of retro-pharyngeal tumours if further experience confirms the great advantages set forth by him.

Voltolini published a great many short papers in various medical journals, specially contributing to the pages of the *Breslauer Aerztliche Zeitschrift* and the *Monatsschrift für Ohrenheilkunde, Laryngologie und Rhinologie*, which he, along with Weber Liel, and other specialists, founded in 1867, and of which he remained collaborator up to his death.

He also published the following books :—

"Rhinoscopie und Pharyngoscopie." Jubiläumschrift der Universitat Breslau im Jahr., 1861.

"Die Galvanokaustik und deren Anwendung bei Kehlkopleiden," 1876.

"Die Rhinoscopie und Pharyngoscopie," im Jahr., 1879.

"Die Krankheiten der Nase, und des Nasenrachenraums," 1888 (his last great work, which was reviewed in this Journal)."

Original and philosophical in form, and fertile in ideas, his works will always remain interesting and learned guides to the physician, landmarks of the progress of our special science, and for their author "monumenta aere perennius."

Michael.

ASSOCIATION MEETINGS.

Sixty-Second Congress of German Physicians and Naturalists,

Held at Heidelberg, September 17—23, 1889.

SECTION OF LARYNGOLOGY AND RHINOLOGY.

THE PRESIDENT of the Section (Dr. JURASZ, of Heidelberg), referring to the lamented death of Professor VOLTOLINI, proposed that the event should be marked by all members rising; after which a telegram of condolence was forwarded to the members of the late Professor Voltolini's family by the assembled meeting.

A paper was read upon *Rhinological and Laryngological Operations in the Cocaine Era* by Prof. B. FRAENKEL, of Berlin.—Referring to the customary doses of cocaine, as employed for operations about the nose (10 to 15 per cent.) and larynx (20 per cent.), the author fixed the maximum dose at 0·1 gramme. Cases of intoxication occur probably due to idiosyncrasy, but a fatal case of poisoning has never been described in rhino-laryngological practice.

Dr. AHRONSOHN (Ems) once applied a dose of 0·8 gramme of cocaine for an operation for a laryngeal polypus, without producing any baneful result.

Dr. MORITZ SCHMIDT (Frankfort) thought the toxic phenomena of cocaine administration were due to the bad quality of the drug as well as individual idiosyncrasy. Having observed intoxication from the use of cocaine in solution, he now always employs it in powder (one part of cocaine to five of sugar), in which form smaller quantities produce anæsthesia.

Dr. HEYMANN (Berlin) had seen many cases of cocaine intoxication and was of opinion that it was difficult to estimate the quantity of cocaine employed, one portion remaining in the instrument and some portion of it reaching the stomach.

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Prof. SCHNITZLER (Vienna) remarked that cocaine in smaller quantities produces anæsthesia when employed in spray form.

Dr. BRESGEN (Frankfort) had never seen intoxication from the use of Merck's cocaine.

Dr. JACOBY (Magdeburg) had frequently seen cases in which disagreeable sensations and vomiting followed the employment of cocaine.

Dr. KOLLMANN (Badenweiter) agreed with Schmidt that the powder was the best way to employ cocaine. Added to oily emulsion of menthol he had often remarked very satisfactory results in cases of dysphagia in phthisis.

Prof. JURASZ mentioned two objections to the use of cocaine, viz., hypersecretion in the pharynx, which made it difficult to obtain a laryngoscopic image, and considerable increase of reflex excitability in the pharyngeal muscles, which rendered the introduction of instruments into the larynx rather difficult.

