

Examination of the larynx revealed "a large, rounded, pale yellowish-pink mass," "extending from the left lateral wall of the ventricular fossa, pushing the ventricular band upwards, and overlying both vocal cords." The left ventricular band was stretched and arched upwards by the tumour. Save for a small chink in front between the tumour and the right vocal cord, the glottis was entirely blocked, so that when the patient sat upright breathing was well-nigh impossible, and she instinctively leaned the head and neck towards the left side in order to get relief from the dyspnoea.

The growth was found to consist of two separate masses, one of which was easily removed with the cold wire snare, but in the attempt to snare the other the loop of wire became fixed round the pedicle of the tumour, and could neither be withdrawn nor made to cut through the growth. By dint of pulling forcibly upon it, however, Goldstein succeeded in bringing the tumour within reach of a long pair of scissors, with which he divided the pedicle, and so removed the tumour with the snare round it.

Microscopic examination proved the growth to be a pure lipoma.

A summary and discussion of the literature of this rare laryngeal neoplasm is incorporated in the article.

Dan M'Kenzie.

E.A.R.

Sydenham, Fred.—*Treatment of Facial Paralysis due to Mastoid Disease or the Mastoid Operation.* "Brit. Med. Journ.," May 8, 1909, p. 1113.

Case of facial paralysis following the radical mastoid operation in a boy, aged four. Two days after the operation the post-aural wound was again opened up, the aqueduct exposed, and the severed ends of the nerve defined. Silkworm gut was used as the scaffolding for the regeneration of the nerve: "a piece $\frac{1}{2}$ in. longer than the interval between the two openings in the bone was used, $\frac{1}{4}$ in. being inserted into each end of the bony canal." The post-aural wound was kept open in order to obtain better drainage. The area of anastomosis was covered with gutta-percha tissue at each dressing until the silkworm gut become covered with granulations. After three months slight movement of *alæ nasi* was observed, and then the other facial muscles gradually recovered their function.

The advantages of uniting the facial end to end, when the ends can be found, is that an unsightly scar is avoided, and the recovery is comparatively rapid, in both of which respects it is preferable to facio-spinal accessory or facio-hypoglossal anastomosis. This operation is also easier than those other methods.

Dan McKenzie.

MISCELLANEOUS.

Stocker, S. (Lucerne).—*On the Contra-Indications for the Use of Fibrolysin.* "Corresp.-Blatt. für Schweiz. Aertze," Year 39, No. 24.

Since too little attention, the author thinks, has been paid to this aspect of the question, he has collected some reports of the adverse effects of this drug, which some have asserted do not occur. As this form of treatment has been recommended for certain aural affections this account may not be out of place.

Quite apart from its possible value Stocker considers that there may be two main objections to its use: First, that in the scar-tissue under treatment it is possible some virulent organisms may yet only be lying dormant because of their encapsulation, and that the action of fibrolysin may lead to their release and thus to a recrudescence of the original disease; and secondly, that such softening or absorption of scar-tissue in certain cases may constitute a danger in itself. For instance, Kassel has seen hamoptysis recur, Békéss an acute condition set up in a case of old endocarditis, and Teleky perforative peritonitis take place, due to giving way of an operation scar in the pylorus, all of which were attributed to injections of fibrolysin. The writer also quotes a case of his own which he thinks bears on this point.

A woman, aged thirty-seven, had suffered for five years, the result of some painful adhesions in the abdomen. Twenty-five years ago she had had some periostitis of the left radius, which soundly healed in a few weeks leaving only a small patch of "thickening" on the inner side of the forearm. Thirty years ago she had been successfully vaccinated, to which three large dead-white scars on the left upper arm bore witness.

An intra-muscular injection of 2.3 c.cm. of fibrolysin (Mendel) was given in the *right* upper arm. Slight local pain followed, with an evening temperature of 38.2° F. She complained of headache, and the left forearm was tender, hot and œdematous. As these symptoms had improved in the course of forty-eight hours another injection of the same quantity was then given. A few hours afterwards Stocker was called to see her and found the temperature 39° C., pulse 100. The patient felt very ill. No local reaction was apparent around the site of the injection, but the *left* forearm was swollen, painful, hot, and pitted on pressure, whilst the vaccination scars were also soft and tender.

Under suitable treatment these symptoms disappeared in some two weeks' time, and fortunately he is able to report that the adhesions in the abdomen did not continue to give rise to any more pain; but Stocker remarks that although the issue in this case was happy, these facts should form a valuable warning against the unrestricted use of fibrolysin, and concludes by remarking that only by carefully considering each individual case shall we be able to exhibit this drug in accordance with the highest principles of medicine, viz. *Nil nocere.* *Alex. R. Tweedie.*

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