cord was present, expiratory phonation usually brought it into view by causing recession of the ventricular bands. Possibly it grew from the interior of the ventricle. He believed the ventricle was a very favourite seat for tubercle bacilli, and often in cases of catarrh of the larynx, where inspissated mucus came between the vocal cords, interfering with the voice, the mucus was secreted in the ventricles, and there was probably catarrhal disease inside the ventricles more often than could be clinically decided.

Dr. HORNE, in reply, said it was difficult for him to follow Dr. Spicer's hypothesis. He did not regard the vocal process itself as a common site of origin of tuberculosis in the larynx. When the vocal process became involved, it did so by extension; it was the most resistant spot in the larynx. But the ventricle lent itself most suitably to the development of tuberculosis because the sputum shot up into the larynx lodged in, or ultimately found its way into the ventricle. There was thus a typical culture tube, and the condition spread to surrounding parts. The vocal process was immune from tuberculosis unless attacked by extension, because the spot was free from glands. He thought the case was one of a growth springing from the ventricle itself, and that it was attributable to straining the voice.

Tumour of Post-nasal Space in a Man aged 27.

By H. FITZGERALD POWELL, M.D.

THIS man was first seen on May 25, 1910. He complained of nasal obstruction and some difficulty in swallowing. He stated that he had influenza five weeks ago, which was accompanied by sore throat. Fourteen days ago he noticed a swelling on the right side of his palate and right tonsil, which was painless, but caused him difficulty in swallowing and obstructed his breathing through the right nostril. The influenza and sore throat cleared up in about ten days or a fortnight, but the swelling remained and was increasing. May 31: The patient has been under treatment for a week, 20 gr. of pot. iod. being given three times daily. He says he thinks the swelling and nasal obstruction is decreasing, though no specific history can be obtained. On his admission on May 25 an exploratory puncture was made into the swelling, but no pus was evacuated. A portion of the growth was removed for microscopical examination. Dr. Briscoe examined the portion of the growth removed, and I am much indebted to him for the slides. The report on the microscopic section was that it resembled

in appearance the condition found in sarcomata. June 2: I examined the man again, and, though he himself thought that it was smaller, I could not detect much difference in the growth, which filled the right side of the post-nasal space, was hard and somewhat elastic, and was pushing the palate before it.

DISCUSSION.

The PRESIDENT asked what data were obtained by palpation. Could Dr. Powell make out that the growth was behind the palate, and not inside it? Also, from what part of the growth was the specimen taken? There seemed to be some breaking-down in the growth, but the great rapidity, as stated, appeared to be incompatible with the development of a tumour, and more suggestive of an inflammatory or specific lesion.

Mr. CLAYTON FOX said he thought the swelling was in the palate. There seemed to be no sign of growth springing from the nasopharynx. He thought it was inflammatory, but it was difficult to say whether pus was present.

Dr. WATSON WILLIAMS asked whether there was any syphilitic history. The right lateral wall of the nasopharynx seemed distinctly infiltrated by this nasopharyngeal growth, but it seemed to be impossible, by mere inspection or palpation, to say how far the soft palate was infiltrated or simply pushed forward. He thought it was probably a sarcoma.

Dr. PEGLER said that the section under the microscope showed a mass of lymphoid tissue, and that the growth was a lympho-sarcoma.

Dr. FITZGERALD POWELL, in reply, said the patient came under observation on May 25, complaining that five weeks previously he had influenza with sore throat. This cleared up, but a fortnight later he felt a lump in his throat, causing difficulty in swallowing and obstructing the right nostril. A swelling bulging forward the soft palate, principally on the right side, was observed, and with the finger a hard elastic mass was felt behind the palate and filling up the post-nasal space. An exploratory puncture through the palate into the swelling revealed no pus. The growth appeared to be growing from the base of skull and lateral wall of post-nasal space. While exploring with the finger a portion of the mass was broken off, about the size of a small pigeon's egg, which was examined by Dr. Briscoe, the pathologist, who reported that it had the appearance usually found in sarcoma. The growth was felt to be growing from the naso-pharynx, and was not in the palate; the finger could be passed round between the growth and the palate. On examination with the mirror the growth obstructed the view of the posterior orifices of the nose and post-nasal space. There was no specific history, but he was put on 20 gr. of pot. iod. three times daily. The man thought the growth smaller, but he (Dr. Powell) saw no appreciable difference in it. He intended watching the case for a few days and would give due attention to the opinions expressed.