He had had no opportunity of observing reactions in man, and his experiments had dealt with movements of the chest-wall as a whole, and not with those of the diaphragm particularly.

The case quoted by Mr. Tweedie was very interesting, and he (Mr. Ellis) thought that an extreme form of bronchial muscle-spasm had occurred. The bronchial mucous membrane contained no erectile tissue, such as that of the inferior nasal turbinate, and did not convey the impression that it could suddenly become turgid and swell sufficiently to occlude the tubes. He thought it likely that, for some unknown reason, the bronchial muscle in this case was unusually irritable, and was reflexly stimulated by the nasal operation to extreme tonic contraction.

VIENNA RHINO-LARYNGOLOGICAL SOCIETY

Meeting November 5th, 1935

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, January, 1936

By A. R. TWEEDIE

CASES

Naso-pharyngeal Fibroma. Operation.—F. J. MAYER.

A boy, aged 14, in *November,* 1934, following a cold, noticed right-sided nasal obstruction. In *March,* 1935, a severe epistaxis from the nose occurred, controlled only by packing, which after five months' interval recurred with such severity that he came to hospital.

Examination then showed the right side of the nose to be occupied by blood, after removal of which a greyish-red tumour with a smooth surface and a firm elastic consistency was found. Palpation with the probe caused such severe bleeding that packing of the nose was once more required. On further examination the tumour was found to originate in the naso-pharynx. The left side of the nose was normal.

Operation.—The right lower turbinate and lateral nasal wall were resected (Denker's method) and the tumour was partly removed piecemeal, but an adenotome and snare were required for the removal of the main portion, lying in the post-nasal space. The wound was then packed with iodoform gauze. Two days later the patient was discharged from hospital. Recovery was uneventful.

Empyema of the Antrum. Caldwell-Luc Operation. Diphtheria.—F. J. MAYER.

A boy, aged 16, six days after operation for empyema of the antrum, under a local anæsthetic, developed a severe sore throat

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which proved to be true diphtheria. He was transferred to a Hospital for Infectious Diseases, where the pack, previously laid in the operation cavity, was not removed till fourteen days after the operation. In spite of this the buccal wound was now closed.

Papillomatosis of the Larynx with development of Carcinoma.—VALERIA BALLACS.

A woman with this condition, already presented twice before the Society, was shown. For the last year she had worn a tracheotomy tube. As the result of repeated histological examinations had been uncertain, a laryngo-fissure was performed and the tracheotomy tube re-inserted. A specimen then taken for further examination showed squamous carcinoma.

Treatment with radium was given, but unfortunately had to be discontinued after 350 mg.h. owing to the severe reaction.

Later, further histological examination showed no carcinoma, and a plastic operation with a cartilage graft for closure of the laryngostome resulting from the various operations was carried out, after a Thiersch graft had been laid in the cavity of the larynx.

At the present time laryngoscopy revealed a somewhat narrowed glottis, but both vocal cords were mobile and there was no appearance of recurrence of the papilloma.

Foreign body in the Œsophagus. Peri-œsophageal abscess. Mediastinotomy. Œsophagoscopy and recovery.—R. SINGER.

A woman, aged 63, was shown who had been admitted to the hospital with the report that four days previously she had swallowed a chicken bone, causing immediate pain and progressive difficulty in swallowing; the previous night the temperature had risen to 38° C. She had a shivering attack and now she could not swallow anything.

There was an area of extreme tenderness both in front of and behind the left sterno-mastoid muscle. Œsophagoscopy was at once undertaken and an abscess was found in the wall of the œsophagus immediately below the level of the cricoid cartilage; it contained much fœtid pus, but no foreign body could be seen. From the amount of purulent discharge it was decided that the lesion could not represent merely an abscess of the walls of the œsophagus but that it must extend outside the œsophagus. No further search was therefore made for the foreign body, but a "collar" mediastinotomy was at once performed through an incision in front of the sterno-mastoid muscle, when a large peri-œsophageal abscess was opened in immediate proximity to the left lobe of the thyroid gland, and, with a view to preventing infection of the mediastinum, the wound was packed below with iodoform

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gauze. On further inspection of the abscess cavity an altered area on the œsophageal wall was found, and a splinter of bone located, and removed. The patient was fed with a nasal tube and the fistula into the œsophagus healed in two weeks.

