

146 Pegler: *Traumatic Perforation through Hard Palate*

There was no ulceration. Opinions were divided as to whether it was an epithelioma or an endothelioma. The exhibitor had not felt justified in removing a portion for diagnostic purposes.

Traumatic (post-operative) Perforation through the Hard Palate, communicating with the Floor of Left Nasal Fossa and Maxillary Antrum.

By L. HEMINGTON PEGLER, M.D.

THE patient was a woman aged 36. Suggestions as to feasibility of a plastic operation were invited.

DISCUSSION.

Dr. BRONNER said there was a history of discharge from the left nostril for some time. The operation performed had probably been for empyema of the maxillary antrum. As the surgeon who operated would probably be interested in the case, he should suggest that the patient should be sent back to him.

Mr. BARWELL said he did not think a plastic operation would be of much advantage, for while the patient wore her dental plate she got no food into the nose. He counselled leaving it alone.

Infiltration of the Right Half of the Larynx of Obscure Nature, in a Woman aged 34.

By J. DUNDAS GRANT, M.D.

THERE is an irregular swelling of the right half of the epiglottis and of the right ary-epiglottic fold; it seems to be firm in texture, and the surface appears papillated and of a reddish tint; it is of such extent as completely to conceal the right vocal cord. The rest of the epiglottis is slightly enlarged, and there is in the left glosso-epiglottic space a smooth, rounded, sessile swelling, apparently growing from the lingual surface of the base of the epiglottis. The patient complains of hoarseness of three weeks' duration, and has had slight huskiness and cough for six months; there are no physical signs in the chest. Her blood is being submitted to Wassermann's test, but apart from that there is no evidence of specific dyscrasia.

DISCUSSION.

DR. GRANT added that it might be lupus, but it did not agree with the picture of any disease of which he knew, so far. Possibly the Wassermann reaction would help the diagnosis, and a portion might be removed for microscopical examination. There was no pain. He hoped to give a more detailed account at the next meeting.

DR. WATSON WILLIAMS said he had examined the case, and thought it might be an infiltrating malignant growth; probably the removal of a portion would settle the diagnosis.

**Odynphagia in a Tuberculous Subject, without any obvious
Disease of the Larynx.**

By J. DUNDAS GRANT, M.D.

THE patient, a woman aged 35, complains of loss of voice, and during swallowing of severe pain running up to the left ear. In the left hyoid fossa, on the outer surface of the ary-epiglottic fold, there is an extremely ill-defined sessile area of œdema, but otherwise the larynx is normal in appearance, and the movements of the vocal cords are in no way diminished. There are physical signs of tuberculosis in the chest, but for the moment any tuberculous condition giving rise to the odynphagia must be quite latent. Von Pirquet's cutaneous tuberculin test has been applied, but the result is still being awaited.

**New Growth of Right Tonsil invading the Surrounding
Tissues.**

By ARTHUR EVANS, M.S.

A.S., MALE, aged 40, first seen on May 5, 1910, complaining of pain on swallowing. In the region of the right tonsil, and apparently originating in it, is a new growth which has invaded the soft palate up to the mid-line, the lateral pharyngeal wall posterior to the tonsil, the anterior pillar of the fauces, and the soft structures covering the inner surface of the angle of the lower jaw. From here the new growth