

was rapid and permanent. Microscopical examinations of a specimen before operation, and also of the tumor after, proved that the case was one of epithelioma.

**Multiple Papillomata of the Larynx.** HARMAN SMITH. *Laryngoscope*, May, 1910.

A boy aged five, suffering from hoarseness, had adenoids and tonsils removed. A few days later, under an anesthetic, tracheotomy was done; and later many papillomata were removed through a Jackson tube. Still, as fast as they were taken away they would reappear. Wherever the mucous membrane was injured the papillomata would spring up; so that, notwithstanding frequent operations, at the end of a year the larynx was still filled with papillomata. Operations were then discontinued, and various local and internal measures resorted to. This treatment proved to be equally unavailing. Then, as the tracheotomy tube was still *in situ*, it was decided at last to leave the larynx alone for a while, giving it complete rest. As a result, after leaving the tube in the trachea in all for eighteen months, the growths had disappeared and the child was well again.

**Larynx, Four Rings of Trachea, and Part of Thyroid Gland and Gullet Removed during act of Suicide.** T. A. PETERS. *Journal of Laryngology*, April, 1910.

The specimen was shown to the Laryngological Section of the Royal Society. A painter, aged 29, in a fit of hallucination caused by alcoholism, cut his throat when sober at 5 in the morning. He made a transverse cut down to the spine and two or three vertical cuts, one of which opened the larynx in the middle line. The suicide then seized the larynx and cut away the adherent gullet and trachea at the fifth ring. He then threw the fragment away and walked 200 yards to a friend's house. The doctors summoned found no bleeding vessels; but it was impossible to bring the trachea to the skin. The man died five hours later of suffocation.

**Case of Death on the Operating Table.** J. C. BECK. *Laryngoscope*, May, 1910.

Man, aged 35, admitted into hospital in a drowsy condition. Owing to the presence of a running ear, stationary pupils, slight rise of temperature, vomiting, and absence of other general symptoms, meningitis was diagnosed and a mastoid operation