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REMARKS ON NASAL INSUFFICIENCY DUE TO EXAGGER- ATED PROMINENCE OF THE ANTERIOR ARCH OF THE CERVICAL VERTEBRÆ.

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It is with great interest that I read in the LARYNGOSCOPE for February the report of a paper on the above question by Dr. Newcomb and the discussion which followed it in the New York Academy (Section of Laryngology and Rhinology.) The subject forced itself upon my notice some years ago, and in ignorance of the fact that it had already been dealt with by other observers, I brought before the British Laryngological Association several cases illustrating the condition, in April, 1897. The report of my remarks appeared in the *Journal of Laryngology* for August of that year. The following is the account of my most striking case:

"In a tall, overgrown young lady, aged fourteen, the most remarkable mental, aural and other general disturbances were present, until in September, 1892, I removed the then existent crop of adenoids in her naso-pharynx. The improvement in her condition was extraordinary, and her stature increased to an unusual extent. Four years later she was again brought to me on account of the recurrence of the symptoms, and probably of the adenoids. On examination of the naso-pharynx there was indeed a slight redevelopment or regrowth of the pharyngeal tonsil, though not sufficient to account for the nasal obstruction, but while making the examination I was struck

by the remarkable degree of bulging of the cervical vertebrae (the atlas and possibly to a slight extent the axis), which diminished the lumen of the air passage between the hard palate and the posterior wall of the pharynx to such an extent as to almost prevent the introduction of the finger, and certainly to make it extremely difficult to remove the small mass of lymphoid tissue in the hollow lying above this projection. The stenosis of the passage was somewhat diminished when the patient's head was raised forcibly and not bent either forward or backward. In point of fact, the patient had acquired a somewhat exaggerated curvature and allowed her head to sink, so that the bulging was exaggerated from her defective attitude. By means of Quinlan's form of post-nasal forceps it was very easy to remove the growths, as will be obvious when the somewhat peculiar shape of the forceps is considered. This was supplemented by the use of Golding-Bird's post-nasal curette. This latter instrument is obviously the only one which has the slightest chance of reaching such a recess as I have described, where any of the usual modifications of Gottstein's instrument would have been obviously unavailing. The patient was encouraged to hold herself up, and was placed under the care of Miss Chreiman for gymnastic exercises. Mr. Edward Cotterell examined her on account of some obscure injury to the lower part of the spine, and diagnosed a traumatic coccygodynia. A marked improvement took place, the removal of the adenoids being only a supplementary element in this case, as I have no doubt it is in many others."

I beg to draw particular attention to the remarkable applicability of the forceps designed by Dr. Quinlan and the curette by Mr. Golding-Bird to operations on such cases. I was surprised to see no reference to Dr. Quinlan's instrument in the discussion in which he seems to have taken such an active part. I should consider Gottstein's curette as essentially contraindicated, and indeed instances have been reported of the removal of a fragment of bone by means of the instrument when the condition referred to above has been present. The dangers attending such an occurrence are only too obvious. One moral derived from consideration of such cases is that the application of any instrument in the naso-pharynx for the removal of adenoids should be accompanied or immediately preceded by an exploration by means of the operator's finger. I should, therefore, emphasize in all cases, especially those in which the operation is performed under nitrous oxide anesthesia, the desirability of commencing with the finger nail instead of only finishing with it as is very usual.