

acceptable playing of Mr. F. H. Blair, the members of the society dragged from their lairs the musical talents that lie dormant during the rest of the year, and made night tuneful. The new president, Dr. F. R. Tngland, took the chair; the stupendous efforts of the Rooms Committee in preparing the programme, were lightened by the assistance of Dr. Lauterman.

ROYAL VICTORIA HOSPITAL.

Monthly report for September: Patients admitted, 268; patients discharged, 235; patients died, 18. medical, 74; surgical, 122; ophthalmological, 27; gynæcological, 33; laryngological, 12. Out-Door Department: medical, 787; surgical, 336; eye and ear, 389; diseases of women, 81; nose and throat, 349; total, 1,942. Ambulance calls, 80.

Retrospect of Current Literature.

LARYNGOLOGY AND RHINOLOGY.

An interesting case of complete paralysis of the left vocal cord, associated with dilatation of the left pupil, mitral stenosis, and enlargement of the left auricle, has recently been reported by Atwood Thorne before the Laryngological Society of London. The patient, a dressmaker aged 17, had been troubled with hoarseness for three months.

On examination the left vocal cord was found to be in the cadaveric position and immobile.

The left pupil was dilated, but responded sluggishly both to light and accommodation. There was no localized sweating or other sign of involvement of the sympathetic nerve. The upper eyelid did not droop. The radial pulses were apparently synchronous and equal. There was a history of rheumatic fever about four years previously, and there was great dyspnoea on exertion.

On examination of the chest there was no indication of aneurysm, but evidence of marked mitral stenosis.

Dr. Thorne considered that the laryngeal paralysis was probably due to the enlarged left auricle.

He asked Dr. Wilfred Harris to see the case as two years before he had shown a somewhat similar case at the Harveian Society. Dr. Harris was of the opinion that the paralysis of the left vocal cord was due to the cardiac condition.

Although Dr. Thorne knew the condition was a very rare one, he considered that the paralysis of the cord was due to pressure on the recurrent laryngeal nerve by the enlarged left auricle, the dilatation of