A paper was read upon *Perforations of the Nasal Septum* by Dr. ROSENFELD (Stuttgart). Perforations occur sometimes for which it is impossible to find any originating cause in syphilis, tuberculosis, typhoid, rheumatism, traumatism, abscess, or perichondritis. The author reported an obscure case of this nature. A woman, forty years of age, complained of fœtor from the nose. No ozæna was present. On the cartilaginous septum near the upper edge of the quadrangular cartilage, on the left side, a black point of the size of a pea was observed, which gradually increased in size. In three weeks a similar spot was observed on the opposite corresponding surface. Four weeks after its origin separation began, and after removing the dead tissue the author observed a small perforation. All known causes being in this case excluded, it is necessary to regard the condition as a gangrene of tropho-neurotic nature similar to what occurs in perforating ulcer of the foot and symmetrical gangrene.

Prof. KRAUSE (Berlin) maintained that tropho-neurotic influence being doubtful, some other cause, especially the possibility of traumatism, must be looked for.

DR. JACOBY (Magdeburg) was of opinion that deep-seated suppuration had occurred; when such a process was active on both sides, a perforation is easily formed.

Prof. B. FRAENKEL (Berlin) maintained that all these perforations occur on one precise spot, *i.e.*, the so-called point of Kieselbach, at which spot epistaxis commonly occurs. Anatomically this is the duct of the organ of Jacobson, and it is quite possible that on this spot with its plexus of vessels, vascular changes are the etiological cause of this form of septal perforation.

Dr. ROSENFELD, replying to Prof. Fraenkel, remarked that Kieselbach's point is not quite identical with the spot where such perforations occur. These are situated further up on the thinnest part of the septum.

A paper was read on a *New Method of Treating Laryngeal Phthisis* by Prof. SCHNITZLER, of Vienna.—The author had used balsam of Peru along with collodion. He orders at first inhalations of the balsam generally, adding astringents and resolvents, in order to cleanse the tubercular ulcer, and he afterwards brushes the surface of the ulcers with balsam of Peru and collodion. Deep sluggish ulcers are previously scraped, and polypoid growths are destroyed by the galvano-cautery. The author thinks that collodion not only controls the swelling and hypersecretion, but forms a protective cover for the ulcer, while the balsam of Peru possesses antiseptic and irritative qualities. So far he has obtained very satisfactory results, preferring this treatment to lactic acid.

Prof. KRAUSE (Berlin) maintained that lactic acid and curettement were the best methods of treating laryngeal phthisis.

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Dr. SCHMIDT (Frankfort) agreed with Krause, protesting, however, against the abuse of lactic acid.

Dr. KEIMER (Dusseldorf) strongly recommended lactic acid.

A paper was read on *Experiments with Hot Air (Wiegert's Method) in Laryngeal Tuberculosis* by Dr. NYCAMP (Leiden).—He had arrived at the following conclusions:—(1) The air inhaled by Wiegert's apparatus is not so hot as it appears to be, because the temperature of the tube (copper) in which the thermometer is placed, increases the height of the thermometer reading. (2) Though the temperature of the air to be inhaled is many degrees higher than is necessary to destroy tubercle bacilli, this air when it reaches the mouth and pharynx is lowered in temperature many degrees, and when it reaches the larynx and bronchi is scarcely higher than the normal temperature of any body cavity. (3) The reason of this loss of temperature is the evaporation of quantities of water, extracted from the mucous membrane of the mouth and pharynx during the passage of the hot air.

As to results obtained from the application of Wiegert's method, they have been in the author's experience entirely negative. Neither the local process, nor the general condition is at all improved. The only advantage of the method is the exercise of the lungs, which can, however, be obtained in a much simpler and cheaper manner.

Dr. RIETH (San Remo) remarked that at the meeting at San Remo, Wiegert's method was condemned.

Dr. LAZARUS (Berlin) remarked that other observers (Mosso and Bondello) had come to the same result.

Prof. B. FRAENKEL (Berlin) remarked that it was *à priori* impossible by Wiegert's or any other method to expect air of 100° temperature to penetrate into the pulmonary tissue. At such a temperature albumen is coagulated.

Dr. ROSENFELD (Stuttgart) remarked that at the meeting held in Stuttgart in April, he had already expressed himself against Wiegert's method.

