A CASE OF RECURRENCE OF LARYNGEAL PAPILLOMATA IN A CHILD AFTER TRACHEOTOMY.

By E. MANSEL SYMPSON, M.D., B.C.CANTAB., M.R.C.S.
Surgeon to the Lincoln County Hospital.

DR. G. HUNTER MACKENZIE has the following interesting passage in his paper on the Treatment of Laryngeal Growths in Children, published in the *BRITISH MEDICAL JOURNAL*, p. 884, on September 28th, 1901:—

The sole reference to recurrence after tracheotomy only which I have been able to find is by Simpson, who, in the course of a discussion at the Carlisle meeting of the Association in 1896, on a paper read by me on this subject in the Section of Diseases of Children, said he had seen a case in which the growths recurred after tracheotomy. No details were given of this most unusual occurrence, nor has it been confirmed by any other observer, and I am therefore disinclined to accept it as a record of an actual fact.

As I did attend the Carlisle meeting and joined in the discussion on Dr. Mackenzie's paper by relating the case he quoted (of which I should have been perfectly ready to supply details if wanted), in spite of the somewhat discourteous and inaccurate reference (in Edinburgh surely one is bound to spell my name with an "i"), I presume the allusion is to me. Having fitted on the cap, I may proceed to show cause why it is not an extinguisher, and help to remove Dr. Hunter Mackenzie's disinclination to accept my case as a record of actual fact. For permission to publish the latter portion of the following notes I have to thank Mr. Butlin, under whose care the patient was at St. Bartholomew's Hospital, and Mr. H. J. Waring, Surgical-Registrar of that hospital.

The patient was a little girl, aged 7 years, who had been suffering about two and a-half years from laryngeal obstruction due to multiple papillomata. On April 10th, 1890, I performed tracheotomy. For some time she was able to breathe fairly freely and to whisper, when the tube was removed and a finger laid on the opening, but the obstruction returned and the larynx became choked with papillomata. After a year and three months, as her condition in no way got better and the tube was indispensable, I sent her up to Mr. Butlin at St. Bartholomew's Hospital.

The notes of her condition on admission and of the case generally follow:

Present condition.—Wears a tube; quite unable to speak or to respire through larynx. The laryngoscope shows the rima glottidis blocked, except for a small chink near right arytenoid, by a pink warty mass.

August 20th.—Mr. Butlin attempted to remove some growth under cocaine, but without success.

September 8th.—Patient was put under chloroform. Mr. Butlin then made an incision in middle line of neck extending from hyoid bone to about third ring in trachea. There was already a tracheotomy tube in the trachea, but it was above the cricoid cartilage (crico-thyroid space), so another was put in below. After the incision was made the larynx was dissected down to, and all bleeding points carefully stopped; then the larynx was opened, trachea above tube was plugged with cotton wool, and the vocal cords were seen to be covered with papillomata, which were completely scraped away with a sharp spoon. The two thyroid cartilages were then sutured together with one silver suture, and care was taken that the suture did not go inside the larynx. Patient did perfectly well and went out with wound healed. Voice: Can make laryngeal sounds. She is in excellent health and voice now.

I hope that this case may long continue to be unique in the interests of all sufferers from laryngeal papillomata in the future.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

TREATMENT OF INTUSSUSCEPTION BY INFLATION AND SUCCUSSION.

THE reports of cases of intussusception recently appearing in the *BRITISH MEDICAL JOURNAL* has suggested my sending you a note on the treatment of two cases which were under my care some time since.

The earlier case was a child presenting all the usual signs of the malady—vomiting, tenesmus, with blood and mucus

passing from the anus—and was the sequel to an attack of diarrhoea. No fæces had passed for a good many hours. The child's condition seemed very precarious. The treatment consisted of distension of the bowel with air, gradual inversion, and gentle succussion. The rubber portion of an ether spray apparatus was attached to a No. 12 gum-elastic catheter; the point of the catheter was passed through the anus, and air steadily forced into the rectum. With the gradual distension of the bowel the catheter was slid higher and higher, air being still forced in. The abdomen became visibly distended, and soon reached a point beyond which it seemed unwise to go. The child was then gradually inverted, and gentle succussion practised. Almost before the inversion was complete there was a forcible escape of air and fæces; the condition of the child suddenly altered, and all unpleasant symptoms vanished. The relief was complete, and further treatment unnecessary.

The later case was similar to the earlier one, and yielded in an equally satisfactory manner to the same treatment.

Farnborough, Hants.

E. BLACKER, M.D.

VESICAL CALCULUS IN A WOMAN AGED 75 YEARS: OPERATION: RECOVERY.

A. W., aged 75 years, has frequently been to consult me during the last year or two for difficulties in micturition. A little simple medicine has generally given her relief, but during the past summer her symptoms became more troublesome, and she thought her sufferings arose from a falling of the womb. On examination the womb was found to be quite without fault; but the urine was full of mucus and blood shreds. I then suspected stone, which diagnosis, on passing a silver catheter, proved correct. I suggested an immediate operation, and the patient willingly consented.

Mr. Arthur Drew, of Oxford, operated on August 25th. The stones, four or five in number, with detritus were extracted by the urethra; some slight febrile disturbance ensued, and lasted three or four days. Some incontinence of urine (from laceration of the urethra) lasted ten or twelve days. The calculi must have been in the bladder for years, and the constant irritation of the mucous coat, had produced an effusion of mucus almost pustular in appearance mixed with blood. In three weeks (so much vitality and recuperative power did this old lady possess) she was quite well, the urine had become normal, the incontinence was almost gone, and sleep and appetite were restored.

Oxford.

C. BALLARD, M.R.C.S

INVERSION OF UTERUS FOLLOWING LABOUR: DEATH: NECROPSY.

THE rarity of inversion of the uterus, I think, renders a case worthy of record.

At 12.30 A.M., on October 3rd, I was called to the case by the midwife who had been privately engaged by the patient to attend her in her confinement. I found her blanched and collapsed, and death occurred five minutes after my arrival. The following is the statement made by the midwife at the inquest: She delivered the patient at 6.30 P.M., October 2nd (that is, six hours before death) of a full term, well-developed child. She expressed the placenta into the vagina, and then picked it out with her hand, "but had some trouble with the membranes." She did not use any excessive traction on the cord or vagina. She gave 3ij of ergot, and left her at 7 o'clock with the uterus well contracted and a good pulse. She was summoned again at 11.30; found the patient collapsed; there had been considerable hæmorrhage, but the uterus was still contracted. She administered stimulants with no avail, and death occurred as reported.

The patient was a fine, well-developed woman. It was her fourth confinement, the previous ones being quite normal. She had suffered with vomiting and fainting attacks whilst carrying. I made a *post-mortem* examination 21 hours after death. The uterus was quite inverted, so much that the fundus was lying close on to the os. There was a long piece of membrane attached to the placental surface of the uterus, and the whole of interior of the organ was dotted with fine blood clots; otherwise it was quite healthy. All the organs were quite normal, but very pallid, and the heart was quite empty and contracted.