

routine matters were disposed of, and the Association adjourned until the first Wednesday in March.

M. J. KEANE, *Secretary*.

ANNUAL MEETING OF THE BRITISH
LARYNGOLOGICAL AND RHINO-
LOGICAL ASSOCIATION, FRI-
DAY, DECEMBER 8, 1893.

PROGRAMME.

BUSINESS.

2.30.—Minutes of last Meeting.

Election of Fellows and Correspondence.

3.00. Exhibition of Patients and Presentation of Clinical Reports :

Dr. W. McNeill Whistler exhibited a case of swelling of the ary epiglottidean fold and left ventricular band. The personal and family history pointed to a diagnosis of a rheumatic affection of the laryngeal cartilages. Treatment of pot. iodide and sodæ salicyl, supported this by its quick palliation and almost absolute cure.

Dr. Ed. Woakes showed a case of dead bone in the ethmoid cells.

Mr. Mayo Collier presented a clinical report and result of the *post mortem* in a case of stricture of œsophagus. The *post mortem* showed a perfectly healthy œsophagus and malignant disease of the liver. The cause assigned to the stricture was a reflex one from pneumogastric ganglia.

Mr. Lennox Browne exhibited a case of uncontrollable paroxysmal sneezing which on examination was found to be due to an enlarged middle turbinal and a spur on right side of the septum. Cured by operation.

Mr. Frank Marsh reported a case of a foreign body in the larynx removed by operation by a direct opening into the larynx through the thyroid cartilage without preliminary tracheotomy. Recovery. The foreign body in the case was a large piece of bone.

Exhibition of microscopical preparations by Mr. Wyatt Wingrave.

4.00.—Interval for tea.

4.15.—The President's inaugural address.

PRESIDENT'S ADDRESS.

Mr. Macintyre, at the outset, thanked the members for placing him in this position, at the same time eulogizing the work of the late President, Dr. Sandford, and the Secretary, Mr. Wyatt Wingrave. He then went on to his paper, entitled "Past and Present Study of *Ætiology*." He first showed the necessary inference from the presence of disease as to a cause, and a soil for the cause to work on, thus :

1. Existence of a cause or causes.
2. Contact with patient.
3. Incapability of tissues to resist invasion.
4. Conditions present favourable to existence.

He then divided his lecture into headings in connection with this outline :

(a) Consideration of causes—multitude overwhelming usually—age, sex and occupation—pre-disposed to cold—weak constitutions and heredity. Greatest aid is from bacteriological researches in hunting up the reason of some ailment.

(b) Means of bringing in contact—cause may already exist, hereditary or acquired, in patient, but in other cases the outside must be scanned for it.

(c) Overcoming of resistance of the tissues—in some instances easily explained—injuries—administration of drugs—pressure on nerves—absence of certain elements in food, etc. Then germs attacking, but in many cases reason of want of resistance is obscure.

(d) How causes act—many of the organic forms act by mechanical irritation, but they are most injurious from the products they produce.

(e) Classification of disease—poor on account of either deficiency or repetition—*ætiology* will in future give us a much better basis to work on.

(f) Effect of study of *ætiology* on treatment—emphasized hygiene and prophylactic measures—showed us the best antiseptics to use in certain cases. (Here Mr. Macintyre gave his opinion on the various antiseptics, placing them in this order : corrosive sublimate, carbolic acid, boracic acid, especially where any fear of absorption, listerine, thymol.) Especially in operations must care be taken.

5.00. Discussion on the Pathological and Clinical Features of Atrophic Rhinitis, introduced by Mr. Wyatt Wingrave.

8.00.—Annual dinner at the Langham Hotel.