A paper was read on *Tracheotomy in Laryngeal Phthisis, with Anatomico-Pathological Demonstration* by Dr. A. BETZ (Maine).—Tracheotomy in laryngeal tuberculosis, as advocated by Moritz Schmidt, is now often performed; and laryngotomy, with scraping of the tubercular masses, resection, and total extirpation of the larynx in tuberculosis, are operations nearly unknown. B. Fraenkel, in 1885, proposed the extirpation of laryngeal growths, and this operation was performed, although accidentally (the diagnosis being epithelioma), in one case by Lloyd. The author related a case occurring in a female, of thirty-five, who, with comparatively healthy lungs, had perichondritis of the larynx. Tracheotomy was performed—local treatment was unsuccessful. Death occurred from excessive hæmorrhage from the superior laryngeal artery, leading to hypostatic pneumonia. At the necropsy, very slight changes were found in the lungs, but a very considerable degree of laryngeal disease. The specimen was demonstrated during the meeting. The author is of opinion that in such a case as this, where the general condition and pulmonary state were comparatively good, extirpation of the larynx would have some chance of success.

A paper was read, entitled, *When and with what Limitations is Local Treatment of Disorders of the Throat and Nose at Watering-places Indicated?* by Dr. HAUPT, of Bad-Soden.—The author arrived at the following results:—(1) When treatment is indicated it is preferable to perform it at home before the patient is sent to the Spa. (2) It is necessary for physicians at such health-resorts to have sufficient knowledge of rhino-laryngology to be able to make a satisfactory diagnosis and to carry out local treatment when requisite. (3) The physician should

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avoid operations upon patients whose stay at such health-resorts is too short. (4) As it is better to carry out local treatment when the patient's general condition is most favourable, it is very desirable that patients who live far from the large centres where specialists are located should be sent to the health-resorts for a longer time, when general as well as local treatment can be most satisfactorily carried out.

Dr. GOLZ (Ems) was of opinion that the medical practitioner at the health-resort should communicate with and work in perfect accord with the specialist with regard to the treatment of the patient.

A paper was read on *The Results of the Treatment of Diseases of the Larynx, Pharynx, and Nose at the Sulphur Waters of Langenbrücken* by Dr. ZIEGELMAYER (Bad-Langenbrücken).—The author, discussing the different theories of the action of sulphur waters, maintained that chronic diseases of the nose and throat, especially when associated with scrofula, chlorosis, syphilis, and metallic poisoning, were much more amenable to local treatment when the general health was improved by a course of sulphur waters, such as those of Langenbrücken.

A paper was read on *Papilloma of the Upper Air-Passages* by Dr. THOST (Hamburg), the report of which is not yet to hand.

A paper was read by Dr. MORITZ SCHMIDT (Frankfort) on *Incisions into the Tonsil, and their Indications.*—The method employed by Dr. Hoffmann (Baden-Baden) consists in splitting the tonsillar lacunæ with a hook in an upward and downward direction, thus converting the lacunæ into long channels and destroying them. This removes the collections of micro-organisms and infective secretions and terminates the whole series of par- and hyper-æsthesias of the throat, which exist along with these conditions.

A paper was then read upon the same subject by Dr. HOFFMANN.—The principle of his treatment is the destruction of all the cavities of the tonsil. It is sometimes necessary to use scissors in order to remove folds of mucous membrane which remain after splitting the tonsil. These folds interfere with the act of swallowing. Sometimes a portion of the anterior palatine arch, which covers the tonsil, has to be resected so as to prevent the intermixture of food with the secretion. Afterwards iodised glycerine or ten per cent. carbolic acid can be applied.

Dr. ROSENFELD (Stuttgart) spoke favourably of the operation proposed. It is both slight and effective.

Prof. B. FRAENKEL (Berlin) remarked that he adopted this method with success in cases of chronic catarrhal tonsillitis.

