

why should there be retraction of the drum membrane? In many cases, after applying cocaine or adrenalin, or passing a bougie, a marked secretion could be found, and yet no disease be present around the orifice of the tube.

Abstracts.

LARYNX AND TRACHEA.

Andrew, James.—**Note on a Case of Fracture of the Larynx.** "Lancet," March 9, 1912, p. 648.

Engine driver, aged forty-three. Fracture of thyroid and cricoid cartilages during a violent attack of sneezing when he turned his head sharply away bringing the larynx into sudden contact with the sharp edge of his collar. The voice was husky, the throat swollen and painful, there was dysphagia and profuse salivation. A poroplastic splint was worn for twenty-one days and the patient gradually recovered.

Macleod Yearsley.

Blumenfeld, Prof. (Wiesbaden).—**Hæmostasis in the Larynx by means of Metal Clips.** "Zeitschr. f. Laryngol.," Bd. iv, Heft 3.

Professor Blumenfeld records a case in which he got into a rather tight corner. The patient was a man, aged fifty-one, who suffered from tuberculosis of the upper aperture of the larynx; examination of the lungs revealed a healed tubercular process. Blumenfeld first attempted to remove the stump of the epiglottis with the snare, but failed; the double curette of Alexander proved more satisfactory and, with it, he not only removed the epiglottis but the diseased part of the ary-epiglottic folds. There was free bleeding from the left fold which an adrenalin mop failed to stop. A coating of gelatin (Goldschmidt) was also tried; the patient was given ice to suck and also an enema of chloride of calcium. The patient became very pale (pulse feeble and irregular), and as the hæmorrhage still continued the question of tracheotomy and pharyngotomy was considered. Before resorting to this measure, however, Blumenfeld tried the instrument designed by Avellis for clipping together the faucial pillars after enucleation of the tonsil. After several unsuccessful attempts Blumenfeld at last succeeded in getting a clip on to the bleeding spot and the hæmorrhage at once ceased; thereafter the patient almost immediately collapsed. The clip remained *in situ* seven days and caused little pain, but there was again difficulty when the clip had to be removed, and a special instrument had to be made. The patient progressed favourably and the larynx appeared to be healed four months later.

Blumenfeld admits that, even after the application of a clip, hæmorrhage may go on into the submucous tissues. He notes that the clips must be secured by means of a thread to the patient's cheek. Suitable instruments have now been devised by the writer for inserting and removing the clips in the larynx; they can be fitted to the ordinary Krause handle.

J. S. Fraser.

Carroll, J. J.—Cartilaginous Tumours of the Larynx. "Annals of Otol., Rhinol., and Laryngol.," vol. xx, p. 807.

Contains a good bibliography and tabulates ten cases from various sources, including one by the author, occurring in a man, aged thirty-four. Carroll pleads for uniformity of nomenclature, and suggests that enchondroses of the larynx are not real tumours, are benign in character, and doubtful in aetiology. *Macleod Yearsley.*

Wallece, W. T. (Berlin, Ontario).—A Case of Epithelioma of the Larynx. "The Canadian Practitioner," May, 1911.

The patient, male, aged forty-six, stout, heavily built, neck short and thick, was examined on July 20, 1906. He complained of hoarseness, pain, cough, dyspnoea and dysphagia.

Father died at the age of eighty, mother at the age of fifty. Causes of death indefinite. An elder brother died of malignant disease of larynx, which had its origin in one of the vocal cords.

Patient was a heavy smoker. No history of any previous trouble. Hoarseness of one month's duration, gradually increasing. On examination, a fusiform thickening of anterior part of left vocal cord presented itself, shading off gradually into normal cord substance. A few blood-vessels could be seen coursing over the tumour. Cord movements sluggish, but approximating as closely as the tumour would allow. Larynx otherwise normal.

Diagnosis of epithelioma was made by elimination, tuberculosis and syphilis being negatived. Section of growth was removed by endolaryngeal route and microscopical examination confirmed the diagnosis.

The patient consenting to thyrotomy, a long incision was made through the thick subcutaneous fat. And the thyroid split open with stout turbinate scissors, hæmorrhage being controlled by holding open the sides of the thyroid with retractors. Local application of cocaine and adrenalin were then substituted for the chloroform. The cord affected, together with one quarter of an inch above and below it, and a piece of the adjacent cartilage were next excised, and the wound sutured through the severed sections of the perichondrium of the thyroid, a small gauze drain being inserted.

Tracheotomy was not considered necessary.

Subsequent to operation there was little difficulty on swallowing. Liquid nourishment was given. The wound healed promptly and a fibrous band formed in place of the excised cord. The patient made a good recovery and has a strong guttural voice. *Price-Brown.*

NOSE AND NASO-PHARYNX.

Yearsley, Macleod.—A Case of Median Dermoid Cyst of the Nose. "Brit. Journ. Child. Dis.," vol. ix, p. 160.

A child, aged five. Swelling in median line of nose, noticed two years and increasing in size. Soft and elastic and measuring 1 in. by $\frac{3}{4}$ in. Dissected out and found to be attached to nasal bones at junction with lateral cartilages. Contained a greyish, putty-like material and was lined with fine white hairs. *Author's Summary.*