We have been favoured with the following interesting account of a post-mortem by Dr. Moxon:—

Polypoid Tumour of the Larynx, stopping the œsophagus; senile organs.—A man, aged sixty-five, a cabman, was in Guy's Hospital, suffering from difficulty in breathing and swallowing, with progressive emaciation. He had to be fed by the œsophagus tube. Laryngoscopic examination showed a growth, apparently occupying both pharynx and larynx. The dyspnoea became intense, and tracheotomy was performed. He lingered a month after this to reach the last stage of emaciation, and slowly sank.

The post-mortem examination, by Dr. Moxon, showed a growth, of the size of a chesnut, attached by a narrow root to the right aryteno-epiglottidean fold, and contriving so to place itself that it lay over the larynx during the effort to breathe, when the pharynx was at rest, while it stopped up the œsophagus during the attempt to swallow. In this way:—We need not say that the second stage of deglutition includes two movements for the protection of the larynx—first, the larynx itself is carried upward and forward, and, second, the root of the tongue is carried backward, the two motions combining to place the larynx under the root of the tongue, while the food passes back and down on its course. It will easily be seen that the movable mass attached loosely between the tongue and larynx had its root drawn up with the larynx, while its body was pushed back by the tongue so as to stop the passage of the food into the pharynx. The growth was an adenoid epithelioma. It was interesting to notice that, emaciated as the man was, his death had been determined by an attack of pneumonia. He had not died out simply. We usually find, both in very aged and very wasted persons, the full tale of morbid products, as though it still took as much as ever to kill them. The pneumonia was a purulent infiltration, with patches of gangrene—an intense pneumonia, the severity of its results being partly due to the extreme reduction of the patient; but another cause showed itself, for a piece of one ring of the trachea in the wound was ossified and dead, so that it separated at a touch. The ichor from this necrosis, no doubt, had conveyed down the trachea a like severe necrotic change. One was struck with the fact that his heart still weighed ten ounces and a half, whereas to correspond with such emaciation it should not have weighed more than five and a half or six ounces. The cause for this anomaly was found in the state of the kidneys. These were granular to a severe degree, being much wasted, so that the largeness of the heart was, in fact, a relative hypertrophy of the sort common in this renal disease. In the middle of the thoracic aorta (its hinder side) were several firmly-attached smooth masses of fibrine, shaped like shrunk-up garden slugs, quite decolourised, and evidently of old date—a point worth attention, as proving that the equivalent of cancer of the œsophagus is the proper cure for aneurism, seeing that it can produce firm fibrine in the open channel of the aorta. That the stomach was ready to use food, if it could get it, was proved by its having dissolved its own mucous coat, and containing highly acid mucus. The liver was like an old man's liver in one interesting particular, which has not been much noticed, we believe. This was that its anterior part in contact with the ribs was very hard, while its posterior part, which rests against the diaphragm and lung, was comparatively quite soft and natural. This hardness of the front edge of the liver in older people surely represents the effect of the exposure of this part of the organ to trifling mischances of various kinds—hard breathing, casual pressure, tight trowser-bands, &c. Often one sees on the left lobe, under and corresponding to the heart, a roundish patch, where the capsule is thickened and depressed. This patch registers in a similar way the extent of direct mechanical injury which the liver has sustained from the life-long beating of the heart. No gout was present, and the wasted muscles had the usual dark-brownish tinge.

SEAMEN'S HOSPITAL, GREENWICH.

A CASE OF PYO-THORAX.

(Under the care of Dr. REGINALD THOMPSON.)

WE last week recorded an interesting case in which Dieulefoy's aspirator was used for the purpose of diagnosing a supposed abscess of the liver. The following illustrates

in some degree the comparative value of this and of other instruments in removing fluids from the pleural cavity.

Chas. G—, aged forty-three, was admitted on Dec. 2nd with such physical signs and general symptoms as to lead, with little doubt, to a diagnosis of a large amount of pus in the left pleural cavity. The disease, from the history, was apparently of three weeks' duration.

Two days after his admission the chest was tapped by Mr. Johnson Smith in the seventh interspace, in a line with and close to the lower angle of the scapula. Dieulefoy's aspirator with a small trocar was used, and forty-four ounces of inodorous healthy pus were withdrawn by the syringe. During the operation the patient lay upon his right side; he coughed frequently, and exhibited occasional symptoms of distress. The wound was dressed with medicated oakum, and healed completely in three days.

After the operation the physical signs improved, but the chest filled again, and in seven days it was found necessary to tap him a second time. On this occasion a trocar and canula, with an elastic tube under water, were used; twenty-three ounces of inodorous pus were removed, and the operation was followed by a further improvement of the physical signs.

On the 18th December, as the pus was evidently pointing between the ninth and tenth ribs in front, a third operation was performed by Mr. Smith with an ordinary trocar and canula, and forty ounces of inodorous pus were discharged. There was subsequently resonance on percussion over the front of the left side of the thorax. A drainage-tube was introduced and left in the wound. On the 23rd a pericardial friction-sound was heard. The pus continued to flow, but was very fetid. Vesicular breathing continued to be heard over the same extent of chest as before, both anteriorly and posteriorly; and the general condition of the patient was satisfactory. But on the 29th his friends insisted on his removal from hospital, and he was discharged contrary to advice.

The three instruments were used successively in this case in order to test the comparative value of the aspirator. The result was satisfactory, in that no admission of air took place; but the *modus operandi* did not appear to possess any special advantages, and during the first operation some amount of coughing and uneasiness occurred.

RADCLIFFE INFIRMARY, OXFORD.

CASE OF PELVIC HÆMATOCELE.

(Under the care of Dr. TUCKWELL.)

A. T—, aged thirty, admitted November 27th, 1871, with the following history and condition:—She has had four children, the youngest born two years ago, and suckled for eighteen months. Catamenia first reappeared eleven weeks ago, and have been profuse, lasting nine weeks. On the second day of their appearance she was suddenly seized, while sweeping her cottage, with severe pain in the lower part of the belly, on the left side, which was followed in a few days by the formation of a painful swelling in the same part. She was now confined to her bed, suffering from a constant bearing-down pain in the lower part of the body; from a frequent desire to pass water and difficulty in doing so; and from an irritable state of the bowels, each action being loose, but scanty and constrained. At the end of two or three weeks the painful swelling on the left side of the body subsided a little, and a similar swelling began to form on the right side, with increase of suffering and frequent vomiting. She is now in the twelfth week of her illness.

The lower two-thirds of the abdomen were distended by two large prominent swellings, occupying respectively the right and left iliac and lumbar regions, and encroaching on the hypogastrium. That on the right side was elastic, resisting, and exquisitely tender, yielding on percussion a muffled tympanitic sound; that on the left was softer and more tolerant of pressure, and loudly tympanitic. Directly above the pubes, and extending into both iliac regions, more to the left than to the right, was a hard mass which could not be followed far with the hand, but was lost on either side beneath the more prominent swellings; it was