CALCULI OF THE NOSE AND THROAT— REPORT OF CASES.

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I beg to submit the following report, two cases of calculi, which have come under my observation recently.

Case No. 1: P. R., age 28, single, white: occupation, miner. Came to the office October, 1920, complaining of pain in the right side of throat and neck—difficulty in swallowing, and a sensation of fullness in the throat. Family history negative. Past history: Has been a miner for about four years—works underground the majority of time. Had measles and mumps in childhood. Patient states that he has had considerable trouble with throat, an occasional tonsillitis, and at one time had to have throat lanced.

Examination shows a fairly well developed male. On looking into the throat near the center of the anterior pillar, a small round wound was seen which looked like an opening into a sinus, most probably, I thought, that of a peri-tonsillar abscess, which had broken through. However, on probing this, a hard mass and a grating sensation was felt. With a curved probe and by enlarging the wound with a small incision in the anterior pillar a calculus (Figures 1 and 2) was extracted without any difficulty. Patient immediately experienced sense of relief. Was told to report the following day for observation but failed to return.

Case No 2: R. P., age 65, married; occupation, cement worker. Patient was referred for examination of nose and throat. Complaint—difficulty in breathing. He had been to see his family doctor

for treatment of chronic eczema, and casually mentioned that he could not breathe very well through his nose.

Family history negative. Past history: Has always been in good health with the exception of the last six months, during which time has been troubled with an eczema of hands and wrists. Patient has worked as a cement worker for the past thirty years, and states

that he has often had to blow small particles of cement from the nose. About four months ago he first noticed a hard mass in right nostril which he tried to remove but was unable to do so, and since that time has had a gradually increasing difficulty in breathing through the nose.

Examination shows a well developed elderly male with an eczema on wrists and hands. His family physician reports entirely negative physical findings, together with negative laboratory reports of

blood wasserman and urine. Nasal examination shows a perforation of septum with a foreign body (Figure 3) threaded through it. From the picture of this foreign body it will be seen that there are two horns with a groove in the middle. The groove was riding on the edge of the perforation, anteriorly, and the two side enlargements or horns, prevented its removal or falling out. On gentle manipulation, the posterior end of the foreign body was pried outward into the right nostril, and pushed upward, then removed in toto through the right nares. The perforation through the septum was about $1\frac{1}{2}$ cm. in diameter.

Resume: The first case is interesting from the standpoint of size of calculus with so few symptoms resulting from it. Calculi of the tonsillar crypts are relatively common but usually are much smaller. This calculus was apparently situated between the tonsil and anterior pillar, and there is a possibility that it may have started at the time he had the peri-tonsillar abscess several years ago.

The second case is probably a concrete calculus, due to the deposition of concrete dust within the nasal perforation and increased to its present size, by the slow addition of dust "setting" itself by virtue of the moisture of the nasal secretions.

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LARYNGECTOMY FOR CANCER OF LARYNX WITH MODIFIED TECHNIQUE AND ATTEMPTED FORMATION OF SKIN GRAFT TUBE IN PLACE OF LARYNX.

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Complete laryngectomy for cancer of larynx was first performed by Billroth, but early operations were attended by enormous mortality and the operation fell rather into disrepute. Of recent years the technique has been developed to the point that the operation may be approached with reasonable confidence. Gluck's method is to start from above, separate the larynx from the pharynx and then work down, cutting the trachea last. Keen has reversed the procedure, and cuts the trachea first and then works up to the pharynx. Some operators prefer a preliminary tracheotomy, others do a one-stage operation. There are advantages and disadvantages to it, but if the trachea is to be