A PROBABLE TUMOR OF THE LUNG DIAGNOSED BY UPPER BRONCHOSCOPY.

DR. RICHARD H. JOHNSTON, BALTIMORE.

In May, 1912, Mrs. J. E. L., 62 years old, was referred to me by Dr. James Bordley for persistent cough with expectoration of blood. The patient had been examined by Dr. T. R. Boggs who found stenosis of a bronchus on the right side. Though the patient was stout and had a thick neck there was no difficulty in passing the 9 mm. bronchoscope without the speculum. Aside from some congestion the trachea and main bronchi were normal. Nothing abnormal was found in the secondary bronchi leading to the upper and middle lobes of the right lung. On passing the bronchoscope further down blood was seen coming from one of the anterior terminal bronchi. When this was wiped out, one could see at the beginning of the tertiary bronchus a fringe-like mass which bled easily. Unfortunately I had no small forceps powerful enough to remove a piece for microscopic examination. However, I had no hesitation in making a diagnosis of a tumor of a tertiary bronchus with probable extension to the lung. Eight months previously Dr. Bordley had removed the right eye for sarcoma of the ciliary body. While the examination was unsatisfactory in that we did not secure a specimen for microscopic examination, we did succeed in establishing the source of the blood. Time will tell whether the growth is malignant or not. All who saw the picture through the bronchoscope agreed that it was a tumor, not amenable to treatment.

807 North Charles Street.

Diagnosis and Therapy of Laryngeal Carcinoma. J. FEIN *Monatschr. f. Ohrenh. u. Laryngo-Rhinol.*, Heft 1, p. 69, 1912.

Fein reported a case of laryngeal carcinoma in which, however, the characteristic laryngeal symptoms were few and the histological diagnosis uncertain. The case covered a period of fourteen years. In connection with this report Fein discusses the value of microscopic examination in the diagnosis of laryngeal carcinoma and the limited value of radical operation.

Ed.