the International Medical Congress at Paris in 1889, read a paper on several cases of prolapse of the ventricle, all of which occurred in persons affected with laryngeal tuberculosis. The conclusion seems fairly obvious that the growths observed by Gouguenheim originated in the intraventricular body described by Dr. Horne. This was no doubt a tubercular infiltration, and is readily explained by the presence of the lymphoid tissue so clearly demonstrated in Dr. Horne's sections. The presence of this anatomical structure accounts *à priori* for the early and frequent occurrence of tuberculous disease in the ventricle, and Dr. Horne mentioned the extreme—almost unexceptional—frequency with which he found bacilli in the contents of the ventricles in tuberculous subjects. Apart from actual infection of the intraventricular tissues, the presence of bacilli might be expected in that region in any person suffering from pulmonary tuberculosis, because the ventricular bands close for a moment at the commencement of the act of coughing, and sputum containing bacilli can hardly avoid being “entrapped” by them to some extent when driven upwards by the expiratory blast.

This mechanical arrangement, combined with the anatomical structure demonstrated by Dr. Horne, would account doubly for the incidence of tubercular infection in the ventricles of the larynx.

As a corollary to these propositions we may point to the well-proved therapeutic value of antibacillary injections into the trachea. Much of the material injected is inevitably coughed out, but some is also equally inevitably “entrapped” in the ventricles, where its action is, in the light of the above observations, imperatively demanded.

A CASE OF AGMINATION OF SECRETION ON THE VOCAL CORDS AT THE SEAT OF ELECTION OF SINGERS' NODULES.¹

By Dr. DUNDAS GRANT.

MISS K., aged twenty-one, student of singing, complains of want of timbre, and of hoarseness and discomfort in the upper part of the throat after singing for a short time. On first examination the cords were found to be very slightly congested, and to approximate to an abnormal degree at the junction of the anterior and middle thirds, where there was a frequent accumulation of a thick secretion of almost milky whiteness.

There was hypertrophy, or at least turgescence, of the inferior turbinated body, for which the galvano-cautery had been practised. The pharyngeal tonsil was hypertrophied, and this was removed by means of forceps. An unusual degree of hæmorrhage resulted, although there was no suggestion of the hæmorrhagic diathesis. Within the last few days the anterior extremities of both inferior turbinated bodies have been removed, the bleeding being again unusually copious, and only with difficulty checked by means of firm anterior plugging. It was probably fortunate that complete turbinectomy was not performed.

¹ Shown at the Laryngological Society of London.

Since this operation the secretion in the larynx has very considerably diminished as compared with what it was when the notice of this communication was sent on to the Secretary, but there is now a scarcely perceptible acuminate projection on the vocal cord at the situation mentioned.

Such a minute departure from the normal seems a trivial condition, but the question arises as to whether or not it is the earliest stage of a singer's nodule, calling for absolute rest. In any case the treatment of the nose must be perseveringly attended to.

In view of the recent account of the structure of the vocal cords by Alexander ("Arch. für Laryngologie," Band VII., p. 254), and his observation as to the occasional, though not constant, existence of glands with openings in the neighbourhood affected by singers' nodules, the consideration of these slighter cases is interesting and important.

A CASE OF SIGMATIC DYSLALIA.¹

By DUNDAS GRANT.

MISS P., aged thirty, occupied as a lady's maid, came to me last week complaining of stuffiness of the nostrils and defect of speech, which, to my ear, was identical with that produced by cleft or paralysis of the palate. There was hypertrophy of both inferior turbinated bodies. The palate was normal, but slightly deficient in closure during the utterance of vocal sounds. In particular, she was absolutely unable to produce the hissing sound of the letter "s," for which she substituted the guttural "k" (obviously the substitution of the one sound for the other in such a word as "kiss" might be expected to lead to possible misunderstanding of a serious kind). She has never experienced regurgitation of liquids, and is not aware of ever having suffered from diphtheria. Further, she has never met with anybody having the same peculiarity.

Cocaine was applied to the hypertrophied turbinals, and the patient's comfort was so considerably increased thereby that galvano-caustic puncture was practised immediately. The patient, in spite of the fact that the nasal passages were thereby made more patent, felt less difficulty in the utterance of hissing sounds. The paresis of the palate was, possibly, the result of chronic nasal obstruction, as pointed out by Greville Macdonald and others.

A very simple method of training was then initiated. She has practised hissing: first with both nostrils closed; then with one closed; then with both open; and now, as long as her attention is directed to the point, she is generally successful in her efforts. I have since observed that, by making her project the lower jaw forwards—as is done by the action of the external pterygoid muscles—so as to bring the lower teeth almost in front of the upper ones, she can produce the hissing sound with still greater ease; and she is practising this movement with very great advantage.

¹ Shown at the Laryngological Society of London, May. 1898.