

dressing applied over the ear and over the posterior wound. This dressing is then changed every second day, and at each subsequent dressing a few of the cotton pledgets are removed until all have been taken out, and the entire cavity remains free to view.

Out of 28 cases, in which the radical operation has been performed, and in which the skin-grafting method has been employed, in sixteen cases the grafts were applied at the time of the first operation, and in twelve cases, owing either to hemorrhage at the time of operation, or to the extensive involvement of the osseous structures, primary grafting was impossible; in these twelve, secondary grafting was done. Out of these 28 cases, 26 have been cured, and two, both of them cases of primary grafting, are still under treatment.

CORRESPONDENCE.

JUNE 11th, 1903.

EDITOR THE LARYNGOSCOPE:

Dear Sir:—I have read Dr. E. L. Shurly's "Remarks on the Etiology of Hypertrophic Rhinitis," in the May number of THE LARYNGOSCOPE *twice*, because of a fear that I may have overlooked what I consider a most important omission.

It seems incredible that an article of this nature should omit to enumerate dust inhalation as the most important causative factor (excepting the exanthematous diseases) in hypertrophies of the nasal mucous membrane and lymphoid ring. Dust is the universal carrier of pus germs and pus germs are the cause of hypertrophies in the respiratory tract.

Respectfully,

E. J. KUH.

LONDON, MARCH 20th, 1903.

EDITOR THE LARYNGOSCOPE:—Seeing to-day the article by Dr. Chambers on removal of the epiglottis in the February number of THE LARYNGOSCOPE, it has occurred to me that the enclosed cutting from the *British Medical Journal** may be of interest. I am,

Yours truly,

E. FURNISS POTTER.

* See next page.