Paget's Disease of the Frontal Bone and Ethmoid, associated with Empyema of the Antrum.—OTTO MAYER.

A man of 50 had suffered for some two months with headache and left-sided purulent rhinitis. On proof puncture pus was found in the antrum.

X-ray examination showed a slight shadow in the neighbourhood of the left antrum—the walls of which, however, appeared normal, whilst the appearance of the left frontal bone and ethmoid suggested a definite thickening of the bone, gradually emerging at its borders into a normal condition. In the thickened portions were areas of transparency varying in size. No frontal sinus could be seen, but in the ethmoid was a bright area the size of a bean. It was suggested that the pictures suggested a diagnosis of Paget's Disease. The Wassermann reaction was negative and the empyema of the antrum was regarded as merely a coincidence. As, however, the X-ray appearance might also have represented some form of neoplasm, an incision, as for exposure of the frontal sinus, was made. The surface of the bone was found to be uneven, finely porous, and bluish in colour. A portion was removed and found to contain normal marrow. The ethmoid was also inspected and found to be healthy. Radical operation was then performed on the maxillary antrum.

Histological examination of the portion of the frontal bone removed confirmed the diagnosis of Paget's Disease.

Abscess of the Frontal Lobe following Frontal Sinusitis.—E. WESSELY.

A man was shown who had developed a large abscess of the left frontal lobe as a complication of a purulent sinusitis. After opening the abscess the cavity had been packed with iodoform gauze which was left in position without disturbance for a long while—a treatment which had been first introduced during the War and which had been adopted with the best results. The dressing had been changed only when the patient complained of headache and at each change it was observed that the cavity was considerably smaller. At the operation some 5 metres of iodoform gauze were required, whilst towards the end of the treatment only a few centimetres were used. Healing was complete in three and a half months.

The man since then had taken part in all sorts of sports and exercise and returned to his work with complete restoration of his mentality.

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It was of course too early to be over optimistic as to the eventual result, since there had been frequent purulent discharge from the scar, even after a long time and apparent recovery recurrence and rupture into the ventricule may occur.

Intra-Tracheal Thyroid.—A. HEINDL.

A boy, aged 11 years, for two or three years had suffered some increasing difficulty in breathing for which, a year ago, a sub-sternal portion of the thyroid gland had been removed. No relief, however, occurred; on the contrary the discomfort became slowly worse, so that even when resting there was stridor, whilst on the slightest exertion a severe attack of dyspnœa occurred. On admission to the hospital the larynx was found to be normal, but in the sub-glottic space on the right posterior wall there was a swelling, the size of an olive, which reduced the lumen of the trachea to a slit about 2 mm. wide.

Endoscopy confirmed this appearance and the tumour was found to be elastic and covered with normal epithelium.

A low tracheotomy was first performed and a portion was removed for examination and found to consist of thyroid tissue.

Fourteen days later the tracheotomy wound was enlarged upwards to the cricoid cartilage, and through this opening the tumour was removed. An uneventful convalescence followed and one month later the tracheotomy tube could be removed.

ABSTRACTS

EAR

Early Asymptomatic Acoustic Tumour. M. HARDY and S. J. CROWE. (*Archives of Surgery*, xxxii., 2, February, 1936.)

Since 1924, the authors have been collecting and examining temporal bones in order to correlate histological structure with *ante mortem* tests of hearing and vestibular function. Eight hundred pairs of temporal bones have been sectioned, and a detailed study of serial sections in two hundred and fifty unselected cases disclosed that in six there was an acoustic tumour which did not give rise to clinical symptoms. The tumours were so small and so deep in the internal auditory canal that they were overlooked at autopsy. The vestibular nerve was invaded by four of the tumours and the cochlear nerve by two.

Histologically, five of the tumours resembled the large tumours of the acoustic nerve or of the cerebello-pontine angle. An angeiomatous network of vessels invading the vestibular nerve was found

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