

nasal obstruction was contraindicated. If, later, the pulmonary disease became quiescent and he were without fever for, say, three months, and if the question arose of the patient resuming his occupation, he would then advise an operation, which could be performed without a general anæsthetic and without risk of blood passing down the trachea. There was marked simple laryngitis in this case.

Dr. JOBSON HORNE said he agreed with the President, but he could not agree with Mr. Barwell, because if the patient got through his phthisis without having his nose interfered with he advised that it should be left alone. He was convinced that nasal obstruction was a factor in the etiology of pulmonary tuberculosis and should receive more attention than it had done hitherto.

Dr. BURT, in reply, said he brought the case because the man's doctor said the cough was persistent, and on examining the naso-pharynx he saw a quantity of discharge running down the posterior wall. He thought the nasal trouble was more the cause of the persistent cough than was the lung trouble, because he had put on 30 lb. since December. Last time the patient was examined there were only fine crepitations in both apices, and that was after a severe attack of pneumonia. So there seemed much hope if the larynx could be rested and the discharge stopped.

A Case of Subcutaneous Induration of the Neck of Uncertain Causation.

By E. WARD, M.D.

(Introduced by Mr. HUNTER TOD.)

THE patient, a woman aged 32, first noticed, while washing three or four weeks ago, swelling and a "hardness" in the neck. This swelling began over the region of the thyroid cartilage and extended laterally and downwards towards the chest. She has had an eruption of acne rosacea on the face for two years, and has been treated for five weeks by Dr. Sequeira. The larynx, lungs and heart are normal, and there is no evidence of intrathoracic growth.

DISCUSSION.

Dr. GRANT thought it looked like gumma, but he could not elicit anything in the history to support that, with the exception of a miscarriage.

Mr. CLAYTON FOX thought there was pus beneath the deep fascia—it seemed to be cellulitis.

Dr. VINRACE supported Mr. Fox's view, and thought a free central incision should be made into it and drainage carried out. He did not think it was syphilitic.

Dr. PEGLER thought iodide of potassium might make some clearance.

Dr. SYME said there was a general tendency to œdema of the face and ears. The condition outside the throat looked like what one saw in the face from lymphatic engorgement with nasal obstruction.

Mr. TOD said he saw the patient for the first time ten days ago. At first he thought it might be syphilitic perichondritis, but there was nothing to see in the throat. Large doses of potassium iodide had been administered, but had had no effect. Since then the swelling had spread more to the left side and down to the supraclavicular region, and the patient stated that she had difficulty in moving the arms and shoulders. Against the diagnosis of abscess was the fact that there was no pain, pyrexia, or redness of the skin.

Dr. FITZGERALD POWELL thought it was a case of cellulitis, and that it should be freely incised and fomentations applied.

Dr. WARD, in reply, said he could not find anything in the thorax. He had seen three similar cases. One was under the care of Mr. J. Hutchinson, jun., and developed a red indurated swelling of the neck which was thought to be cellulitis. It was fomented without effect, and at consultation was thought to be new growth. It spread to the larynx, and tracheotomy was necessary. The pathologist pronounced the section to be lympho-sarcoma. Another case was under Mr. Eve; this also was at first considered to be inflammatory, but after free incisions the swelling spread more rapidly than before. The man died, and at the autopsy a new growth was found infiltrating the tissues, said to be endothelioma. In another case iodides failed to relieve it, and it disappeared under X-rays. He suggested that the present case was one of malignant growth. It might react to X-ray treatment.

Case of Killian's Operation for Chronic Suppuration in the Frontal Sinus.

By J. DUNDAS GRANT, M.D.

THE patient was a man aged 33, who for several years had suffered from a purulent discharge from the left nasal cavity. He had had an external operation on his left frontal sinus six weeks before coming under the observation of the exhibitor. There was then a scar rather below the left eyebrow, and a small sinus from which a drop of pus exuded. The antrum was found to be opaque on transillumination and was therefore punctured and washed out by means of Lichtwitz's trocar,