

THIRD INTERNATIONAL LARYNGO-RHINOLOGICAL CONGRESS.

ACCORDING to communications received from the President of the International Committee, the Third Laryngo-Rhinological Congress will be held at Berlin in 1911. The Laryngological Society of Berlin has, at its general meeting of January 14 of the present year, expressed its great gratification that Berlin is to have the honour of receiving the Congress. The entire council of the Laryngological Society has constituted itself an executive committee for the Congress, and will be completed by the co-option of well-known German laryngologists. The Congress is to take place at the end of August or the beginning of September. Inquiries regarding the Congress to be addressed to the Secretary of the Executive Committee, Professor Rosenberg, 26 Schiffbauerdamm, Berlin NW. 6, or to Dr. Finder, 17 Nettelbeckstr., Berlin W. 62, Secretary to the International Committee, who has made himself responsible for the arrangement of the subjects for discussion and the openers.

Abstracts.

PHARYNX.

Chiari, O. (Wien).—*Hæmorrhage from the Upper Respiratory Tract, exclusive of the Nose.* "Monatssch. f. Ohren.," Year 43, No. 10.

This article forms a collection of Professor Chiari's own experience with various references in addition to the literature on the subject. He has never seen a fatal case of hæmorrhage either in his hospital or private practice after removal of tonsils or adenoids, although more than once such cases have necessitated some treatment in the way of caustic, cautery, the application of peroxide of hydrogen, or pressure. He avoids the use of sharp instruments for tonsillotomy after the age of forty-five, and only two so-called "tonsillectomies" have been performed in his clinic—a statement which may surprise the extremists in the advocacy of this operation.

Two instances of hæmorrhage from the hard palate were dependent on the presence of incipient angiomas and successfully controlled by cauterisation.

One case of peritonsillar abscess, for the relief of which an incision had been made in the usual way, bled for some forty-eight hours, and did not respond to any treatment until it was found that the source of the hæmorrhage was a small vessel immediately behind the anterior pillar of the fauces. In order to control this a curved needle was passed from behind forwards through the pillar, and the whole tissue thus included in a ligature, which procedure led to complete and instantaneous cure. Otherwise Chiari has never seen any trouble arise from bleeding after incision for quinsy.

As instances of bleeding from the larynx several references are given in which this occurred chiefly in connection with overstraining the voice

by singers, otherwise he would prefer to regard so-called "hæmorrhagic laryngitis" as really an advanced stage of laryngeal catarrh, although he has seen bleeding occur in connection with "laryngitis sicca," a condition which he remarks is seldom confined to the larynx, but usually is found in association with a similar state of affairs in the pharynx and nose.

Some cases are also quoted which there were good reasons for supposing were instances of vicarious menstruation.

As regards tubercular disease of the larynx, "It is remarkable" writes Chiari, "that tuberculous ulceration of the larynx almost never the cause of any noteworthy bleeding." *Alex. R. Tweedie.*

von Lénárt, Z. (Budapest).—*Experimental Studies on the Connection between the Lymph-vessel Systems of the Nose and of the Tonsil* "Arch. für Laryngol.," vol. xxi, Part III.

The writer made submucous injections of a variety of granular colouring materials in suspension into the nasal mucous membrane of rabbit dogs, and young pigs. The points selected for injection were the ventral and dorsal turbinates, the septum, and the floor of the nasal cavity. The animals were killed after varying periods, and the tonsils were examined microscopically.

The following were the results of the experiments: (1) It was found that granular materials introduced into the nasal mucous membrane could reach the tonsils by way of the lymph-channels. Thus it is proved experimentally that in the tonsillitis which sometimes follows intra-nasal operations the lymphatic vessels supply the path of infection.

(2) The conclusions to which A. Most was led by his anatomical researches as to the direction of the lymph-stream of the nose and throat were confirmed.

(3) It was proved that foreign materials which enter the tonsils are in part extruded on to their surface.

(4) An intimate connection exists between the lymphatic vessels of both tonsils, for after unilateral injection the granules are found not only in the corresponding tonsil, but also in that of the opposite side.

Thomas Guthrie.

Levinstein, O. (Berlin).—*On what Histological Processes do Hyperplasia and Atrophy of the Human Palatal Tonsil depend?* "Arch. für Laryngol.," vol. xxii, Part I.

The writer finds that hyperplastic palatal tonsils are characterised as follows: (1) Active mitosis in the budding centres (Keimzentrum) of the follicles; (2) increase in size of the budding centres of the individual follicles; (3) increase in size of the follicles; (4) increase in number of the follicles.

Atrophy, on the other hand, is marked by—(1) absence of mitosis in the budding centres; (2) the latter tend to disappear; (3) the follicles become gradually smaller and less numerous; (4) evidences of formation of follicles are almost absent.

The process of involution of a hyperplastic tonsil presents precisely the same histological features as does atrophy taking place in a normal tonsil.

Thomas Guthrie.

Trapenard (Mentone).—*Two Cases of Hereditary Syphilis of the Naso-Pharynx Simulating Adenoids.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," January 30, 1909.

The record of two cases occurring in children, aged eight and ten

respectively. Other recorded cases are mentioned, and it is pointed out that the true nature of the disease may be overlooked unless its occasional occurrence is borne in mind.

Chichele Nourse.

Gibb, J. S.—*Some Observations upon the Complete Extirpation of the Diseased Faucial Tonsil.* "Boston Med. and Surg. Journ.," December 2, 1909.

