AMERICAN LARYNGOLOGICAL ASSOCIATION.

Thirty-first Annual Congress, held at the Harvard Medical School, Boston, Mass., May 31, June 1 and 2, 1909.

(By courtesy of the *Medical Record*.)

(*Continued from p.* 272.)

Tuesday, June 1—Second Day.

Nasal and Pharyngeal Conditions as Causative Factors in Aural Disease.

By Dr. George A. Leland.

Many ear conditions which eventually threaten life had their origin in the naso-pharynx. The reason for this might be found in the loss of protection normally provided for the safety and integrity of the conducting apparatus of the organ of hearing. A description was given of the arrangements of the Eustachian tube with reference to both anatomy and physiology, and the effect was mentioned of the influence of normal respiration on the movements of the drum membrane. Any interference with these functions would lead to improper ventilation and imperfect drainage of the middle ear. Hence, there would result depressed ear drum, adhesive catarrhal effusions, inflammations, loss of hearing, and in less asthenic conditions the otitis media catarrhalis chronica of middle and later life, always amenable to treatment, but curable only in its earlier stages. In normal nasal respiration there was a rhythmic movement of air through the Eustachian tube, and freedom of ventilation through these channels was an essential of the integral ear. Earaches ought to be attended to, even though slight. Adenoids should be removed as soon as discovered. The fossa of Rosenmüller must be cleaned out. The effect of influenza, scarlet fever, and other poisons on the ear were well known. Under the author's direction 127 cases were examined in the scarlet fever wards of the Boston City Hospital with reference to the effect of the disease in causing enlargement of the naso-pharyngeal lymphoid tissue. Forty-three were found without adenoids; of the eighty-four having them, seventy-two were without aural complications either past or present; of the twelve with aural complications, acute or chronic, all had adenoids, and of these five had them generally distributed, while in seven they were confined to the fossæ of

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Rosenmüller. The author said that children with earaches always had adenoids. Earache, it was true, might come from many areas outside of the naso-pharynx, such as teeth, diseased tonsils, pharyngitis lateralis, etc., all reflexly. An enlarged middle turbinal might cause a feeling of fulness in the ear. There might be a low-toned tinnitus due to occlusion of the fossa of Rosenmüller, and finally, vertigo might be due to an occluded nose.

Chronic Epipharyngeal Periadenitis in Adults.

By Dr. James E. Logan.

A condition found in many cases, some six of which were described in detail. It was an inflammation of the tissue in the neighbourhood of the pharyngeal bursa which might occasion symptoms analogous to those of sphenoidal sinus inflammation. The inflammation seemed to involve not only the lymphoid tissue, but also the muscles, vessels, and connective tissue. Detailed microscopical findings in such cases were given by the author. The effect of such inflammations on the organs of hearing would be evident. If repeated attacks occurred, they left the patients especially liable to attacks of acute rhinitis and epidemic influenza. While this lymphoid tissue atrophied as age advanced, a very little of it might be sufficient to cause trouble. Diagnosis of the condition was easy. Prognosis was usually favourably, so far as the vault was concerned. The symptoms were those of repeated attacks of influenza, sensations of fulness in the vault of the pharynx, desire to hawk and expectorate, etc. Treatment was total extirpation of the diseased tissue. The author's method of operating was described in full. He said that digital examination ought always to supplement that made by the mirror. In order to avoid hæmorrhage he advised the preliminary stripping of the mass from its attachments to break up the continuity of the blood-vessels, and its removal with instruments two days later. The greatest abundance of the mass would generally be found in Rosenmüller's fossa.

The Importance of the Thorough Examination of the Naso-pharynx in the Treatment of Ear Diseases.

By Dr. Francis R. Packard (Philadelphia).

His conclusions were as follows: (1) In every case of middle-ear disease which presented itself for treatment one of the most important measures to be employed was to make a thorough examina-

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tion of the naso-pharynx. (2) This examination should be mad not only with the mirror, but also with the finger, not on before, but also after cleansing the naso-pharynx. Thick mucus other discharges might obscure the tissue changes. In childre the naso-pharynx should be cocainised through the nares previou to the digital examination. The same thing might be done wit adults who would not tolerate the mirror. The disagreeabl features of the procedure were no justification for its omission. (3 Although the presence of obvious growths, such as tumours or th existence of inflammatory condition in the naso-pharynx, had ha the importance of their presence as a source of aural diseas recognised for many years, the existence of adhesions in the nasc pharynx as a cause of pathological conditions within the ear ha been largely overlooked, chiefly because of the difficulty attendan upon the examination of the naso-pharynx, which would lead to th discovery of their presence.

