

## LARYNGOLOGY AND RHINOLOGY.

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## DEATH FOLLOWING OPERATIONS ON THE NOSE AND THROAT.

Packard (*Laryngoscope*) has looked up the literature very thoroughly to find how often death follows operations on the nose and throat. He was surprised at the small number he was able to find. Chloroform has caused a number of deaths and he is strongly of the opinion that tonsils and adenoids are more safely removed without chloroform. No mention is made of bromoform or ethel chloride anaesthesia, which are now so frequently used in European hospitals. Instances are cited of fatal results following:—

1. Application of puchloride of iron for epistaxis. Death from meningitis.
2. Operation by external incision for removal of nasal polypi and orbital tumor. Death from purulent leptomeningitis.
3. Cauterization with galvano-cautery of the middle turbinate. Death from meningitis.
4. Frontal sinus probing and injection of lachrymal canal. Death from meningitis.
5. Removal of exostosis. Death from meningitis.
6. Curettement of nasal polypi.
7. Galvano-cauterization of middle turbinates followed by hemorrhage requiring tampon. Death in three days.
8. Galvano-cauterization for bony and membranous occlusion of the right nasal gossa. Death in six days after operation.
9. Curettement for chronic purulent rhinitis. Death in three days.
10. Removal of polypi by snare.—empyema of antrum of Highmore. Death eleven days after operation.

## LARYNGEAL TUBERCULOSIS, ITS TREATMENT AND PROGNOSIS.

Harold Barwell, *Edin. Med. Jour.*, writes on this most important topic. He speaks of the disease as being very common. Kidd is quoted as stating that 50 per cent. of cases dying of phthisis show lesions of tuberculosis laryngitis in the post mortem room, and that the disease is clinically recognisable in 20 to 25 per cent. of consumptives. At Mount Vernon, where Barwell is laryngologist, among 1,541 cases recently in the hospital, 13.69 per cent., had tuberculosis laryngitis. All stages, however, of the disease are accepted there.