

operation proved to be sufficient; in the others, further intervention was necessary, but none have required more than four operations. Three of the seven cases are of particular interest as they provide us with a comparison with the older procedure—operation through the tube spatula. The first case, a girl, aged nine, had been under treatment in the clinic for a year. To begin with, the whole of the laryngeal space was filled with papillomata, looking like a cauliflower in the larynx. With the tube spatula they were again and again removed as thoroughly as possible at different times, but every time the spatula was inserted the larynx showed itself full of papillomata. After the first clearance under suspension laryngoscopy the lumen remained free, so that we were able, for the first time for several years, to dispense with the tracheotomy tube. Six weeks later a few small warts had to be removed, but this was the last time. Since then, ten months ago, there has been no sign of any recurrence and the voice has become quite clear.

With the other two children we are able to record the same result. In one of them, a boy, aged four, the case was complicated by papillomata in the trachea as far as the bifurcation. Since the fourth intervention in this case, seven months ago, the larynx and trachea have remained free of disease.

The time during which the treatment has been under observation is, of course, too brief to permit of a conclusive decision being arrived at, and I am quite well aware that a recurrence of papilloma may set in after an interval of years. At the same time our present experiences justify a more favourable prognosis than was formerly possible. A year ago my views on the treatment of papillomata were pessimistic. Since we have taken up suspension laryngoscopy I have become an optimist. D. M. (*trans.*).

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## CLINICAL NOTE.

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### A METHOD OF DEALING WITH SEPTAL PERFORATIONS.

By W. J. HARRISON, M.B.,  
Newcastle-on-Tyne.

SOME time ago, when doing a submucous resection on a boy for a marked deflection of the septum, I unfortunately tore both flaps immediately opposite to each other near the floor of the nose. The gap left was such that drawing the edges together was out of the question, and a perforation appeared inevitable. A fairly large piece of cartilage which

had been removed was trimmed to a size somewhat larger than the perforation, and then inserted between the flaps so that it closed the opening. The nose was then packed with Hill's absorbent splints previously smeared with vaseline, and these were carefully removed twenty-four hours later. The edges of the tear granulated over the cartilage, and in a short time there was no sign of any perforation having taken place.

At the time I did not know that this proceeding had been done before, but I have lately read an article by Dr. Perry G. Goldsmith,<sup>1</sup> of Toronto, in which he mentions doing the same thing with satisfactory results. As he says that so far as he knows the method is original, others may not have tried it, therefore I record the above case.

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## SOCIETIES' PROCEEDINGS.

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### ROYAL SOCIETY OF MEDICINE.—OTOLOGICAL SECTION.

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November 21, 1913.

MR. RICHARD LAKE, *President, in the Chair.*

**A New Eustachian Bougie.**—**W. H. Kelson.**—The instrument consists of a sliding scale to which the bougies are attached, and it is so arranged that the distance which the bougie projects beyond the end of the Eustachian catheter is automatically marked on the scale. The instrument, including the bougies, is made entirely of metal and so is easily sterilised by boiling; but bougies of gum-elastic or other material can be used if desired.

The PRESIDENT said the instrument was an ingenious one, and it was easily sterilisable, whereas a gum-elastic one was not.

Dr. FITZGERALD POWELL said he was interested to see the instrument, as he thought the bougie for this purpose was a thing of the past. He had not encountered cases which required the use of a bougie, though Dr. Kelson seemed to have had such to treat. There must be only a small proportion of cases in which it was impossible to secure the patency of the tube through the catheter. There was probably not much danger in the use of the instrument in experienced hands if employed very carefully. It certainly was not an instrument for promiscuous use.

Mr. SYDNEY SCOTT had found the bougie very useful in a few selected cases—i.e. to clear a temporary obstruction such as thick mucus, and so thus removing an obstacle to inflation. He would be a little afraid to use such fine bougies as Dr. Kelson had shown because of the risk of making false passages.

Dr. H. F. MOLE also expressed the fear that such a fine bougie might cause injury. Some cases admittedly were improved by the passage of a bougie, specially perhaps those which were improved by politzerisation but in which this improvement was very temporary.

<sup>1</sup> Perry G. Goldsmith, M.D., "The After-treatment of Nose, Throat, and Ear Operations," JOURN. OF LARYNOL., RHINOL., AND OTOL., December, 1912.