larger tube, which a dressing, as ordinarily applied, usually fails to do. Prepared by rolling the gauze fairly tight round a glass rod.

E.—A very soft rubber finger-stall containing boric acid powder to one quarter of its depth. In this lies the outer end of the smaller tube, insuring continuous drainage and materially preventing undue intra-cerebral pressure. A roll of Alembroth wadding, 1 by 4 inches, laid behind and parallel with tube E, prevents compression or displacement. An ordinary dressing is applied over all. The incision through the dura is made just wide enough to easily admit the larger tube, which may not need to be removed at each dressing, whilst the smaller tube, smeared with vaseline, glides easily and painlessly through it, and may be removed as often as may be thought needful. The diameter of the tubes may, of course, be varied so as to meet the requirements of each case. The vertical arrow indicates the outer surface of the dura mater. The tube C is perforated at the intra-cranial end only. Gentle irrigation may be necessary through one or other tube should the discharge continue foetid.

CYSTOMA OF THE EPIGLOTTIS.

BY W. JOBSON HORNE, M.D., B.C.CANTAB.,

Surgeon to the Metropolitan Ear, Nose, and Throat Hospital.

THE specimen shown in the accompanying plate is of remarkable rarity, and is, perhaps, unique in the preservation of its original state. True cystic tumours must be placed amongst the more unusual forms of neoplasms met with in the larynx. In Mackenzie's hundred tabulated cases of morbid growths of the larynx only two were of the true cystic variety. Partly owing to the relative infrequency of their occurrence, and partly owing to the diffusion and increase of a knowledge of laryngological technique, the opportunities for obtaining macroscopic specimens of the disease are accidental. A few years ago, in 1901, when I was collecting specimens for the loan museum formed in connection with the British Congress on Tuberculosis, I took the opportunity of examining all the specimens illustrating diseases of the larynx in the museums of the London hospitals; I met with only one of cystoma of the larynx, and that was in the Guy's Hospital Museum. This specimen, unfortunately, had been obtained and prepared in the præ-formalin days, and the cyst has suffered from the action of the spirit upon it. The photograph shows a specimen prepared by the formalin method,

and the tenseness and colour of the cyst are remarkably well preserved.

These cysts, when situated on the epiglottis, are commonly not brought under notice until they attain to a size which occasions a sense of choking, or dysphagia.

As regards treatment, puncturing them is of little avail, for they rapidly re-fill. Cutting out a portion of the cyst wall is equally inefficacious. Injecting them is undesirable. They can easily be removed. Removal by evulsion is untidy. The better way is by means of a wire snare. In using a snare in the larynx, one should always be prepared against the snare not cutting through sharply when drawn home tight. The plan I have adopted, and I may say with satisfactory results, is, after cocainising the part, to pass the cold loop of a snare connected with an electric battery close round the base; the cold wire is then drawn tightly home, and at the finish the current is turned on and the growth is singed off, leaving only a white linear scar along the tip of the epiglottis just at the very site of attachment. The scar itself shortly disappears, with the result that there is no mutilation of the parts nor evidence left of the neoplasm.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

One Hundred and fourteenth Ordinary Meeting, May 3, 1907.

J. B. BALL, M.D., *President, in the Chair.*

HENRY J. DAVIS, M.B., }
W. JOBSON HORNE, M.D., } Hon. Secretaries.

Present—38 members and 4 visitors.

The minutes of the previous meeting were read and confirmed.

The following communications were made:

A POLYPOID GROWTH WITH DOUBLE PEDICLE REMOVED FROM THE TONSIL.

Shown by Dr. P. McBRIDE. The patient, when seen in May,