0.3 per cent.; escape of the vitreous, 6.8 per cent.; capsule bursting, 8 per cent.; capsule left behind, 4.28 per cent. No written description can teach the operation satisfactorily; it requires to be seen. Pagenstecher has also extracted the lens in its capsule, but the procedure is entirely different from the Indian operation. In the former the lens is lifted out on a spoon.

The Treatment of After-cataract.—SMITH (*Arch. of Ophthal.*, March and May, 1906) strongly urges that the best operation for cataract and the procedure of the near future is extraction within the capsule; when this has not been done but the cataract has been extracted in the ordinary manner, leaving the capsule behind, he recommends removing the membrane in whole or in part by making an iridectomy sized wound at the sclerocorneal junction above; doing an iridectomy, if it has not already been done; introducing an ordinary iris forceps, a little stouter than usual, somewhat beyond the centre of the pupil; allowing the blades to open wide; driving the point through the after-cataract wide apart; close the forceps tightly, and bringing out the offending body. Thus treated the capsule usually comes out in its entirety; and if not in its entirety, it comes out more efficiently than by any needling. There may be an escape of a bead of vitreous, which is of no importance. The escape of vitreous should not occur if an assistant keeps the lower lid well drawn down by placing his thumb on the face below it. In this procedure the object of removing the offending body is commonly accomplished, and the results are eminently satisfactory.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF
J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

Fibrosarcoma of the Thyrohyoid Membrane.—RENSHAW (*Journal of Laryngology, Rhinology, and Otology*, April, 1906) reports a case of fibrosarcoma arising from the thyrohyoid membrane. In a weaver, twenty-nine years of age, a growth had steadily developed, during a course of two years, over the thyrohyoid space and upper part of the thyroid cartilage. The voice had been hoarse for ten months and there had been some difficulty in swallowing, while lately there had been considerable pain running up to the left ear.

A smooth swelling in the middle line extended from immediately below the hyoid to about half-way down the thyroid cartilage, spreading on each side almost to the posterior margin, and appeared to be tightly bound down to the thyroid cartilage. It was firm and elastic to the touch, but there was no tenderness upon pressure.

Laryngoscopic inspection showed the laryngeal mucous membrane to be congested, the entire anterior wall to be displaced slightly back-

ward, while there was also a slight bulging observed in the middle line and a little above the anterior commissure.

The tumor was removed by a median incision and was found to be definitely encapsulated under the thyrohyoid muscle. The patient made an uninterrupted recovery with relief of his symptom. Renshaw attributed these symptoms to pressure of the growth under the cervical fascia forcing the larynx backward.

Congenital Lipoma of the Buccal Pouch.—WYLIE (*Journal of Laryngology, Rhinology, and Otology*, January, 1906) recently removed from a female patient, aged fifty, a congenital lipoma of the buccal pouch which had formed a firm, smooth projection into the mouth, and had caused but slight inconvenience. The structure was adipose tissue with an ill-defined fibrous capsule. It represented an hypertrophied vestige of the "infant's sucking pad."

Multiple Telangiectasis of the Skin and of the Mucous Membranes of the Nose and of the Mouth.—KELLY (*Revue hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie*, April 28, 1906) reports two instances in sisters, and refers to eight other cases that he has found in literature which he has studied in connection. These cases usually terminate fatally by hemorrhage or by exhaustion due to the hemorrhages.

Multiple Angiomas of the Throat.—DE NAVRATIL (*Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie*, Mai-Juin, 1906) alludes to a patient he saw in Dr. Dollinger's clinic with angiomas upon the left tonsil, palatine folds, and the conjunctiva, associated with a large erectile tumor upon the left side of the neck. During narcosis for extirpation of the neoplasm, asphyxia supervened, which was attributed by the operator to the angiomas in the palate and throat which became hyperemic during the arterial hypertension, and dilated sufficiently to obstruct the respiratory passages. Tracheotomy was immediately performed and the operation then completed. Three days later the cannula was removed, and the patient left the clinic soon after.

Œdema of the Pharynx.—SCHADLE (*The Laryngoscope*, February, 1906) reports a case in which unilateral œdema of the pharynx occurred in sequence from an infectious nephritis brought on by an attack of quinsy of the same side.

Soft Fibroma in the Lateral Wall of the Pharynx.—JOHN MCCOY (*The Laryngoscope*, February, 1906) reports a cystic looking growth as large as a small pear which had hung free by a small pedicle in the cavity of the pharynx of a man, thirty-seven years of age. The only symptoms complained of had been that of a lump in the throat for some six months.

Hypertrophic Laryngeal Tuberculosis.—RHODES (*The Laryngoscope*, January, 1906) reports a case of hypertrophic laryngeal tuberculosis in a man, thirty-six years of age, the subject of tuberculous disease in the knee-joint. The diagnosis was confirmed by the detection of giant cells and numerous tubercle bacilli in a section of the right ventricular band removed for purposes of microscopic study.