CANADA

MEDICAL RECORD

NOVEMBER, 1901,

Original Communications.

RETROSPECT OF LARYNGOLOGY.

UNDER THE CHARGE OF GEORGE T. ROSS, M.D., D. C. L.

Fellow Am. Laryn., Rhin, and Otolo. Society, Laryngologist Western Hospital. Lecturer on Diseases of the Throat and Nose, University of Bishop's College.

VENTRICLE OF LARYNX AS A HARBOUR FOR DIPHTHERIA Bacilli.—Jobson Horne cites two cases where cultures from oro-pharynx, larynx, and even trachae, failed to show diphtheric bacilli, but at the post mortem 'cultures taken from the interior of ventricles of larynx produced a typical growth. The author thinks such cases prove that the ventricle alone may at first harbour the bacilli, and those fatal cases of so-called membranous laryngitis which have been regarded as non-diphtheric may really be cases of true diphtheria. Moreover, these facts may explain the recurrence of diphtheria in which external sources of infection can almost certainly be excluded in the second attack.

General Anaesthesia in Operations upon Nose and Throat.—Gleitsman discarded the A. C. E. mixture seven years ago, and now uses Merk's Ethyl Bromide for general anaesthesia, complete narcosis being produced by about 30 grams. He always operates with the child in the upright position, and in 500 operations had only two accidents, one a secondary hemorrhage, the other sepsis.

MORBID CONDITIONS SIMULATING ADENOIDS.—Wingrave gives a list of these conditions as follows:—

- 1. Diminutive choanae and nostrils.
- 2. Low vault of pharynx.