been considerable difficulty with micturition; she had had leucorrhoea for some time, but no history of gonorrhoea. A tumour was present, reaching a hand's breadth above the umbilicus. A thrill was felt, and a diagnosis of ovarian cyst made. At the operation both tubes were found matted together and communicating, and contained together 3 pints 4 oz. of pus.

I think the entire absence of symptoms in my case was very remarkable; for until the patient had retention of urine, one week before seeking advice, she had shown no symptoms which pointed in any way to her possessing either abdominal or pelvic tumours. The absence of all vaginal discharge and attacks of abdominal or pelvic pain seem to me to be against the probability of the pyosalpinx being gonorrhoeal in character. On the other hand, if the origin was tuberculous, so far as I can discover, she has no other focus of disease at the present time.

I should like to express my best thanks to Miss Aldrich-Blake for her kind help and assistance, both before and during the operation, and also to Mrs. Keith for giving the anaesthetic for me.

SQUAMOUS EPITHELIOMA OF THE LARYNX IN A MAN AGED 24: THYROTOMY: EXCISION OF THE LARYNX.

By G. VICTOR MILLER, M.D.,

Ophthalmic and Aural Surgeon to the North Ormesby Hospital and
North Riding Infirmary, Middlesbrough.

THIS patient was under my care for some time at the North Ormesby Hospital, Middlesbrough, and afterwards under the care of Mr. H. Alexis Thomson at the Edinburgh Royal Infirmary, to whom I am greatly indebted for many notes of the case.

J. W. G., aged 24, engine driver, was admitted into North Ormesby Hospital on May 29th, 1900, suffering from difficulty of breathing.

I was asked to examine him next day, and found him breathing with great difficulty; the condition had come on rapidly in the course of a few days. On examining him with the laryngoscope I recognized a large growth occupying the region of the right cord, and almost completely blocking the glottis. I advised tracheotomy, which was done the same evening, while the patient was unconscious from impeded respiration. Six days later the patient was well enough to be examined with the laryngoscope.

I now found the right arytenoid region markedly swollen and oedematous. The oedema was red and fiery looking, and not like the oedema of phthisis laryngea. A view of the interior of the larynx could not be obtained. The chest was carefully examined and found to be healthy, and there was no family history of phthisis. The onset of the trouble dated from August, 1899, when the patient began to have hoarseness without any apparent cause. There was no pain or other symptoms. The hoarseness gradually got worse, and in May, 1900, he began to have shortness of breath and difficulty of breathing in attacks for twenty minutes at a time, also some difficulty in swallowing, so that he took smaller quantities of food, and lost flesh.

A fortnight after admission I performed thyrotomy, and a large growth springing from the right cord was found filling the larynx. The growth was rough on the surface and of firm consistency. It was cleared out with Volkmann's spoon, and a large abscess in the hyoid region evacuated.

For two or three weeks after this the patient could breathe without the tracheotomy tube, which was left out at intervals. The cords could now be viewed fairly well when laryngoscopic examination was made. Portions of the growth were sent to Professor Greenfield, of Edinburgh, for examination, and he reported that it was a malignant papilloma.

Obstruction to breathing rapidly developed again after the interval named, and I advised the patient to have the whole or half of his larynx removed. To this he would not submit, so I again did thyrotomy, cleared out the growth, and cauterized the area from which it sprang. Patient was well for a short time then obstruction rapidly returned again. I advised him to go to Edinburgh and see Mr. Alexis Thomson, and he left North Ormesby Hospital on September 20th, 1900.

Under Care of Mr. Alexis Thomson.

On admission to the Edinburgh Royal Infirmary the patient appeared quite well apart from his throat. The tracheotomy tube gave him no trouble; the region of the larynx was generally full and swollen. There was an enlarged gland on the right side over the body of the hyoid. With the laryngoscope only the epiglottis could be seen, which was very greatly swollen from oedema and drawn down to right side, so obscuring the glottis. Dr. McKenzie Johnstone confirmed this. We could not be sure of epithelioma so it was decided to repeated thyrotomy.

On October 1st thyrotomy and division of the hyoid was performed. A large quantity of pus escaped from the posterior wall of the larynx; its exact source could not be seen, as the whole larynx was filled with a soft, friable growth like granulation tissue, which was not at all like usual epithelioma. The granulation tissue perforated the box of the larynx on the right side between the thyroid and cricoid. A lot of bleeding occurred as the granulation tissue was scraped away, but no blood got into the trachea, because the tube was surrounded with gauze. The wound was stuffed with worsted. The patient was none the worse. Dr. Fleming made sections of the tissue, and found it to be a very cellular squamous epithelioma. The enlarged gland was normal.

On October 4th laryngectomy was performed. A fresh opening was made in the trachea lower down. The entire larynx was removed with the muscles attached to it, with the anterior wall of the pharynx, which was also extensively diseased. The epiglottis was also removed. The trachea was sutured to the wound, and a tube passing into the gullet was secured in the wound. The wound was loosely packed with iodoform worsted, otherwise was freely open. As the tube in the gullet was causing sickness it was removed, and only inserted every four hours for feeding. The wound healed rapidly. The patient was up within a week and gained flesh rapidly. He was able to pass the tube himself. He smoked with great satisfaction.

On November 7th he began to swallow by the mouth solids and fluids, and progressed excellently. His voice was very whispery.

On December 5th the wound was almost healed. A little granulation tissue protruded between the edges of the wound. He spoke quite distinctly with whispered voice. The consonants were given very clearly. He did not put his finger over the mouth of the trachea in speaking, as it did not improve. He was only able to whistle a week ago. He did not speak well if he was nervous. He was now fat and strong, and was returning home.

On January 12th, 1901, the patient wrote to say that there was recurrence in the scar, apparently in the region of the external wound, which was rapidly growing, and that he was losing strength and flesh rapidly.

He died on June 14th, 1901. Before death he suffered a good deal from haemorrhage and foul discharge where the growth had returned in the region of the operation wound.

FOUR CASES OF MASTOID ABSCESS.

By RICHARD LAKE, F.R.C.S.ENG.,

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IN two of the four following cases of mastoid abscess, all of which appear to be due to an attack of influenza, there was transient middle ear suppuration, and in two there was no evidence of any previous middle-ear inflammation.

CASE I.—An actress, aged 25, sent to me in April, 1900, by Dr. Gould May, had had influenza about one month previously, with suppuration from the right ear for a few days. She also had had at that time some involvement of her chest. She now complained of a dull feeling behind the ear, together with most annoying tinnitus. On examination of the ear itself nothing abnormal was observed in the drum or meatus. Careful palpation behind the ear revealed a tender spot midway between the site of the antrum and the tip of the mastoid process. This was definitely located by firm and deep pressure. Diagnosis of suppuration of a mastoid cell in this situation was made, and the patient was anesthetized and the bone cut away from the infected area. Within a short distance of the cortex a large cell was found filled with pus. It was not found necessary to open the antrum in this case. The healing was rapid, and at the end of five weeks there was little trace of the operation.

CASE II.—A child, aged 1 year and 7 months, was brought to me in February of this year by Dr. C. L. Achard with the following history: On December 24th, 1901, the child had earache on the right side and a