

tions about the upper respiratory tract. His method is as follows: (1) An assistant lifts up a vertical fold of skin, the centre of which is at the upper border of the cricoid cartilage (the head being extended). (2) The centre of this uplifted fold of skin is transfixed and cut through so as to produce a transverse incision of one inch in length. (3) A pair of sharp closed scissors curved on the flat are plunged through the crico-thyroid membrane downwards and backwards in the middle line, keeping close to the upper border of the cricoid so as to avoid injuring the transverse artery. The scissors are then widely opened. (4) The laryngotomy tube is then inserted between the blades of the widely-opened scissors, or retractors are used after having withdrawn the scissors. After the tube is *in situ* the pharynx can be packed with a large flat sponge; if necessary the upper laryngeal orifice can also be packed by passing an eyed probe upwards through the wound into the mouth and threading on a small sponge attached to the tape. The probe and tape are then drawn downwards, with the result that the upper laryngeal orifice is securely closed.

The operation can be very rapidly performed, and is of particular value in those cases of operation about the nose, jaws and pharynx likely to be attended by severe hæmorrhage. *W. Milligan.*

**Butlin, H. T.**—*Preliminary Laryngotomy.* "Brit. Med. Journ.," January 5, 1907.

In this short communication the writer speaks very favourably of Dr. J. W. Bond's suggestion (*vide supra*) as to the performance of preliminary laryngotomy in certain operations about the upper respiratory or pharyngeal tract. A few difficulties at times encountered in performing laryngotomy are mentioned. *W. Milligan.*

## EAR.

**Bryant, S.**—*The Preservation of Hearing.* "Med. Record," March 2, 1907.

A general plea for the early detection and treatment of auditory defects with the suggestion that aural patients should present themselves for examination once a year. *W. Milligan.*

**Oppenheimer, Seymour.**—*Remarks on the Radical Operation for the Cure of Chronic Suppuration of the Middle Ear.* "Med. Record," March 16, 1907.

The author considers that it is becoming more and more recognised that intra-tympanic operations must fail to cure chronic suppurative middle-ear affections on account of an inability to remove all the existing morbid tissue. He holds that the more the pathology of aural suppuration is considered and appreciated the more readily will active surgical measures be instituted at an early stage of the disease. To obtain good results, so far as audition is concerned and rapid and successful healing, it is necessary to eliminate all diseased areas and to convert the tym-

panum, antrum and mastoid cells into one large cavity with smooth walls and without any recesses, readily accessible and visible from the enlarged auditory meatus.

*W. Milligan.*

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