CLINICAL NOTES.

ARYTÆNOID STRIDOR.

By Dan McKenzie.

Recently, while examining a boy, aged ten, by suspension laryngoscopy, I saw and was able to demonstrate to those who were present a curious laryngeal condition which I have not yet seen anywhere described.

The patient was under chloroform, and after he had been arranged with the tongue spatula and epiglottis elevator in position a peculiar purring stridor was heard during inspiration, and on looking into the mouth the cause of the sound became evident in the vibration of two long, curved, conical, almost horn-like arytænoid eminences. With each inspiration they fell together, being aspirated upward (in the position of the patient) and inward, blocking the laryngeal orifice, and altogether obstructing the view of the interior of the larynx. The examination indeed could not be carried out until a pair of Paterson's forceps had been inserted between the flaccid eminences and opened so as to keep them apart. The snoring noise ceased as soon as the airway was thus cleared.

I am unable to say whether it was the presence of the flat epiglottis retractor that pulled the arytænoids forward, but when the instruments were removed from the mouth the boy's breathing became quite quiet and free from any adventitious sound.

His mother, on being questioned, stated that he had never had any signs of stridor in infancy. As a matter of fact, it is to be noted that the appearances described above are not those seen in congenital laryngeal stridor, in which it is the aryepiglottic folds and lateral walls of the larynx that are sucked inwards. In the foregoing case the flaccid, horn-like arytænoids flapped over forward and came into contact with each other along their internal borders thus blocking the orifice of the larynx.

It is perhaps not *mal à propos* to add that I have occasionally also seen stridor produced by a long epiglottis pendant over the larynx and in contact with the posterior pharyngeal wall, the sound it produced being indistinguishable by ear from the rough snore of the vibrating soft palate and uvula, and the question occurs to one whether ordinary snoring may not be sometimes due to a pendant epiglottis.

Snoring at any age is, of course, an abnormality, and, indeed, an indication of obstruction to the inspiration; that is to say, it increases the amount of work to be done by the muscles of inspiration, and in aged and weakly persons this may be a serious factor.

ORAL DISINFECTION IN THE OPERATION OF TONSILLECTOMY AND ADENECTOMY.

By C. G. Russ Wood.

For the past two years I have been in the habit of giving a pastille of hydrarg. subchlorid. gr. $\frac{1}{6}$, combined with formalin, every hour for three hours before the operation and beginning three hours after the operation every hour for six hours. The latter are repeated on the following four days at two-hourly intervals. The combination seems to have a more powerful local antiseptic action than formalin alone, with the added advantage of a purgative, which clears out the swallowed blood from the intestinal canal.

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