

form was abandoned. It must also be borne in mind that probably much of the iodoform was swallowed with the saliva. The subsequent history of the case has been uneventful. On the 19th of March the edges of the skin wound were pared and sutured, and union took place without difficulty. On account of the gaping pharyngeal wound no food was given, except by stomach tube, until the 25th of March, when he took solid food without difficulty, and in a day or two liquids were also swallowed with ease. Before the pharyngeal wound was resutured, the action of the œsophagus in swallowing the saliva could be observed through the wound. He is now practically perfectly well.

The larynx, when removed, was examined by Dr. Bradley, who described it as follows:

The free surface of the epiglottis, near its root, is occupied by a roughened, rather nodular ulcerated surface, with somewhat undermined edges; the extent of the ulceration is 4 cm. in a vertical direction by 3.5 cm. transversely. There is an absence of induration about the periphery of the affected area. Both false vocal cords are involved by lateral extension, the right being completely ulcerated through at about its centre, exposing both ventricle and sacculus; the left is not so deeply affected, the epithelium alone being eroded. The left true cord is unaffected; the right shows a loss of epithelium over an extent of 15 mm. transversely by 5 mm. vertically.

The disease had not extended beyond the larynx in any direction, and there was no lymphatic involvement.

Dr. Bell referred briefly to the recent literature of the subject, especially to a paper read by Dr. Graf, of Berlin, before the German Surgical Association in April, 1897. This paper was based upon the experience of Prof. Von Bergmann, of 20 total extirpations and 28 partial resections of the larynx for malignant disease.

#### **Removal of a Fibroid Tumour at the Second Month of Pregnancy.**

Dr. LAPHORN SMITH reported a case of removal of a fibroid tumour from the pregnant uterus, by myomectomy, without causing a miscarriage. He also showed the tumour, a nodular one, larger than an orange and very dense. The patient was 25 years of age and had been married six months. Three months after marriage she had a miscarriage, but became pregnant again immediately, for she had no flow since the 10th January, when it stopped. About middle of March she began to suffer severe pain in the right side, and she noticed a lump pressing forward the abdominal wall in right lumbar region. When seen by Dr. Laphorn Smith, in consultation with her