A METHOD OF REMOVING NASO-PHARYNGEAL TUMOURS TO PREVENT BLEEDING FROM THE PEDICLE.¹

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THE removal of naso-pharyngeal tumours is always accompanied with difficulty to the operator, and often with danger to the patient. The difficulties and dangers are produced and increased by the nature of the operation performed and the occurrence of serious bleeding. The bleeding comes from the pedicle or point of attachment of the tumour. Some operations consist in dividing the palate in order to get at the tumour and secure room for manipulating its removal. Other operations consist in removing portions of the superior maxillary bone with a view of reaching the naso-pharynx from the front. Such operations cannot but be regarded as being most serious, and presenting in themselves greater sources of danger to the patient than the removal of the tumour itself, and are therefore, if possible, to be avoided and only undertaken when no other alternative exists. The method I propose, and which I have practised, is an alternative, and I consider it a safe one as it enables one to control bleeding if it occurs. The steps of the operation are as follows:

1. The patient when anaesthetised is placed in the "head down position" either by hanging the head over the end of the couch or by placing a hard thick pillow underneath the patient's shoulders.

2. A strong whipcord is then threaded in the instrument shown in the appended illustration.

3. The loop is passed up the nostril, preferably the larger one, and then brought down into the mouth between the anterior surface of the tumour and the posterior surface of the soft palate, and then passed backwards behind the tumour and pushed right up to the point of attachment of the pedicle by the forefinger of the operator's left hand, whilst traction is made on the cord with the right hand.

4. The whipcord ligature is then twisted tight by means of the handle through which it is threaded, care being taken that it is not twisted so as to cut, but only to compress the pedicle.

5. The wire *écraseur* or galvano *écraseur* is then passed through the other nostril, and pushed up to within about a quarter of an inch of the whipcord ligature.

6. The pedicle is then cut through with the wire, and if bleeding occurs the pedicle can be further compressed by the whipcord ligature as necessity may arise.

7. The whipcord ligature can be left *in situ* as long as necessary, and when removed it must be very gradually loosened, and the left forefinger of the operator passed into the naso-pharynx when this is being done, in order to prevent the ligature slipping off too quickly, as if bleeding begins it may be necessary to recompress the pedicle, and leave the ligature *in situ* till further healing takes place.

This is the exact method I have employed with great success, and I have much confidence in recommending it.

A CASE OF COMPLETE LARYNGECTOMY.¹

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DR. BRYSON DELAVAN showed on behalf of Professor J. Solis Cohen, D. H., aged 48. The history was that a large papilloma of the larynx had been successfully removed by Lefferts in 1876. There was no recurrence for ten years. Then the growth returned. Various methods of intralaryngeal treatment were employed, with unsatisfactory results. In 1891

the patient began to be much worse, and applied for treatment. He was then suffering from great dyspnoea, pain, cough, and dysphagia. The growth had penetrated the larynx externally, and projected externally in a mass larger than an almond. Complete laryngectomy was performed in April, 1892. In the course of the operation, and when the larynx had been partially removed, Dr. Cohen says:

"The epiglottis being healthy, I made an incision through the hyo-epiglottic membrane, and cut the epiglottis square off. The larynx was then tilted forward. Knowing that there has been difficulty in nourishing patients after this operation, I determined to save the entire oesophagus if possible, instead of severing it at the level of the cricoid cartilage, and by careful manipulation I was able to strip the oesophagus and the mucous membrane from the tips of the arytenoid cartilages and larynx down to the base of the first ring of the trachea without perforating it. The larynx, with the first ring of the trachea attached to it, was then severed from the trachea, and the trachea was stitched to the skin in two flaps formed by the sides of the original tracheotomy incision, which had embraced the second and third rings. The soft parts were then brought loosely together with sutures, without any dressing in the pharynx; and a small, soft rubber stomach tube was inserted into the stomach through an opening left in the upper portion of the dressing. This was done, thinking that there might be a necessity to use it for introducing nourishment; but it was found unnecessary, and it did some harm. An hour had been occupied in the whole procedure—anaesthetisation, operation, and dressing. The patient was then put to bed. He was carefully watched. I stayed with him for sixteen hours; and during that time I instructed a number of young men connected with the throat and surgical clinics of the hospital how to take charge of the case. Two members of these staffs were with him constantly for eighty hours. Twice during that time the man would have died had not skilled hands been present to remove mucus from the tracheal tube. It is to the close attention of these young men

The Patient after Operation.

for the first eighty hours, and to the admirable service of our chief surgical resident, Dr. Hager, that this man chiefly owes his life, for the attention after such an operation is far more important in a clinical point of view than the operation itself, all-important as it is. There was a good deal of oozing alongside of the oesophageal tube. On the third night this tube became detached, and we did not reintroduce it. Enemata were used for four or five days, and then gradually food given by the mouth. At each attempt at swallowing a piece of gauze was applied above the tracheal wound, and the parts were pressed close together while the patient swallowed. There was a little trickling for a few days, but this

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