A paper was read upon *Tuberculosis of the Nose and Mouth* by Dr. MICHELSON (Konigsberg).—The author has observed during the last year, four cases of tuberculosis of the nose, and four cases of similar affection of the mouth, in one of which both nose and mouth were simultaneously affected. In four cases there was concomitant laryngeal tuberculosis. Besides describing the above case, the author exhibited drawings and microscopical preparations. Basing his observations upon these cases, he advises care in the diagnosis of primary tuberculosis of these organs, cases recorded in literature not being above criticism.

A paper was read on *The Significance of Obstructed Nasal Respiration, especially in Children* by Dr. MAX BRESGEN (Frankfort).—The author especially dealt with the loss of intellectual activity, caused by the influence of obstructed nasal respiration. In 1868, Rupprecht had already expressed the opinion that in cases of nasal obstruction prolonged intellectual effort is impossible. This observation was supported by Michel, in 1876; Seiler, in 1881; Hack, in 1882; and Elsberg, in 1883. The author had drawn attention to the same point on two

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occasions (in 1884, and again in 1887). School teachers should pay attention to the condition of the nose in their pupils, since children apparently dull or lazy develop normal diligence and intellectual activity after radical cure of the nasal obstruction. Schaeffer, in 1885, and Ziem, in 1886, made similar observations. Guye, in 1887, occupying himself with this condition, applied to it the term, "Aprosexia." The author also referred to other symptoms resulting from nasal obstruction, viz., asthma, epilepsy, spasm of the glottis, etc.

Dr. OBERTUSCHEN (Krefeld) confirmed these statements from his own observations upon school-children.

Dr. SCHERPF (Kissingen), remarked that his own case was a proof of the correctness of Bresgen's ideas. As a child he suffered from "asthma bronchiale nervosum," and was unable to work satisfactorily at school. The examination of his nose revealed the presence of considerable hypertrophy of the inferior turbinated body and a hard osseous outgrowth from the septum. These growths were removed by Dr. B. Fraenkel with the chisel and hammer, after which the attacks of asthma ceased and the intellectual faculties increased in activity.

A paper was read on *The Treatment of Empyema of the Antrum of Highmore* by Prof. KRAUSE (Berlin).—The author mentioned his method of dry treatment of empyema of the antrum by means of iodoform or iodol, also demonstrating the instrument employed by him. This method has been minutely described in a paper published by his assistant, Dr. Friedlander, in the *Berlin Klin. Woch.*, No. 37, and is as follows:—After evacuating the pus from the antrum by means of his (Krause's) trocar, through the inferior nasal meatus, the antrum is cleansed by irrigations of warm water and subsequently dried by injecting air. Iodoform or iodol is then insufflated into the antrum through the cannula by means of Kabursche's Pulveriser. Some cases have been cured in this method within two weeks, and up to the present time (five months after) no relapse has occurred.

Dr. BRESGEN (Frankfort) agrees with Krause, and is of opinion that swellings of the nasal mucous membrane should previously be destroyed so as to free the natural opening of the sinus and allow the pus to evacuate.

A paper was read on *The Treatment of Goitre with Iodine* by Dr. HEYMANN (Berlin).—The case of a woman was cited in whom the goitre had diminished to one-third of its former size after injections of iodine, practised twice a week for four months. After the last injection there was great pain, vomiting, loss of consciousness, contractions, and gradually increasing loss of sensibility and movement in the upper extremities, and death followed two days after with signs of cardiac paralysis. No autopsy was obtained.

The author was of opinion that thrombosis had occurred from penetration of the iodine into a large vein, the clot extending to the external and intracranial branches of the internal jugular vein. Heymann had collected sixteen recorded cases of death after parenchymatous injections. The same result may follow from injection of other drugs, *e.g.*, perchloride of iron and ergotin, etc. Iodine injections are by no means to be discredited by these cases, and are the most serviceable.

