

2. Non-contagious, and as to what the molluscum bodies are:—1. 1. Degenerated epithelial cells. 2. Parasites. The diagnosis is simple. Pearly growths with a central depression and small opening are characteristic. When they occur on the genital they have been mistaken for a hard chancre. They sometimes disappear spontaneously or they may suppurate and become destroyed.

Touching with pure carbolic acid or curetting out the contents destroys them. If these measures are not successful, they may be removed.

In conclusion I wish to express my thanks to Dr. C. B. Keenan, for advice in the pathological examination of the growth.

A CASE OF PERICHONDritis OF THE LARYNX, OCCURRING DURING THE COURSE OF TYPHOID FEVER.

BY

H. S. BIRKETT, M.D.,

Oto-Laryngologist, Royal Victoria Hospital.

AND

H. S. MUCKLESTON, M.A., M.D.,

Resident Laryngologist, Royal Victoria Hospital.

This case presents an unusual and serious complication of typhoid fever.

The patient, K. B., is a labourer, aged 21 years; he is a native of Austrian Poland, and has been in this country for a little over one year.

He was admitted to the medical ward of the Royal Victoria Hospital with typhoid fever, on October 31st of last year, in Dr. Martin's service.

The disease ran a severe course. His respiratory tract seemed highly vulnerable. In addition to the usual bronchitis, he suffered from repeated attacks of epistaxis, and twice developed broncho-pneumonia. Other complications were intestinal hæmorrhages, and subcutaneous abscesses. He was delirious for one week.

Laryngeal symptoms began to manifest themselves early in December; his voice became hoarse, and his breathing noisy. Examination of the larynx, three days after onset of the condition, showed an acute perichondritis with involvement of the cricoarytenoid joints; the left cord was fixed and ulcerated, the right limited in movements of abduction and adduction; both false cords were œdematous.

By the use of steam and the vapour of the compound tincture of benzoin, he gained temporary relief from his symptoms.

On the sixth day of his laryngitis, he began to show great inspiratory distress, his breathing becoming stertorous, his pulse rapid; his facial