improvement in the hearing were also against any serious complication. It is quite possible that streptococcic infection of the edges of the wound in the soft tissues may have been the cause of the œdema, but, if so, one would have expected this œdema to occur at a shorter interval than ten days after the operation and to have affected the anterior as well as the posterior and lower edges of the wound; further, this explanation does not account for the urticarial rash and the œdema of the upper lip. Finally, the blood-count was not in favour of any continuation of the inflammatory process; this showed a moderate degree of leucocytosis two days after the operation, and the percentage of polymorphs was not above what one would expect; the further examination on October 5 and 9 were confirmatory of the improvement in the patient's condition. Had it not been for the valuable aid given by this method of examination together with the knowledge of the previous history and general condition of the patient a further operation would almost certainly have been performed in the beginning of October. The reaction of the patient to such a small dose of cocaine (about gr. $\frac{1}{4}$) and adrenalin may of course have been due to idiosyncrasy, but I think that the neurotic element was not altogether absent here.

I am indebted to Dr. Logan Turner for his advice and help on many occasions as well as for permission to record the case, to Dr. John Darling for his kindness in making the blood examinations, and to Dr. W. T. Ritchie for the bacteriological reports.

A CAP FOR DRESSING MASTOID CASES.

By J. S. Fraser, M.B., F.R.C.S.Ed.,
Assistant Surgeon Ear and Throat Department, Royal Infirmary, Edinburgh.

More than two years ago I came to the conclusion that the ordinary method of dressing a case after the radical mastoid operation left much to be desired. The gauze strips used in packing the cavity trailed over the patient's neck and auricle before being inserted into their proper position; further, it was impossible to steady or manipulate the patient's head without infecting the left hand of the aural surgeon. To obviate these difficulties I devised the ear-cap shown in the illustration. This cap is merely a loose linen cap—something like a baker's cap—with the addition of a strip of material on one side in which a hole is cut sufficiently large

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to allow the auricle to pass through. The cap is made large, but can be adjusted by means of tapes, which run in the band round the head, so as to fit almost any size of head. The ear-hole is cut in the flap just at the point of junction with the headpiece, and, if this hole be made slightly larger, the cap may be used during the mastoid operation and also in the dressing of cases after the Schwartze operation. The large bell-mouthed speculum shown in the illustration projects beyond the level of the auricle, so that gauze packing may be introduced into the enlarged middle-ear cavity without touching the meatus or lobule and other parts of the auricle.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE—LARYNGOLOGICAL SECTION.

Friday, December 4, 1908.

DR. WATSON WILLIAMS, *Vice-President, in the Chair.*

Abstract of Proceedings by DR. DAN MCKENZIE.

The following cases and specimens were shown:

CASE OF IMMOBILITY OF THE LEFT VOCAL CORD IN A MALE PATIENT, AGED SIXTEEN.

BY DR. DUNDAS GRANT.

The voice had been weak and hoarse for about two years. When seen a month ago the left vocal cord was found to be immobile in the cadaveric position. A chain of enlarged glands was pressing along the anterior border of the sterno-mastoid. Clinical examination was negative, and there had not been an opportunity of making a radioscopic examination.

Dr. JOBSON HORNE doubted whether the immobility was due to recurrent paralysis. It might possibly be due to injury received in days gone by, as in a case he had seen. The enlarged glands, he thought, had no connection with the laryngeal condition.

Dr. BARRY BALL looked upon the case as paralysis of the left vocal cord, and the presence of enlarged glands in the neck justified the sus-

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