Dr. HELLER (Nuremberg) had made a great number of iodine injections but had never seen a fatal result. Injection into a vein can be avoided by pushing the growth towards the surface between the fingers. Small quantities of iodine should be used at first, as the idiosyncrasy of the organism is not known.

Dr. KILLIAN (Freiburg) recommends the operative removal of goitre.

Dr. KURZ (Florence) reported one case cured by injections of ergotin.

Dr. VOHSEN (Frankfort) was of opinion that by different remedies we may arrive at the same result. He related one case in which by accident permanganate

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the same, viz., proving the relation of the gyrus prefrontalis to the movements of the larynx, palate, vault of the pharynx, and base of the tongue.

In 1868, the author published in Pflüger's Archiv, his experiments upon the influence of the vagus nerve upon the respiratory movements. He has repeated these experiments, with the object of determining whether centripetal irritation of the recurrent nerve affects the muscular movements of the opposite vocal cord. Two rabbits, three cats, and four dogs were employed for experiment, and it was found that with weak and moderate stimulation, the vocal cord corresponding to the unirritated recurrent nerve was approximated to the middle line.

The influence of centripetal conduction shows clearer light upon the hitherto unexplained bilateral central position of the vocal cords, in cases of unilateral compression of one recurrent nerve. These experiments further confirm the view that in cases of permanent median position of the vocal cords we have not to do with paresis of the muscle, but with results due to central or peripheral irritation of the expiratory apparatus.

A paper was read on *A Tumour (Cylindroma Os'eoides) of the Nasal Cavity, with Demonstration of the Patient*, by Dr. K. VOHSEN (of Frankfort).—The patient, a boy aged seventeen, presented, ten years ago, a growth at the inner angle of the orbit. Two years ago, obstruction of the left, and then of the right, nostril occurred. In March, the author found a growth extending from the left nasal bone to beyond the inferior edge of the orbit externally, and downwards to the canine fossa. Exophthalmos was present. In the left nostril, the growth was seen to be red, and completely compressing the septum to the right outer nasal wall. In the naso-pharyngeal cavity a large polypus was observed. The consistence of the growth was that of bone. The diagnosis made was osteoma of the ethmoid bone, with polypus. An operation was performed by Dr. Narbordt. The knife was plunged through the thin osseous plate, below the left inferior angle of the eye, into the cyst, and about twenty cubic centimètres of serous fluid escaped. The grey mass seen in the cavity was scraped. Extraction of the growth through the external nasal apertures being impossible, the nasal cavity was opened, and the growth destroyed, partly by the galvano-cautery snare, and partly by the finger. Considerable hæmorrhage ensued from the sphenoidal and maxillary sinuses, which was controlled by tampons. The cavity closed up a little, some months after the operation, the general condition remaining excellent. The growth, a cylindroma (? osteoides), was examined by Prof. Wiegert. The opening left in the naso-pharyngeal cavity allowed the observer to determine the functions of the velum palati on phonation (this was demonstrated during the meeting). As to further treatment, the author was of opinion that an artifical covering for the enormous cavity left was preferable to a plastic operation.

Dr. FLOTTMANN (Ems) in such a case would prefer a plastic operation, the skin to be taken from the forehead.

A paper was read on *Tuberculosis of the Nasal Mucous Membrane*, by Dr. SEIFERT (of Würzburg).—The condition is rare. Mertens, at the author's suggestion, searched medical literature, with the result of finding only thirty-one cases. In seven of these the disease appeared to be primary. The affection appears in three forms: ulceration, growths, or ulceration with growths. As to the differential diagnosis between syphilitic and tubercular ulcers, the author agrees with Michelson that tubercular ulcers are round or irregular in shape, while syphilitic ulcers appear as oblong furrows. Lactic acid is the best application. Mercuric-sozoiodol gives also good results, while balsam of Peru is valueless. As to the second form of nasal tuberculosis, the author does not agree with Hajek,

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who maintains that growths are present only at the commencement of the disease. In Mertens' statistics there were ten such cases. These growths have no characteristic appearance, and it is therefore necessary to make histologico-bacterial examinations. Mertens collected eleven cases of the third group. In the thirty-eight cases recorded of nasal tuberculosis, affection of other organs was found in nineteen. As to the relation of lupus to tuberculosis of the nose, the author is of opinion that many cases reported as tuberculosis are really lupoid.

