after an attack of typhoid fever, marked improvement resulted, an exceptional experience not without parallel in connection with disease in other regions of the body.

Mr. MARSH said there appeared to be four theories advanced : (1) a special diathesis, (2) micro-organisms, (3) vaso-motor changes, and (4) necrosis. He did not believe there was a special diathesis. He had seen in a family of children, brought up under precisely similar conditions, one suffer and all the others escape. The rôle played by micro-organisms must be left undecided for the time being. It was not at present as probable a theory as the one promulgated by Mr. Mayo Collier. He had never detected necrosis in typical cases of atrophic rhinitis.

The PRESIDENT, expressing on behalf of the Society his thanks to Mr. Wyatt Wingrave for the careful paper which he had read, thought the discussion had been a fruitful one, inasmuch as they had heard a good deal about this important subject from the clinical and pathological standpoints. The results obtained in these two departments do not always coincide, but the inconsistencies are in all probability more apparent than real. Dr. Woakes had wisely said that to bring such ideas before us and let them simmer in our minds often proved of great benefit, and he had no doubt this would be the case with the present discussion. Mr. Wyatt Wingrave pointed out microscopical features, including the presence of certain bodies which might be parasitic in nature, but until Koch's postulates were fulfilled nothing definite could be said about them. He had no doubt that before many years passed Mr. Wingrave's paper would be looked back upon with great interest (probably historical interest), and would show that we were at the present time groping towards something at present little understood, but a subject upon which considerable light would in all probability soon be shed.

LARYNGOLOGICAL SOCIETY OF BERLIN.

Meeting, January 12, 1894.

DRS. B. FRAENKEL and LANDGRAF were elected presiding officers ;

DRS. P. HEYMANN and A. ROSENBERG, Secretaries.

Dr. KRONEBERG showed a patient in whom the diagnosis of tabes was definitely arrived at only after an examination of the larynx. During calm respiration the right ventricular band approached the median line, and made only slight abductive movements, whilst the left band moved in a jerking manner. In the last few weeks a tremor had replaced the jerks, which Kroneberg does not consider to be ataxic, but caused by muscular degeneration.

Dr. ROSENBERG reported two cases of recurrent paralysis in tabes. He deemed it advisable that from a general medical point of view those

changes in the larynx which so frequently appear among the first symptoms of tabes should be watched with closer attention.

Dr. SCHEINMANN reported that he had observed in the patient introduced at the last meeting, besides the clonic jerks in the muscles of deglutition, similar clonic jerks in the larynx and in the group of abductors.

Dr. GRABOWER stated that the patient shown at the last meeting, and suffering from apparent central recurrent paralysis, died of pneumonia. The *post-mortem* examination proved the presence of an aneurism of the aorta, which had caused atrophy of the first and second dorsal, and the last cervical vertebræ. There was no trace of recurrence. It was therefore a case of peripheral paralysis. The aneurism was covered during lifetime by a large emphysema of the lungs.

Dr. SCHÜTZ mentioned, as a curiosity, a case of aneurism of the aorta accompanied by hoarseness. Schütz was confident of finding a recurrent paralysis, but instead discovered a pretty large polypus, situated in the ventricle. After operation, the patient spoke with a clear voice.

Dr. LANDGRAF read a paper upon *Pathology of the Soft Palate*. He divides the paræsthesia of the pharynx into three groups. (1) Hysterical and neurasthenic patients with but slight changes. (2) Changes are present in the pharynx, but their importance is not in proportion to the intensity of complaints. (3) Patients by no means of a nervous disposition, but who constantly complain about the same feeling in the pharynx. Landgraf observed three cases of the third variety which deserve particular mention. (a) A man, forty-five years of age, complained of unpleasant sensations in the left palate, especially during ordinary swallowing. The tonsils, especially the upper part, were hyperplastic. Where the palatine arches diverged, a cavity about two millimètres wide, surrounded by a wall, was visible on both sides. Through this it was possible to penetrate to the median line, and upwards into a pouch. (b) A man, twenty-five years of age, with a similar complaint and a similar condition. Landgraf considered these changes to be tonsilla succenturiata. (c) A man, twenty-seven years of age, complained of feeling a foreign body in the left part of the anterior palate. He found under the mucous membrane a movable body the size of a swollen lentil.

Dr. B. FRAENKEL doubted whether cases (a) and (b) were not branchial fistulæ.

Dr. HERZFELD mentioned several cases of congenital fissure formations in the palatine arches.

Edmund Meyer.