lion, the dog, cat, and horse. To be appreciated properly the paper should be read in the original. To one fact, however, prominence must be given: that in the larynx we have an organ whose recent phylogenetic history shows marked developmental progress, and whose present state is that of great variability, the latter fact suggesting developmental activity. The progress of the larynx is markedly forward, and it may be that we shall yet be able to demonstrate subtle anatomic differences comparable to the higher physiological functions in man. *Macleod Yearsley.*

Shurly, B. R.—An Investigation of Post-operative Conditions Five to Ten Years after Intubation. "Ann. of Otol., Rhinol., and Laryngol.," vol. xix, No. 4, p. 1063.

The author deals in detail with thirty cases, all intubated for laryngeal diphtheria. The conclusions offered are: (1) Intubation in laryngeal diphtheria is required more frequently where marked tonsillar hypertrophy exists. (2) Pathological adenoids and tonsils are prominent predisposing factors in diphtheritic infections of the larynx. (3) No deleterious effects of antitoxin were noted. (4) Laryngeal paralysis is extremely rare after intubation. (5) Little attention is often given by the physician or patient to nasal obstruction until serious damage results to the general health. (6) Numerous pathological conditions of the upper respiratory tract may exist without symptoms or annoyance. (7) Scar-tissue was observed in two cases, insignificant and producing no modification of function. (8) No case of laryngeal paralysis was found. (9) The pathological effects of diphtheria upon the tonsillar ring are numerous and aggravated. (10) Children developing laryngeal diphtheria show a marked tendency to other infections of childhood. (11) Chronic catarrh of the upper respiratory tract is usual after severe diphtheria. *Macleod Yearsley.*

Claoné, R. (Bordeaux).—Calcined Magnesia in the Treatment of Laryngeal Papillomata of Children. "Ann. des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," vol. xxxvi, Part I.

A child, aged six, was completely aphonic. No respiratory trouble. The thorax was deformed and the patient was markedly anæmic. Multiple papillomata occupied the vocal cords, ventricular bands, and aryepiglottis folds. The growths were removed under chloroform anæsthesia by the direct method. Recurrence took place after a month. A course of arsenic, and subsequently one of iodide, was tried without