Dr. MICHELSON (Königsberg) remarked that in twenty per cent. of these cases the ulcers assume the characteristic form described by Siefert. He maintains also that in more than fifty per cent. of cases of syphilis of the nose the mouth is also affected, while in tuberculosis this very seldom occurs. As to lupus, he thinks that in all cases, where histological and bacteriological examination is indecisive, we should be inclined to give the preference to a diagnosis of tuberculosis. The course of the disorder, and the small number of tubercle bacilli found would argue in favour of lupus.

Dr. GOTTSTEIN (Breslau) remarked that tuberculosis never affects the osseous part of the nasal septum, and perforations of this region are therefore always syphilitic.

Prof. B. FRAENKEL (Berlin) remarked that giant cells and tubercle bacilli were found in lupoid nodules; and while there was no apparent difference between the bacilli of tubercle and lupus, the clinical course was, however, very different.

Prof. KRAUSE (Berlin) agreed with Fraenkel. In lupus we have, besides ulcers and cicatrices, characteristic nodules.

Dr. JURASZ (Heidelberg) remarked that there were cases in which the diagnosis between lupus and tuberculosis of the nose was very difficult, even when the skin is simultaneously affected. He related a case in point.

Dr. MICHELSON (Königsberg) remarked that the formation of nodules at the commencement of lupus in the nose has not yet been proved. The main reliance is therefore to be placed upon the course of the disease.

The following paper, entitled, *Contribution to the Diagnosis of Projections of the Mucous Membrane on the Posterior Free Edge of the Nasal Septum*, was read by Dr. REUTER (Ems). The author reported three cases. In one of them oval swellings were seen on the posterior part of the nasal septum (on both sides). That on the right was larger, and covered about two-thirds of the choana. The surfaces of these growths were rather uneven, and of pale-red colour. On touching with a probe, the right projection of mucous membrane proved to be unsensitive; the left one, on the contrary, was sensitive to a considerable degree. Nasal respiration was entirely free; there was only disagreeable secretion from the nose, which quite disappeared after the destruction of these swellings by means of the galvano-cautery. In the second case there was only unilateral projection. In the third, it existed on both sides of the posterior part of the septum, the right one being the origin of considerable bleeding. In literature there are few remarks as to this affection of the septum of the nose. Zuckerkandl gives them the name of polypus, Semeleder (1860) of growths (Wücherungen), while Voltolini believes them to be normal projections of mucous membrane.

Dr. DIEDERICHS (Elberfeld) had often seen similar swellings.

Dr. M. SCHMIDT (Frankfort-on-Maine) mentioned that he had seen them, but never of such size as Reuter reports.

Dr. REUTER (Ems) added that he would only direct attention to the assymetrical pathological condition of the mucous membrane of the nasal septum.

A paper on, *A Simple and Generally Applicable Method of Examination of the Posterior Wall of the Larynx and Trachea*, was read by Dr. KILLIAN (of Freiburg).

