CHRONIC STENOSIS OF THE LARYNX CURED BY DILATATION.*

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M. C., aged 35, unmarried, residing in New York, of excellent family history and of general good health, began to suffer from laryngitis in June, 1901. No history of any constitutional disease has ever been obtainable. She was treated by her family physician without relief, and in December was seen by one of the attendants at the Vanderbilt Clinic.

In January, 1902, I saw her in consultation and found a severe general laryngitis with marked erosions upon the free borders of both vocal bands extending from the anterior commissure backwards for a little less than one-half the length of the vocal bands. I advised a certain line of local treatment for the larynx and insisted that unless an O'Dwyer tube of sufficient size was inserted into the larynx and worn for a considerable length of time, the erosions upon the vocal bands would result in cicatricial union of the bands with dangerous obstruction. I did not see the patient again for more than a year.

Meanwhile, a feeble attempt had been made to insert an infant-size tube into the larynx, but the tube could not properly be retained and was too small to accomplish any good result.

I am informed that the larynx gradually closed until, in January, 1903, urgent dyspnoea supervened, and the patient was hurried to the New York Hospital, where a rapid tracheotomy was done.

In the performance of this the incision into the trachea was not made directly in the median line, a circumstance which gave rise to much trouble later whenever it became necessary to reinsert the tube after removal for cleansing, and which on one or two occasions nearly cost the patient her life.

Subsequent to the tracheotomy the patient placed herself in my hands. The wearing of the tube was irksome to her, and her general health suffered somewhat seriously in consequence of it. She had constant bronchitis and at one time appeared to be going into a decline. The lumen of the larynx meanwhile remained so contracted that respiration without the tube was impossible. The voice, however, was fairly good. The tracheal cannula was worn for

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about two years. At the end of this time the contraction of the interior of the larynx seemed to have reached a maximum.

Meanwhile the patient had become very desirous of being relieved from the incessant annoyance of the cannula. In consultation with Dr. John Rogers, Jr., it was determined to attempt to permanently relieve her, and the case was placed in his hands.

The method of dilatation by means of the O'Dwyer tube was adopted by Dr. Rogers, and the first intubation was made in March, 1905. On this occasion the tube was retained for five weeks. It was then taken out, but a re-contraction occurred within a week to such an extent that its re-introduction was demanded. Following this the tube was worn for varying lengths of time, but its extrac-tion was always quickly followed by dyspnoea requiring re-introduc-tion.

At the end of more than a year of this line of treatment and after an unusually long period of continuous wearing of the tube, the appearances of the larynx were so favorable as to make it hopeful that re-contraction would not occur. Within five weeks of the removal of the tube, the dyspnoea returned. At this time the cicatrices and thickening seemed to have been aggravated and to have become if anything worse than ever. Not only were the vocal bands adherent anteriorly, but below them was a dense thickening which extended downward upon the anterior wall of the subglottic space. There was much thickening also at the posterior commissure.

It was decided to make an incision in the anterior obstruction throughout its full depth and to insert an O'Dwyer tube which should be retained continuously until healing of the incision had been completed. In carrying out this operation the admirable cutting dilator of Dr. J. W. Gleitsmann of New York was used, and we found it both theoretically and practically by far the most convenient, accurate and effective instrument of its kind. By its aid division of the obstructed tissue was easily accomplished and with but little pain. An O'Dwyer tube of maximum size was then inserted into the larynx and worn from the date of the operation, June, 1906, until the following September, when it was removed and left out until January, 1907. At this time, however, there seemed to be much swelling in the larynx, both anteriorly and at the posterior commissure. The swelling seemed to be an infiltration of the tissues due to irritation.

In January, 1907, there was a sudden return of urgent dyspnoea under somewhat startling conditions. A large O'Dwyer tube was

re-inserted and was worn continuously for more than eight months, namely, until September, 1907, when it was taken out. A small amount of swelling still remained, both in the anterior and posterior part of the larynx, but the patient was kept under careful observation, and this, instead of increasing, seemed to subside. As time passed, the laryngeal space visibly increased until but slight trace of the above-mentioned thickenings remained.

Since September, 1907, a period of over eighteen months, the patient has had no trouble whatever with breathing. Her general health has improved in every respect. She has been able to resume the normal affairs of life with complete comfort and success.

While this result has been gained at the sacrifice of what remained to her of her voice, she is nevertheless able to communicate without difficulty, and in all other respects the cure of the laryngeal condition has been attended with nothing but advantage.

The result must be considered a brilliant one when the discomforts and disabilities of the lifelong wearing of a tracheal cannula are remembered. From the simple relation of the case, as well as from the present appearance of the larynx, it is plain that nothing short of extraordinary skill and untiring patience on the part of Dr. Rogers could have brought it to a successful issue. Nor does it seem in the light of our present knowledge that any better method of treatment could have been employed.

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Further Experiences in the Treatment of Nasal Deformities by Paraffin Injection. TETENS HALD. *Hospitalstidende*, 1906, p. 845.

Hald treated forty-seven patients with very fine results, though many of these had complete saddle-nose or spyglass-nose. He has always used paraffin with a melting point above 50° C., and injected it in solid form, and has never had the well-known disagreeable complications such as embolism, thrombosis, or tropic disturbances. He has found in the literature twelve cases with disturbance of sight after injection of paraffin, and in the ten in which the melting point was mentioned it appeared that this was 43° C. or lower; but there was no mention of disturbance of vision where the melting point of the paraffin was over 50° C.

KIAER.