

Selections.

The Anatomic-Pathologic Diagnosis of Cancer of the Larynx.—

PROF. B. FRAENKEL, Berlin.

The microscopic examination of a removed portion of the tumor is of fundamental importance in the diagnosis of cancer. If the result of the examination is negative, a certain conclusion cannot be drawn; on the other hand, where the examination is positive, the diagnosis is certain, and the treatment of the case indicated. The only difficulty lies in the fact that the portion removed is ordinarily too small for the purposes of microscopic examination. The specimen should be imbedded in paraffin and cut in serial sections, which should be stained after the method of Van Gieson or with picro-carmin.

The diagnosis is not established by finding epithelial cells in the preparations, although this is suspicious, but by finding collections of epithelial cells in places where normally they are not found. Where the epithelium of the surface penetrates the deeper structures, great circumspection must be exercised in making a diagnosis, in view of the fact that a number of pathologic processes, such as syphilis, may occasion an analogous epithelial hypergenesis. Irregular structure of the epithelium is a characteristic symptom of cancer.—*St. Louis Medical Record.*

Pathologic Anatomy and Diagnosis of Singer's Nodules.—

PROF. O. CHIARI, Vienna.

Various laryngeal lesions are described under the name of singer's (or vocal) nodules. In this paper only the following are studied: These nodules are round or slightly elongated, and lie upon the free border of the vocal bands, more frequently at the junction of the anterior with the middle third. They are always symmetrical. In color they are yellowish white, or reddish white. Ordinarily they have a glistening surface, and are sessile and opaque. In size they may become as large as a pin head. Special characteristics distinguish them from fibromata, cysts, papillomata, and other neoplasms, likewise from tubercular or syphilitic nodules. They never ulcerate, and seldom disappear spontaneously.

Authors have different opinions as to their frequency. Chiari has observed them in $\frac{1}{3}$ to 1 per cent. of all laryngeal cases, and about double as often in the female as the male. Perhaps this is due to the fact that the former pay more attention to the voice than the latter. Above all, these nodes are to