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The author's method consists, in strongly inclining the head forwards, so that the chin of the patient touches the manubrium sterni. The patient must stand, and the physician sit down or kneel, illuminating the oral cavity with the ordinary reflector. The mirror must be as large as possible, and kept more forward than generally, the velum being strongly pressed upwards. In cases of backwardly inclined epiglottis, it can be lifted upwards by a probe (after anæsthesia). As to the author's results: Of eighty-nine cases, in seventy-seven he was able to see entirely the posterior wall of the larynx; in eight cases only, partially; in four, little or nothing. The ordinary difficulties are changes in the neck, hindering the lowering of the head, such as goitre. The author recommends his method, especially for cases of tuberculosis of the larynx, where the posterior wall is so often affected. Of twenty-two cases examined, in six only was it free; while in the remaining sixteen there was affection of the posterior wall. The author was often able, by means of this method, to find affection of this region (ulcers, growths), where, with the usual method of examination, nothing was seen. By this method it is also possible to perform certain operations, *e.g.*, scraping tubercular ulcers situated on the posterior part of the larynx. The author has also made experiments with this method, with the object of determining how much of the trachea was to be seen. He was able in many cases to see it up to the bifurcation.

A paper upon *The Treatment of Pharyngitis Phlegmonosa* was read by Dr. HELBING (of Nuremberg). After having briefly reported different methods employed in cases of pharyngitis phlegmonosa, the author presents the results of his treatment of ten such cases by oleum crotonis. This drug he applies in quantities of three to four drops, brushing (by means of cotton wads) the skin below the angulus mandibulæ up towards the larynx. He generally performs this operation himself. The principle of the treatment consists in producing external irritation, in order to relieve the inflammation of the mucous membrane. This action is very quick. The pains, dysphagia, and the infiltration of the pharyngeal tissue diminish and quickly disappear, so that the patient is generally well again on the next day, while the disorder usually lasts five to twelve days. The one drawback to this method is the production of eczema, which is sometimes rather disagreeable. The author has not observed any complications. Of ten cases the author reports two which are interesting, as they prove that oleum crotonis has perhaps some influence upon the disappearance of the usual relapses. The proper time for application of this drug is at the commencement of the disorder, suppuration being in this manner prevented.

Dr. SCHMIDT (Frankfort-on-Maine) was of opinion that splitting of the tonsils may be also a good prophylactic treatment. He advises further experiments.

Dr. SEIFERT (Würzburg), as prophylaxis against pharyngitis phlegmonosa, recommends frequent cleansing of the lacunæ of the tonsils with tincture of iodine.

Dr. MICHELSON (Königsberg) agrees with Seifert. He successfully applied in one case intra-tonsillar injections of tincture of iodine (1 to 1½ per cent.).

Dr. SCHMIDT (of Frankfort) demonstrated *An Improved Barth's Palate Hook*, and made remarks upon its application.—After having demonstrated some similar instruments, namely, Krause's, and White's (described by Cresswell Baber), the author showed the improved Barth's palate hook. This latter consists of a smooth horizontal part, and possesses two small pillows upon the ends of the vertical portions for the fossæ caninæ. Patients bear this hook very well for ten to twenty minutes after thorough anæsthesia. Operations in the naso-pharyngeal cavity are easily performed by means of this instrument, and which can be obtained from Steiner, Allerheiligenstrasse 58, Frankfort-on-Maine.

Prof. JURASZ (Heidelberg) asked if this instrument could be used for children.

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Dr. SCHMIDT replied, that in one case he successfully used it.

Prof. KRAUSE (Berlin) mentioned that he had seen a man, aged fifty-four, in whose mouth the palate hook could remain one hour and a half without trouble.

Dr. KELLER (Nuremberg) drew attention to the old method of Tuerck.

Prof. JURASZ remarked that it is rather dangerous, the uvula easily becoming œdematous.

A paper on *Illumination of the Larynx* was read by Dr. GOTTSTEIN (of Breslau).

The author applies the electric lamp to two points of the neck, namely, between the hyoid bone and thyroid cartilage, and on the ligamentum conoideum. As to the diagnostic value of Voltolini's method, the author is of opinion that it is rather useless. It is indeed impossible by means of this method to distinguish the healthy parts of the larynx from parts affected with disease, *e.g.*, ulcerations. Even in those cases, where very considerable infiltrations are present, they are obscured with this method. It is impossible to distinguish if these infiltrations are of tubercular, carcinomatous, or simply œdematous, character. It is also impossible to say, if we (in cases of small growths) have to do with benign or malignant tumours.

