DISCUSSION.

Sir STCLAIR THOMSON: It is a very satisfactory case. Was there any difficulty in swallowing a few days after the operation? Did the patient have to be fed with the tube?

Dr. IRWIN MOORE: I condemn the use of the galvano-cautery for stopping hæmorrhage in laryngo-fissure. It was advocated, years ago, in America, and with serious results. In this case, as a result of sloughing caused by the cautery, a profuse discharge of pus continued from the larynx for fourteen days. After cauterization hæmorrhage may recur, the surgeon may not be on the spot, and the patient may be lost before one can get to him. Again as a result of the inflammatory reaction and cicatrization which may follow the cautery, stenosis may occur and the voice may be damaged. I hope to show at the next meeting some sections of the larynx showing the exact position of the main bleeding point which occasionally gives rise to troublesome hæmorrhage in the thyro-fissure operation.

Mr. TILLEY: I support Dr. Irwin Moore's suggestion. You can stop bleeding from that vessel by pressure. If not, then by turning back the skin from the outer wall of the thyroid cartilage, you can secure the vessel just before it enters the larynx. With regard to injuring the arytenoid, I have occasionally purposely removed a portion of arytenoid, when the tumour approached it closely, and for two days we had to feed the patient by rectal enemata. I think there is always difficulty in swallowing for a few days if the arytenoid region is much encroached upon.

Dr. W. HILL: The difficulty in swallowing is due to the enormous cœdema. In one of my cases the cœdema lasted longer. I made a couple of incisions with Mackenzie's "guardian" laryngeal knife, and the cœdema disappeared.

Mr. G. W. DAWSON (in reply): There was not much difficulty in swallowing. For the first twenty-four hours he was fed by the rectum. The galvano-cautery application was very slight; I do not think the suppuration was due to that. I saw mucus coming into the larynx during the operation.

Cyst of the Floor of the Nose.

By G. W. DAWSON, F.R.C.S.

GIRL, aged 21. A large cystic swelling is seen on the floor of the right nostril, causing considerable obstruction, and some swelling of the right side of the nose and cheek. Aspiration revealed clear straw-coloured fluid.
DISCUSSION.

Dr. Brown Kelly: This is a typical case of a cyst of the floor of the nose. Some writers maintain that all cysts in this situation are connected with an underlying tooth. They appear to be unaware of a variety which arises from a duct in the mucous membrane of the floor of the nose, and which has nothing to do with a tooth. This patient's teeth are perfect. Mr. Dawson might be able to confirm the nasal origin of the cyst in this case if he were to dissect it out from the gingivo-labial fold.

Dr. Irwin Moore: A few years ago I showed a case of retention cyst in the floor of the nose, which I had intended to dissect out, with the idea that this was the only way to cure it. But the patient went to a general hospital to have a tooth drawn, and the dental surgeon incised the cyst sublabially, packed and repacked the cavity for three weeks with gauze and cured it. The cyst caused considerable swelling of the cheek and side of the nostril.

Mr. J. F. O'Malley: At first sight, on looking at the swelling, one would think it to be the ordinary type of dental cyst encroaching on the floor of the nose, but on palpation only a narrow strip of hard area from the lateral alar cartilage to just below the infra-orbital margin can be found. This suggests that there is a little bony ridge superficial to the cyst, that would lead one to suppose it has some connexion with a dental fang in the upper part of the alveolus.

Mr. Dawson (in reply): I do not think this is like a dental cyst. In nearly all the dental cysts I have seen there have been bad teeth and some swelling which can be traced up to the root of a tooth. I think it is a gland which has been blocked up. I hope to get a piece of the wall for examination.

Case of Papilloma (?) of the Larynx.

By H. Buckland Jones, M.B.

J. M., aged 41, demobilized soldier, first complained of loss of voice at Bouzecourt, in France, early in 1917. He was sent home to England where he remained in hospital for five and half months. Though his voice was no better, he was again sent to France, where he was in the trenches for five or six months. He was again sent to two or three

1 Journ. Laryngol., 1898, p. 272.