Based upon one hundred cases of tonsillectomy. From a study of these cases, the author contends that (1) tonsillectomy is the proper operation for the removal of diseased tonsils; (2) tonsillectomy, in the majority of cases, results in no more serious traumatism to the faucial tissues than does tonsillotomy; (3) in those cases in which marked systemic and faucial disturbance follows a tonsillectomy, it results from difficulty with adhesions, which cases are unsuited for tonsillotomy; (4) tonsillectomy is always a complete operation; and (5) hæmorrhage after tonsillectomy is slight, and largely under the control of the operator.

Macleod Yearsley.

- (1) **Leland, G. A.**—*Nasal and Naso-pharyngeal Conditions as Causative Factors in Middle-ear Disease.*
- (2) **Pierce, N. H.**—*Nasal and Pharyngeal Conditions as Causative Factors in Middle-ear Disease.*
- (3) **Packard, F. R.**—*The Importance of the Thorough Study of the Naso-pharynx in Treatment of Diseases of the Ear.*
"Boston Med. and Surg. Journ.," December 9, 1909.

Three important papers, with discussion. Ireland dwells on the loss of normal protection afforded by the Eustachian tube and the mechanism of its functions due to affections or abnormalities of the nose and naso-pharynx. He discusses the anatomy and functions of the tube, especially as regards normal ventilation and drainage of the middle ear. Earaches in children rarely or never occur without the presence of adenoids in Rosenmüller's fossa, and progressive deafness in older subjects is always accompanied by swollen mucous membrane in the sides of the naso-pharynx or by remains of adenoids or adhesions blocking Rosenmüller's fossa. Hence the rational method of treatment is to restore the movements of the Eustachian tube by relieving the sides of the naso-pharynx of growths, adhesions, and swellings. A second factor in the physiological protection of the middle ear is found in normal uninterrupted breathing. In normal respiration there is a continuous interchange of air in the accessory cavities, so that the middle ear may be considered as an accessory sinus of the nose. These conditions indicate the rational treatment, viz. restoration of the sides of the naso-pharynx to normal and establishment of nasal respiration, absolute and continuous. Symptoms referred to the ear are often caused by lesions elsewhere, as (1) pain (due to larynx, tonsils, lateral pharyngeal lymph-bands, pressure in nose, ethmoid or sphenoid regions, and teeth); (2) fulness in ear (reflex, from intra-nasal pressure); (3) tinnitus (roar, or low-toned pulsation due to increased circulation in the sides of the naso-pharynx; high-toned hiss, due to changes in the Eustachian tube); (4) vertigo (due to turbinal engorgement, pressure from ethmoiditis or frontal sinusitis).

Pierce draws attention to the important nervous conditions associated with hyperplasia by adenoids and tonsils, and to the Eustachian tonsil. In tubal insufficiency lies the key-stone of a great part of aural pathology.

He questions the theory of pressure vacuum in the tympanum as due to atmospheric absorption alone, considers Koerner's hypothesis as more probable, and likens the condition in the middle ear to that which occurs in the absorption of a pneumothorax. He believes that nasal obstructions *per se* do not cause aural disease, but that inflammatory (especially chronic inflammatory) conditions must also be present. He enumerates the causes of nasal insufficiency, and tries to place them in their proper relationship to aural disease. He believes that the idea of nasal insufficiency has been carried to unwarranted extremes by many operators, and urges that factors other than mechanical may cause the conditions which render the nasal and pharyngeal mucosa especially liable to inflammation.

Packard emphasises the necessity of a thorough examination of the naso-pharynx before treating any aural condition. He enumerates the pathological conditions in the naso-pharynx which may give rise to ear diseases, as (1) adenoids; (2) so-called catarrhal inflammations; (3) atrophic conditions of the mucous membrane; (4) tumours other than adenoids; (5) naso-pharyngeal adhesions. He concludes that (1) in every case of middle-ear disease an examination of the naso-pharynx should be made; (2) this examination should be by mirror and finger, both before and after cleansing of the naso-pharynx; (3) the existence of adhesions has been largely overlooked owing to difficulties of examination.

Macleod Yearsley.

NOSE.

Hoffmann, R. (Dresden).—*On Rhinophyma*. "Zeitschrift für Laryngol.," vol. ii, Part IV.

This paper consists in the main of a somewhat detailed account of the literature bearing upon the disease, and the various suggestions which have been put forward as to its pathology, causation, and treatment. The interest of the author in the condition was aroused by a case which came under his care. The patient, a man, aged sixty-seven, had suffered from nasal catarrh for twenty years, and for a like period from gastrointestinal troubles. The rhinophyma had been noticed for about two years, and was of moderate degree, but caused sufficient disfigurement to make the patient very anxious to be rid of it. Alcoholic excess and constant exposure to the weather were the probable causes of the complaint, while some importance should perhaps be ascribed to the old-standing nasal catarrh. Of the various operative measures which have been advocated, the author selected subcutaneous excision as practised by Braun. He performed the operation under local anæsthesia, and was very well satisfied with the result, which remained good twelve months later.

Thomas Guthrie.

Bernard, E. (Lille).—*A Case of Vascular Tumour of the Inferior Turbinal; Rouge's Operation; Cure*. "Revue Hebdomadaire de Laryngol., d'Otol. et de Rhinol.," February 6, 1909.

A child, aged fourteen, had a growth the size of a nut projecting from the left nostril. Nasal obstruction had been noticed two years before, first affecting the left side only, and gradually becoming complete. At the time of examination the left nasal fossa was completely filled by the tumour, and the septum was pushed over to the right. On several occasions portions had been removed with a snare. Rouge's operation was performed, and the tumour, which was developed at the expense of