

Sir JAMES DUNDAS-GRANT said he did not think that, on the whole, Dr. Dan McKenzie was justified in his pessimistic remarks. This case was for the moment a disappointing one, but it did not constitute a reason for giving up faith in one's capacity to cure this condition. Taking the bulk of the cases shown to the Section, they were such as to warrant the belief that the laryngologist was not working at them in vain.

Mr. TILLEY said he was glad that the case had evoked criticism, but there was some misapprehension about it. When last he saw the patient after the operation she was free from both headache and discharge. The right sinuses had not been operated on because all the symptoms had been on the left side, and therefore he considered that if these could be relieved it would suffice for the time being. He wished to point out definitely that the frontal sinus was cured of purulent discharge; one could insert a large sinus catheter without difficulty, and irrigation brought away no pathological secretion. No signs of frontal sinus infection were present. The external scar was now healed and almost invisible. The inner antral wall had been removed, and a cannula could easily be passed in, so that there was no question of free drainage. The disappointment was the obvious recurrence of ethmoidal disease, in spite of the effort which had been made to deal with it when the external operation on the frontal sinus was performed. Further treatment by the external or internal route would be necessary.

**Large Papilloma of Uvula.**—T. A. CLARKE, M.D.  
M., aged 55.

The uvula is replaced by a large papillomatous mass. There is a small secondary papilloma growing from the upper part of the left posterior pillar of the fauces. The papilloma of the uvula was removed seven years ago and has been growing again for six years.

Sir STCLAIR THOMSON said he took a section from the growth in this case five years previously, but he did not attempt removal of the papilloma, as the case was only sent to him for an opinion by the insurance office. His report was that the growth was innocent.

Dr. T. A. CLARKE (in reply) said that he had been mistaken as to the original operation. He proposed to remove the growth; he had not had another microscopical examination made, but it was obviously papilloma.

**Occlusion of Naso-pharynx.**—C. F. BEEVOR, M.B.

Patient, female, aged 24. Came to hospital on account of chronic ear discharge. On routine examination the palate and fauces were found to be fused together, leaving a small hole, which would barely admit a lead pencil, immediately below the uvula. Wassermann reaction, negative. The condition appears to be due to a severe attack of scarlet fever with extensive faucial ulceration in childhood. Nasal airway is only slightly affected. Any attempted plastic operation would probably lead to formation of further scar tissue.

*Discussion.*—Mr. RITCHIE RODGER said that the patient's mother had informed him that when the child had the scarlatinal throat the medical attendant told her to swab the throat with carbolic acid, a bottle of which he supplied; when he saw the throat on the next day he told her to stop doing so.

Mr. J. F. O'MALLEY said that one occasionally saw similar cases, in which there was no history of the application of any such thing as carbolic acid. In some acute scarlatinal cases there existed an intense œdema, and so there was pressure between the pillars of the fauces; an ulceration followed, and, consequent on this ulceration, there was scarring. He had shown before the Section a boy who had had a similar condition of throat following scarlet fever. He had shown the case in order to elicit opinions as to treatment. Some Members favoured an attempt being made to enlarge the opening, but others discouraged that. He took the opinion of the former, to his great regret, as the patient did badly and a fresh suppuration occurred in the ear; there was trouble with that patient for months. When, finally, the further trouble had settled down, the fauces were in the same condition as originally.