SOCIETY PROCEEDINGS.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON LARYNGOLOGY AND RHINOLOGY.

Regular meeting, April 22, 1915.

DR. HUBERT ARROWSMITH, CHAIRMAN.

Cancer of the Larynx, Complicated with Laryngocele. DR. HARMON SMITH.
Published in full in the present issue of THE LARYNGOSCOPE.

DISCUSSION.

DR. ARROWSMITH said that it was a most interesting and rather unaccountable condition. Five years ago he had himself seen a case with a cyst as large as a hickory nut which embarrassed the patient very much. This was evacuated and he did not see the patient again until four years later, when he reappeared with the cyst, filled up and very much larger than it was the first time. It was again opened and the man was urged to have it entirely removed, but as he had not returned to have it done presumably he was comfortable. It was rather strange that it should be so long in abeyance without giving any trouble.

DR. FREUDENTHAL said that he had never seen just such a case, but he had presented to the Society some years before a patient, a state senator, with a somewhat similar condition, whom he had seen before about fifteen years earlier. The patient would not have an operation or anything else done, and the mass grew and suffocated him one night. He was a comparatively young man.

Chronic Laryngeal Stenosis. DR. HUBERT ARROWSMITH.

DR. ARROWSMITH said that the patient came to his service January 1, 1913, with the history that he had been feeling rather indefinitely ill for a month. During the week previous to his admission he had suffered from increasing difficulty in breathing. The larynx was very oedematous and an immediate tracheotomy was performed. Examination of the urine showed that it was loaded with albumin and contained large granular casts. This condition of the urine persisted for several weeks, and the oedema showed no tendency to subside. The man was in the hospital from January until the middle of September, 1913. The laryngeal obstruction was not improved by the almost daily passage of Schroetter's dilators. The kidney condition gradually cleared up, and he left the hospital in September with the tracheotomy tube *in situ*. He came back in November and a Jackson laryngostomy tube was inserted, which remained until the following May. Then the subglottic condition was somewhat relieved, but the supraglottic swelling persisted. Several cauterizations were made with the hope of getting sufficient contraction to open up the larynx somewhat. The kidney trouble has not returned. The man left the hospital finally in May, 1914, and while he had improved to a certain extent he did not like to go without the tracheotomy tube. It was removed, how-