BARATOUX'S ELECTRICAL LARYNGO-PHANTOM MODIFIED.

By Dr. DUNDAS GRANT.

AMONG the subsidiary aids to the practice of laryngeal manipulation, we beg to draw attention to one which is not so well known in this country as it might be. It is a model of the larynx enclosed in a metal tube, shaped after the fashion of the mouth and pharynx. At several points in this larynx, which is made of plaster, there are small black specks, the terminations of metallic wires, which are continued into flexible cords hanging out of the front of the apparatus. Each of these cords has a pin and a label attached to it. Each label has a number on it, and there is depicted also on the front of the apparatus an outline of the larynx, with dots corresponding to those in the interior, and numbered to correspond with the figures on the label. On the box which contains the battery there are two screw connections, into one of which is fastened a pin attached to a flexible cord joined to the handle of a metallic laryngeal sound. Into the connection on the other side is inserted the pin corresponding to one of the marks in the larynx which the student wishes to exercise himself in touching, and when the sound thus connected up is placed in contact with the proper spot in the larynx a loud electric bell is set going, and the manipulator knows that he has succeeded in "touching the spot." Should he, while doing so, bring the metallic sound in connection with the tube forming the parietes, a small rattling bell is set in action, and the awkwardness in manipulation is thus rendered evident.

Many who have practised with this apparatus have been highly gratified with the improvement in their dexterity as laryngeal manipulators but it has often been objected that a good deal of time was occupied in seeking out the number on the picture of the larynx, and then in finding the appropriate label, before making the connections as required. To minimize this difficulty Dr. Dundas Grant has devised the modification by which the flexible cords derived from the metallic points in the larynx instead of hanging loosely, are brought together and attached to fine metallic tubes. A tracing of the larynx on a slip of ebony is placed in front of the instrument, and in it are holes corresponding to the metallic points in the internal model of the part. The tube attached to each flexible cord is then fitted to the corresponding hole on this tracing.

It is only necessary then to have a single pin connected with the one pole of the battery, the laryngeal sound being connected with the other. At the other end of the cord to which this pin is attached there is a second pin, and in practice this latter is inserted into the hole on the ebony plate corresponding to the point which the student wishes to touch. This is done without any waste of time, and it is possible in a very few minutes to practise on all the points one after the other.

It would be quite erroneous to assume that this instrument repro-

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duces all the difficulties which are to be met with in the manipulations on the living larynx, but it approximates to them to a very great degree, and certainly a student who has practised with this instrument approaches the living larynx with much better probability of success than one who, other things being equal, has not had the same opportunity.

In a recent discussion in the British Laryngological Association, Dr. Walker Downey suggested that endolaryngeal manipulation as an art was not cultivated as enthusiastically and thoroughly as might be desired, and his opinion seemed to be that there was too great a tendency to resort to surgical section of the larynx from without before exhausting the resources of the natural passages. While protesting strongly against protracted tinkering with growths of uncertain nature, with the result of losing valuable time, and possibly exciting undesirable stimulation, we think there is much in what Dr. Downey has stated. From what we have seen of the average aspirant to a knowledge of laryngeal surgery, we are convinced that the manipulations practised by the "'prentice hand" on the living subject may be the finest possible preliminary training of that subject for intralaryngeal operation, but they are, nevertheless, a source of considerable gratuitous discomfort: and it might not be too much to ask that every clinical assistant, before being allowed to manipulate the human larynx, should be called upon to show his ability to touch all the sensitive points in such an instrument as that to which we are now referring. It might not be carrying it too far to insist that a similar degree of dexterity should be possessed by every candidate for admission to the membership of a laryngological society, but on such a delicate topic we forbear to enlarge.

The instrument in its original form is made by Messrs. Gaiffe, the well-known electrical mechanicians of Paris, and Dr. Dundas Grant's modification has been carried out by Mr. Trood, of Wigmore Street, London.

An engraving of the modified instrument will appear in our next issue.

A CASE OF BILATERAL ABSCESS OF THE SEPTUM NASI: INCISION; RECOVERY.

By W. MILLIGAN, M.D.

CASES of abscess of the septum nasi are—so far as my experience goes—decidedly rare, and, when met with, demand prompt and energetic treatment. The following case is of interest, not only on account of the fact that the lesion was bilateral, but also because a most careful examination failed to reveal the presence of any communication between the two collections of pus.

The patient—a healthy boy, aged thirteen—was playing with a companion, when suddenly, and by accident, he was hit with considerable force by his companion, who was swinging his arm in a semi-flexed position, rapidly backwards. The blow caused considerable pain and some slight hæmorrhage. The following day the pain had somewhat increased, and both nasal passages were slightly stenosed. When first seen by me—six days after the accident—the following state of affairs was found. Both nasal

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