pharyngeal polypus extracted by way of the mouth, a case of supposed rhinopharyngeal polyp in a male cook, twenty years of age, from whom a number of small nasal polypi had been removed. Posterior rhinoscopy revealed the existence of a large rosy-gray polyp, situated transversely upon the soft palate and occluding the septum and the posterior nasal outlets against which it was applied. Several attempts to remove it with the cold snare and the pharyngeal forceps failed. It was eventually extracted by means of Doyen's gouge, with which the adhesions of the septum and of the soft palate were separated, so that the tumor hung into the pharynx, attached by a fine pedicle upon the posterior extremity of the right turbinate body, whence it was readily removed by simple traction with the adenoid forceps. Histologically the growth was a fibrous polyp with a few myxomatous points.

Foreign Body Removed from the Left Primary Bronchus with the Aid of Direct Bronchoscopy.—GUSTAV SPIESS (*Deutschen med. Wochenschrift*, 1903, No. 8) reports this interesting case: A woman, forty-three years of age, inhaled a soup-bone, which became impacted in the left bronchus and produced bronchitis with abscess. Eighteen months after the accident it was found impossible to expose the deep portions of the trachea either by laryngoscopic or bronchoscopic inspection, and the Röntgen rays failed to reveal any evidence of the foreign body. Four months later, the patient having been getting worse and worse, a tracheotomy was performed, and a bronchoscopic inspection made through the orifice, under cocaineization, in the sitting position. The bone was recognized in the left bronchus directly beneath the bifurcation, and, after several sittings, was finally removed with forceps. The patient made a good recovery.

Pemphigus of the Larynx.—DR. LEWIS A. COFFIN presented to the New York Academy of Medicine (*Laryngoscope*, February, 1903) a trained nurse, who had been under Dr. O. B. Douglass' care, with an ulceration of the epiglottis and recurrent pseudomembranous patches, the coverings of broken-down blebs in portions of the pharynx, and especially upon the soft palate. The patient also had a pemphigoid eruption about the umbilicus, which led to the establishment of the diagnosis.

Influence of Thyrotomy on the Singing Voice.—At a meeting of the Laryngological, Otological, and Rhinological Society of Paris, February 20, 1903, SUAREZ DE MENDOZA presented (*Annales des Maladies, de l'Oreille, du Larynx*, etc., May, 1903) a woman, thirty years of age, who some few months before had been subjected to median thyrotomy in a hospital in search of a pin believed to have been inhaled into the larynx, although no signs of it were detected by radiography. There was no pin except in the imagination of the patient. The patient left the hospital seventeen days later with the wound healed, but aphonic.

Some two months later, while still aphonic, Dr. Mendoza discovered a polypoid growth the size of a pea—probably proud flesh—located beneath the anterior commissure of the vocal bands; he removed this with forceps, and the voice soon became sufficiently clear for conversation, but not for