

the application of the ice-bag to the pit of the stomach would be especially good.

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*Stated Meeting, November 3rd, 1882.*

R. A. KENNEDY, M.D., PRESIDENT IN THE CHAIR.

Dr. Major read a paper on papillomatous growths of the larynx, reporting two cases of simple papilloma, one of warty growth, in a case of rapid tuberculosis, and one of warty growths of the velum palati.

*Discussion on Paper.*—Dr. Osler, in reply to Dr. Major in regard to the pathology of papilloma of the vocal cords, said he did not think it differed from ordinary papilloma of other regions; those of the larynx seemed to be abnormal growths of the epithelial layers. He asked Dr. Major if it were possible to distinguish this growth from an epithelioma, and whether it ever passed into an epithelioma.

Dr. Roddick in speaking of the operation referred to by Dr. Major, at which he assisted, expressed his pleasure at the skillful manner in which the tumor was removed, although not unattended with difficulty, the tumor being he thought larger than it appeared by the laryngoscope, and at one time the patient being in a very alarming condition. He asked Dr. Major why he did not remove growths by opening the thyroid cartilages, and if it would not be preferable to have permanent aphonia than necessitating the continual carrying of a tube.

Dr. Mills said growths of this kind and their removal were very debatable subjects. Morrell McKenzie prefers their removal, and by evulsion, while Lennox Brown says that benign growths often become malignant even when well removed, whereas McKenzie does not think so. He thought from his experience that they are of more frequent occurrence than Dr. Major had shown. Malignant disease cannot be diagnosed if you rely on ordinary signs, as the glands, cachexia and pain. He thought it a mistake after the removal of such growths to allow the patient to return home, as subsequent cauterizations are always advisable. Evulsion he considered as not being