normal position; the base of the heart extended to about half an inch to the right of the sternum. The sounds were clear and natural.

Oct. 29th.—Sonorous rhonchi were heard over the right lung in front; and on the left side both in front and behind; the bases were a trifle more resonant, and more air seemed to enter the left base than at the previous examination; otherwise the left chest remained *in statu quo*. It appeared, on inspection of the two sides of the thorax, that the left was the smaller; measurement, however, proved that no difference existed. The diagnosis was that the patient was the subject of an intra-thoracic malignant tumour, which, by pressure on the left recurrent nerve, had caused paralysis of the vocal cord. The patient rapidly lost flesh, and on November 3rd experienced some difficulty in swallowing; the food appeared "to stick" at the sternal notch, and was immediately vomited. She died on November 4th.

At the examination of the body, twenty-four hours after death, bloody fluid was found in both pleural cavities, but in no great amount, and less in quantity on the left side. A large, soft, white growth lay in the mediastinum, immediately behind the sternum, which had involved the right lung to the depth of about one inch, while the left was generally infiltrated; the root of this lung was completely surrounded by the tumour, and the left recurrent nerve was so disorganised, as it passed through the mass, that its dissection was rendered impossible. The heart was natural. The laryngeal muscles on the left side were about half the bulk of those on the right, and microscopic examination showed them to be so altered that almost all traces of normal voluntary muscular tissue had disappeared—structureless granular bands, merely, representing the original muscular fibres. To the naked eye the new growth was white, soft, and for the most part brain-like in character; microscopically examined, it proved to be an alveolar sarcoma.

In such cases the laryngoscope, as has been demonstrated by various observers, assists the diagnosis, not only in showing the absence of laryngeal disease, but also, when such unilateral paralysis exists, in guiding the practitioner in his search for the original disease to deeper parts within the cavity of the thorax where pressure on or other interference with the motor nerve to the part may exist. In this way previously unsuspected aneurisms have been discovered. The unilateral paralysis of the vocal cord, as shown by the laryngoscope, has led to an examination of the chest, where the real seat of the disease existed.

It does not, however, always happen that the laryngoscope thus enables us to form a certain diagnosis, and of this a case which died under my care a few days ago at the Morley Convalescent Hospital at Wimbledon affords a good example. The patient was a woman aged forty, who had spent the last eleven years in India, where she had suffered from dysentery. She was admitted into St. George's, under Dr. Cavafy, for dyspnoea, cough, and pain in the right side of the chest, and the note made at the time of her admission (June 2nd, 1876) was as follows: "There appears to be some laryngeal stridor, and the cough is slightly laryngeal in character; musical râles all over the chest, inspiration prolonged under the left clavicle, with some dullness on percussion." The apex beat of the heart was scarcely perceptible; there was a soft systolic bruit audible over the aortic valves; no abnormal dullness could be detected on percussion, save that already mentioned as existing behind the left clavicle. Laryngoscopic examination showed complete paralysis of the left vocal cord, which maintained a permanent position about midway between perfect adduction and abduction. During her residence in St. George's, and subsequently at Wimbledon, she was liable to attacks of dyspnoea on slight exertion, and eventually the breathing at the left apex became tubular, while the vocal fremitus remained about normal. The voice was so husky that vocal resonance was inappreciable in any part of the chest. On August 12th a gumma appeared on the right leg, which ulcerated, but eventually healed under iodide of potassium. The laryngeal stridor, however, steadily increased, and she became liable to spasmodic attacks of dyspnoea on awaking in the morning. On Nov. 3rd she had a severe attack of dyspnoea; on Nov. 4th passed a very restless night, owing to difficulty of breathing. Next day bronchitic râles were audible over the whole chest, and copious expectoration of purulent matter commenced. On

Nov. 6th the percussion was dull, and respiration diminished over the left side, and she had a severe attack of dyspnoea, which lasted about two hours, and in the course of the day a similar attack. These symptoms became so urgent that a thorough examination (according to the report of Mr. R. P. Collins (the resident medical officer at the convalescent hospital) was impossible. On November 10th she was much worse, and the copious expectoration ceased. She died next day at noon. At the post-mortem examination pleuro-pneumonia was found affecting both lungs, and in addition acute inflammation of the bronchial tubes. There was an aortic aneurismal sac of the size of an orange communicating with the aorta by an orifice an inch and a half in diameter. It arose behind the innominate and left subclavian and carotid arteries. The left recurrent nerve was passed over the most projecting portion of the sac, which had compressed the left bronchus considerably. The tissue of the nerve was so altered that nothing but the neurilemma was left.

The diagnosis in this case was that of aortic aneurism, and this opinion was based chiefly on these two facts—viz., the paralysis of the left vocal cord, and on the systolic murmur heard over the base of the heart. Paralysis of the vocal cord demonstrated clearly that there was some tumour which, by its pressure, had interfered with the innervation of the laryngeal muscles on the left side, and although the aortic murmur indicated the probability of aneurism, all other diagnostic signs of that disease were wanting.

I am, Sir, yours faithfully,

THOS. WHIPHAM, M.B., F.R.C.P.,

Assistant-Physician to St. George's Hospital.

Green-street, Nov. 25th, 1876.

MEDICAL WOMEN.

To the Editor of THE LANCET.

SIR,—In your impression of the 9th ult., under the head of "Annotations," I find the following paragraph:—

"The King and Queen's College of Physicians in Ireland, on the 1st instant, in accordance with their resolution a month ago in favour of Miss Peachy, decided to admit Miss (or Mrs.) Dunbar, M.D. of Zurich, to the examinations for the licence of the College. This step was resisted strongly and unanimously by the obstetrical (*sic*) members of the College, but without effect."

The person who supplied you with this information should have been more exact. As the last sentence stands, one would suppose that the obstetric Fellows of the College had made an organised resistance against the admission of ladies to the licence of the College. Such was not the case. Your informant would have been more accurate had he said the step was "resisted," &c., by the obstetric members of the College *who were present at the meeting*.

There are eight Fellows who practise obstetric medicine, and three only of these were present. The meeting consisted of twenty Fellows, and but sixteen of these voted. The members were equal—eight to eight—and the President gave his casting vote, very properly, in favour of the lady. I was prevented from attending, having had other duties to perform in connexion with my chair. Had I been present I should have strenuously supported the motion for the admission of Miss Dunbar. By inserting this in your next impression you will much oblige, Sir,

Your obedient servant,

EDWD. B. SINCLAIR,

King's Professor of Midwifery.

Dublin, Dec. 16th, 1876.

THE GENERAL MEDICAL COUNCIL AND THE EAST LONDON MEDICAL DEFENCE ASSOCIATION.

To the Editor of THE LANCET.

SIR,—From 6th October, 1875, to 12th July, 1876, we were frequently promised by the Medical Council that the whole or part of any penalties we might recover under the Medical Act should be handed over to us towards defraying the expenses of any prosecutions we instituted.

We charge the Medical Council with having made these promises, whilst at the same time they knew that the penalties were claimed by the Receiver of Police—that he had, in fact, before claimed them, and detained them; and that, in