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## Abstracts.

### LARYNX.

**Schmiegelow, E. (Copenhagen).**—**On the Treatment of Chronic Laryngeal Stenosis by Means of Drainage Tubing.** "Monats. f. Ohrenheilk.," Year 46, No. 5.

This article alludes to methods elaborated by the author during the last few years. They were first described by him at the Scandinavian Oto-Laryngological Congress in Copenhagen (August 26, 1911), and an account published in the *Archiv. f. Laryng.*, Bd. xxv, H. 3.

The procedure, which the writer states is exceedingly easy to perform and most tolerable by the patient, consists in laying open the trachea and larynx under general anæsthesia, removal of the cicatricial tissue, introducing a piece of rubber tubing, which is maintained in position by a piece of silver wire transfixing the thyroid alæ, and finally closing the wound over all. This is worn without discomfort for some three months, when it is removed *viâ* the mouth after withdrawal of the silver wire. Two cuts illustrate the operation. As regards details in the technique, a piece of silk should be threaded through the tube before laying it in position, so that any danger of its slipping down into the trachea may be avoided before its final fixation with silver wire; the silk is withdrawn when the wound is closed. The upper end of the tube should not lie above the aditus or lower than the cords, otherwise food may be inspired in the first case and dyspnœa occur in the latter. The free ends of the silver wire are conveniently clamped in a small lead bullet.

The following two cases are quoted as examples:

(1) *Post-tracheotomy Stenosis of the Trachea in a Girl, aged five*, who three and a half years before had had tracheotomy performed for croup, and since then had worn a tube. Direct tracheoscopy showed a cicatricial diaphragm immediately above the wound, with a small slit-like opening. On September 16, 1911, the operation as above described was carried out. Three days later it became necessary to alter the position of the tube on account of dyspnœa. The upper end did not reach above the cords, and was occluded by granulations. Convalescence proceeded without interruption, and on November 4, 1911, under direct vision the tube was withdrawn. The tube was thus in position forty-four days, and with the exception of some slight difficulty in swallowing liquids at first did not cause any discomfort. On inspection in April, 1912, the voice was good, and the appearance of the larynx quite healthy.

(2) *Stenosis of Larynx in a Woman, aged fifty-five.* Thyrotomy and removal of the right vocal cord on account of epithelioma October 17, 1911. Uneventful convalescence and discharge from hospital, to which, however, she returned on December 15, 1911, with dyspnœa. The region of the larynx was swollen and tender. Pressure on the thyroid cartilage caused discharge of pus from a sinus in the wound. The

interior was so swollen and injected that only a small air-way existed posteriorly. Tracheotomy was performed the next day, and on December 28 the larynx was again opened in order to remove both cartilaginous alæ, which appeared necrotic. No evidence of recurrence was to be seen. With a view to avoiding stenosis a rubber tube, 4 cm. long, was fixed in the larynx by means of a silver wire passed through the soft tissues. As so large a suppurating cavity was left after removal of the cartilage, the wound was merely brought together with two stitches and dressed with iodoform gauze. Since the patient could not swallow fluids without coughing, although on inspection the end of the tube did not appear too high, a nasal tube was passed and retained in the œsophagus for eighteen days. However, as this disability then still persisted, the tube was drawn out of the thyrotomy wound and shortened 1 cm., after which she was able to swallow easily and put on weight. On February 17, 1912, after division of the silver wire, the rubber tube was taken out, and as there was then a good laryngeal passage the tracheotomy tube was also removed. The patient was discharged on March 7 with natural use of the larynx.

*Alex. R. Tweedie.*

## NOSE.

**Forbes, Duncan, and Newsholme, H. P.—Membranous Rhinitis.** "Lancet," February 3, 1912, p. 292.

A paper written to illustrate the relation between membranous rhinitis and diphtheria, and to describe the treatment of three cases by a vaccine. The authors conclude that (1) membranous rhinitis can readily produce similar disease in others; (2) the connection between membranous rhinitis and diphtheria in a school outbreak described was so intimate as to make a causal relation between them almost certain; (3) it is a point of great practical importance that the comparatively frequent occurrence and great infectivity of membranous rhinitis should be recognised widely—missed cases of the disease would readily account for a not inconsiderable proportion of school diphtheria; (4) an autogenous vaccine seems to be of definite value in removing membrane, getting rid of nasal discharge, and hence greatly reducing the infectivity of membranous rhinitis; but the vaccine does not appear capable of completing the work of elimination after the membrane has gone.

*Macleod Yearsley.*

**Caldera and Gaggia (Turin).—The Sero-diagnosis of Ozæna.** "Archiv. für Laryngol.," vol. xxvi, Part I.

The results of the Wassermann reaction carried out both by Sobernheim and by Alexander in a number of cases of atrophic rhinitis, lent no support to the view that this disease should be regarded as one of the para-syphilitic affections. Assuming, however, that ozæna is an infective disease due to some specific micro-organism, one might reasonably expect that its presence would be demonstrable by a complement fixation test. If, therefore, such a test were to be found positive in a sufficient number of cases, conclusions might be drawn as the ætiology of the disease. The authors studied in this way ten well-marked cases, but in none of them did complement fixation take place. It is true that in certain undoubtedly infective diseases complement fixation does not occur, yet the authors consider that the negative results which they obtained render it highly improbable that the disease is due to any specific micro-organism.

*Thomas Guthrie.*