

bathed in thick greenish pus, which extended backwards over pons and medulla, and forward in neighborhood of pituitary body.

#### **Papillomatous Condition of Tongue.**

Ball (*Jour. Lar., Rhin. and Otol.*, March, 1900). A healthy country girl, aged 20, has for two years complained of a growth on the tongue. The situation is to right of middle of dorsum, the growth being half an inch wide, and extending from near the tip to the circumvallate papillæ. The tumor is made up of small nodular masses. The surface redder than the rest of the tongue.

Mr. Butlin had seen several such cases. He had tried cutting the papillomatous growths off with scissors; but this was always followed by severe hemorrhage. Latterly he had removed them by deep incisions, bringing the edges of the wound together by silk sutures. He proposed similar treatment in this case.

#### **Cysts of the Tonsils.**

Mounier (*Arch. Intern. de Lar.*, May-June, 1899). The author has seen five cases of the ordinary retention cyst of the tonsil. In each case the caseous contents proved, on microscopical and culture examination, to be absolutely free from micro-organisms—something difficult to reconcile with the prevailing theory, that these cysts have their origin in the occlusion by inflammation of the mouth of an ordinary lacuna.

Mounier adds that this asepsis further proves the innocuous character of the numerous micro-organisms, which are normally found in the tonsil, as they all failed to penetrate the cysts referred to.

#### **Case of Tabes with Almost Complete Laryngoplegia.**

Sir Felix Simon (*Jour. Lar., Rhin. and Otol.*, March, 1900). This case was shown to the Laryngological Society of London on account of its extreme rarity. It occurred in a carman, aged 40, who had recently been treated for secondary syphilis. Present throat symptoms began fourteen months ago. There was complete paralysis of all voluntary movement of vocal cords, their position being the cadaveric one, with the posterior ends a little nearer than is usual under such circumstances, the distance between them being about three millimetres. In neither inspiration, expiration nor phonation was there the slightest movement. Still the patient could speak in a rough, loud voice.

On touching the epiglottis with a probe, no reflex movement was produced; but on touching the interarytenoid fold, the right ventricular band, or the left ventricular band, reflex