Dr. D. Braden Kyle (Philadelphia) referred to the various plan according to which this might be done, as mechanical, anatomical, patho logical, etc. An anatomical cause might be a narrow naris or anatomica malformation. All of the specific lesions, as tubercle, syphilis, etc., migh be included in any class except that they were never physiological. The ear lesions were more common at puberty, and again at the menopause He had seen the familiar soap-bubble blowing of children cause ea trouble. In every case the first point for the practitioner to decide wa this: Could this nasal causal factor be removed, and if so, had this nasa causal factor already produced permanent pathological lesions in the ear or would the removal of the nasal obstruction remedy the ear lesion?

Dr. E. A. Crockett (Boston) said that operations done on the nose for the relief of hearing were often done unadvisably and with promises to the patient as to results which could not possibly be made good.

Dr. O. T. Freer had known hearing to return after septal operations and considered them justifiable in selected cases.

Dr. W. L. Ballenger said that it was not alone the obstruction in the nose, but also and principally the associated inflammatory conditions, which gave the trouble to the hearing. The three main conditions to look out for were ethmoiditis and sphenoiditis, enlargement of the posterior ends of the middle turbinates, and adenoids.

Dr. F. P. Emerson (Boston) called attention not alone to the adhesions around the lips of the Rosenmüller fossæ, but also to the amount of degenerated tissue in their depths. In such instances we might have unilateral deafness with low-pitched tinnitus. The physiological respiration of the palatine muscles produced a marked change, and undoubtedly the catheter had been much abused.

Dr. Percy Freidenberg (New York) said that the new pharyngoscope could be borne by patients for ten minutes. It enabled us to study those various changes which take place in deglutition, gagging, coughing, etc., about the orifices of the Eustachian tubes. In this way we had learned that even in the presence of adenoids there might be a practically normal contraction of the soft palate and muscles around the tubes.

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Dr. G. E. SHAMBAUGH (Chicago) said that doubtless all would agree that many forms of ear disease, such as mucus accumulation, suppuration, etc., were improved by operation on the naso-pharynx. But the cases which had been neglected and came to us in middle life with drum membrane covered with scar tissue, bound down, etc., did not benefit by operation. We must distinguish between middle-ear disease and ankylosis of the stapes. Obviously, if the labyrinth was involved, treatment of the middle ear would not benefit the hearing.

Dr. J. F. BARNHILL (Indianapolis) said that the breaking up of adhesions would not always relieve the difficulty. The tube might be pervious, although hearing was still defective. The breaking up of adhesions did good by exciting a certain amount of hæmorrhage, and sometimes would relieve tinnitus. Moreover, there was a certain psychical element entering into the case. The continued attacks of naso-pharyngitis were distinctly disastrous.

Dr. J. PAYSON CLARK (Boston) said he could not accept the doctrine that every case presenting adenoid tissue in the naso-pharynx called for surgical operation.

Dr. B. ALEX RANDALL (Philadelphia) emphasised the importance of massage. Adenoid operations would fail of benefit if there was a stuffed nose in front. He had never seen any brilliant results from clearing out the Rosenmüller fossæ. Shrunken adenoid masses, although no longer obstructive, might often be removed with benefit. He had seen improvement in otosclerosis by treatment of the middle ear.

The following papers were read by title: "Sloughing Fibroma of the Naso-pharynx," by Dr. H. L. SWAIN, of New Haven: "Report of Cases illustrating our Progress in the Surgical Treatment of Chronic Stenosis of the Larynx and Trachea," by Dr. JOHN R. WINSLOW, of Baltimore.

INTERNATIONAL CONGRESS OF MEDICINE AT BUDAPEST.

September, 1909.

SECTION OF OTOLOGY (AND INTERNATIONAL CONGRESS OF OTOLOGY).

The following papers were read:

THE AFTER-TREATMENT OF THE RADICAL MASTOID OPERATION WITHOUT PACKING.

BY DR. NEUBAUER (Budapest).

Petit had, as early as the eighteenth century, opened the mastoid process on account of disease. Schwartze was the first to lay down definite indications for the performance of this operation.

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