

unequal and fixed, and did not react to light. It appears to be believed that in the cases occurring thus early in life, there is usually a well marked history of hereditary syphilis, but this does not seem to have been sufficiently made out in the case now recorded.

REMOVAL OF THE LARYNX.

This operation, the advisability of which was so freely discussed at the time of the death of the late German Emperor, is one which is apparently growing in professional favour and success. Professor Virchow showed last month at the Berlin Medical Society, specimens of a cancerous growth which had been removed from the right thigh of a man from whom a well-known German surgeon had completely excised the larynx from malignant disease some two and a half years ago. The patient died after this second operation, and it was found that there was no recurrence whatever in the throat, but that the tumour in the thigh, and another which was found in the lung, were both distinctly malignant. The discussion which followed elicited the fact that eleven other cases of cancer of the larynx have been cured by removal of that organ, five of these patients being still alive, and free from any recurrence; and one of them having been operated on seven and a half years ago. The other six died after a variable number of years of other diseases, but in not one of the cases were any malignant growths discovered. Such a record can only be regarded as most satisfactory and as most encouraging for the future success of these operations.

HICCOUGH.

While it is known that this is due to sudden contractions of the diaphragm, there are some causes for this action which are still obscure. The causation in cases of disease of the peritoneum, or of the stomach, or when the phrenic nerves are irritated, is sufficiently simple. But when the hiccough comes on and persists despite all treatment, and with no evident cause, it becomes sometimes a matter of considerable doubt as to the nature of the irritation. In one most obscure case, which was seen by the writer some few years ago, there was found, at the post-mortem examination, to be an aneurism of the aorta just below the orifice in the muscle. An interesting case was published in a Berlin medical paper, last month, of a patient who five years before his death had a severe attack of hiccough, lasting for five days, and for which no cause could be found. Recently the hiccough returned, and a few days afterwards acute intestinal obstruction came on which was found to be due to a malignant growth from the pancreas surrounding the large intestine, and doubtless to some extent pressing upwards on the diaphragm or irritating its nerve connections.

Reflections

FROM A BOARD ROOM MIRROR.



MISS L. A. MORGAN, who was trained at the Royal Infirmary, Edinburgh, has been appointed Matron of the Northern Fever Hospital, Winchmore Hill. Miss MORGAN has held for the last two and a half years the position of Night Superintendent, at the London Fever Hospital, Islington.

MISS EDITH HELEN OWEN has been appointed Matron of St. Mark's Hospital for Fistula, City Road, E.C. Miss OWEN was trained and certificated at the London Hospital, and held the position of Sister there for two and a half years. Since leaving the London, Miss OWEN has done *locum tenens* at the Taunton and Somerset Hospital.

MISS ANNIE BURROWS, late Nurse-Matron of the Butleigh Cottage Hospital, has been appointed Charge Nurse of the new ward for Women and Children at the Hospital for Accidents at Poplar—lately opened by the Prince and Princess of WALES.

WE understand that Dr. RENTOUL has given notice that at the forthcoming meeting of the British Medical Association he will move the following resolution:—“That while this meeting regrets that the General Medical Council has in 1890, 1891, and 1892 refused to move in this important question, it again begs to urge upon the Lord President and the honourable members of Her Majesty's Privy Council, and upon the President and members of the General Medical Council, the great necessity of exercising the powers vested in the General Medical Council and the Privy Council by Sections 10 and 19 of the Medical Act, 1886, and direct that the registered medical practitioners in England and Wales be given power to elect five additional direct representatives, the registered medical practitioners resident in Scotland one additional direct representative, and the registered medical practitioners in Ireland one additional direct representative to the General Medical Council, as provided by section 10, sub-section 1, paragraph C of the Medical Act, 1886, and that such power be granted before the next quinquennial election of direct representatives takes place in January, 1897, as according to the “Medical Directory” of 1894, Ireland with 2,485 medical practitioners has one direct representative, Scotland with 3,107 medical practitioners has one direct representative, while England and Wales with 20,487 medical practitioners has three direct representatives, or only one direct representative to 8,829 practitioners. That if insuperable objection be taken to this proposed increase in the present total number of the General Medical Council, three of the five members of Council now nominated by Her Majesty, as provided by section 7 (1) of the Medical Act, 1886, should be selected from among medical practitioners in general practice, and not connected with any medical examining body or medical school. And that a petition embodying the above resolution be forwarded by this Association to the Lord President of the Privy Council, and to the President and members of the General Medical Council,

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