

## A CASE OF PAPILLOMATA OF THE LARYNX.

Shown by Dr. H. J. DAVIS. A girl, aged eighteen, with papillomata in the larynx. Three years ago she had had the same trouble, and all the growths were removed with snare and forceps. "She kept well for three years" but now had recurrence. The growths were very easy to see, situated above and below cords, and he hoped that he could remove them again in the same way.

Dr. WATSON WILLIAMS showed a tongue clip, which he had devised and had found exceedingly useful in operations about the mouth. It was made by Messrs. Mayer and Meltzer.

Dr. WATSON WILLIAMS showed drawings illustrating the method which he had been in the habit of adopting in the operation for submucous excision of the septum, the essential point of which was a small preliminary incision made on the concave side, by means of which a narrow elevator could be inserted, so as to remove the muco-perichondrium from that portion of the quadrilateral cartilage which later corresponded to the incision through the cartilage, after the ordinary incision in the mucous membrane had been made and the muco-perichondrium lifted from the convex side, as was usual with the ordinary button-hole incision. The advantage, he pointed out, was that when the cartilage was incised there was no risk of the mucous membrane on the concave side being divided, because it had already been lifted. The method he adopted and advocated whenever suitable.

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### Abstracts.

#### FAUCES.

**Langworthy, H. Glover.**—*A Case of Primary Erysipelas of the Pharynx.* "Boston Medical and Surgical Journal," August 23, 1906.

A fatal case in a boy aged five. A correct diagnosis was impossible until at least two or three days after the onset of the disease. The focus of infection was, apparently, through a tonsillar crypt. There were no cerebral complications and the larynx was not involved. A bibliography is appended. *Macleod Yearsley.*

**Goodale, J. N.**—*Systemic Infection through the Tonsils.* "Boston Medical and Surgical Journal," September 13, 1906.

The author reviews the subject of systemic infection *viâ* the tonsils and concludes that in infectious arthritis evidence is accumulating to show that the tonsil forms a frequent portal of entry. Although in a

given case it may be of normal size and show nothing on clinical examination, after excision it will always give signs of lacunar retention. It is, therefore, probably not necessary that organisms thus gaining entrance to the system should create local reaction in the tonsil itself. Possibly faulty drainage from the crypts affords a given organism better opportunity to remain in contact with the lacunar epithelium, to multiply on the detritus therein, and on a favourable opportunity to become drawn into the tonsillar tissue with the current of buccal fluid.

*Macleod Yearsley.*

**Leland, G. A.**—*Septic Infection through the Fauces.* "Boston Med. and Surg. Journ.," September 13, 1906.

Three interesting and instructive cases are described and commented upon.

*Macleod Yearsley.*

**Langworthy, H. G.**—*Koplik Spots: their Relation and Interest to Laryngologists.* "Med. Record," October 20, 1906.

The earliest manifestation of "Koplik spots" is upon the mucosa, about the angles of the mouth, and in the region of the gums, and the eruption may appear fully five days before the exanthema manifests itself. The appearance of the spots according to Koplik is as follows: On looking at the mucous membrane lining the cheeks (buccal) in strong sunlight a very characteristic eruption of irregular stellate or round rose-coloured spots is seen. In the centre of each spot there is a bluish-white speck. This appearance of a bluish-white speck on a rose-coloured background is pathognomonic of the onset of measles. The speck is sometimes so minute that strong light is necessary to render it visible. The number of specks at the outset may be less than half a dozen. In a short time they become more numerous, and the rose-coloured spots become confluent, so that they are diffusely red patches of buccal mucous membrane studded with bluish-white specks. They are seen on the inner surface of the lips and gums." The presence of this eruption is a sure sign of the immediate advent of measles.

*W. Milligan.*

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### ACCESSORY SINUSES.

**Jack, F. L.**—*Report of Four Cases showing the Result of Killian's Operation.* "Journal of the American Medical Association," July 21, 1906.

All four patients had suffered for years from chronic suppurative ethmoiditis with abscess breaking into the orbit. The operation adopted was practically the Killian operation. The results were good, and the advantages claimed are the full exposure of the diseased area which is possible, the freedom from risk, and the possibility of the operator being able to clear away at one sitting all infected and diseased ethmoidal cells.

*W. Milligan.*

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### LARYNX.

**Richards, Geo. L.**—*What should be the Attitude of Public Sanatoria towards Cases of Tubercular Laryngitis; with Suggestions as to the General Plan of Treatment of such Cases in Sanatoria.* "Boston Med. and Surg. Journ.," August 9, 1906.

The author discusses the percentage of laryngeal lesions in pulmonary tuberculosis, and considers that at least one of the resident physicians of