Dr. SEIFERT (Würzburg) is of opinion that we cannot condemn this method until it is further experimented with.

Prof. KRAUSE (Berlin) says, that in cases of empyema antri Highmori illumination may serve for diagnosis.

A paper, entitled *Caries of the Nose*, was read by Dr. KAHSNITZ (of Karlsruhe). —The author is of opinion, that caries of the nose is a comparatively common disease. He therefore uses the probe in all cases, whether there are or not subjective as well as objective symptoms. The author, from his experience, pre-supposes caries from certain subjective symptoms; for instance, nervous headache, lasting for a long time, and always greatly increasing during intellectual work, etc., difficulty in reading ("the letters disappear," in the words of the patients), etc. The author even from subjective symptoms judges of the situation of the process in the nose. Caries sinus frontalis, for instance, is characterised by pain in the forehead, and feeling of compression at the superior edge of the orbit. In cases of caries hiatus semilunaris and sinus maxillaris, there is no pain, only a sensation of traction in the direction of the arcus zygomaticus, etc. Pus, complicating caries of the nose, occurs generally in the sinus maxillaris (of ten cases of empyema antri Highmori, in three of them was dental caries; in seven, however caries of the hiatus semilunaris and ethmoidal c lls). Of three cases of empyema sinus frontalis, caries existed in two. Of five cases of empyema sinus sphenoidalis, caries was present in three. Empyema of the ethmoidal cells is very rare, in one case only of thirty cases of caries. Of a total number of forty cases of caries nasi the ear was affected in ten; in three of them empyema bursæ pharyngeæ was present. The result of treatment in the author's cases was very favourable: of forty cases, thirteen were cured; in sixteen he obtained amendment. Of these cases the author reported only two of the more interesting. The author demonstrated the special probe, invented by him, as well as different instruments employed by him for the treatment of this disease.

S. CZAPSKI (of Jena) demonstrated the magnifying laryngscope.

Prof. JURASZ (of Heidelberg) demonstrated some very interesting cases.

Jan Sedziak.

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Eighteenth Congress of the German Surgical Society.

April 24—27, 1887.

V. ESMARCH (Kiel) on *The Etiology and Diagnosis of Malignant Tumours, especially of those of the Lip and Tongue.*—In all parts of the body, especially on the lips and tongue, there often arise ulcerating tumours, similar to cancers, but not cancers in reality. It is therefore necessary to make a certain diagnosis before operation, especially by microscopical examination of exsected pieces. Syphilitic or tubercular tumours and actino-mycotic tumours may be taken for cancer. Etiological causes may be found in irritations by foreign bodies, tobacco, paraffin, etc., and also arise in the presence of cicatricial tissue, in chronic benign ulcerations from irritation, and in metamorphosis of benign neoplasms Lastly, predisposition must always be considered. Syphilis may produce inclination to malignant growth. Heredity cannot be regarded as certainly proved.

KRAUSE (Halle) showed three patients operated upon for cancer of the tongue, and without recurrence for four years.

EUGEN HAHN (Berlin) showed a patient operated upon nine years ago for cancer of the larynx. The operation consisted in extirpation of the larynx, the hyoid bone, and the epiglottis. The patient has a recurrence dating from some months back.

SCHEDE (Hamburg) has observed twenty-seven cases of lingual cancer; six of them could not be operated upon. Of twenty-one operated cases, twelve have been cured, four died from recurrence, one from pneumonia without recurrence. Seven have been cured, one of them for nine years.

ESMARCH showed a patient cured after extirpation of the whole tongue and epiglottis, the cure having lasted twenty years.

KUSTER (Berlin) has operated upon twenty-six cases of lingual cancer. Two have died from the operation. Of the others, four remained without recurrence during four years, and one for ten years.

BERGMANN (Berlin) showed two cases of cancer of the tongue operated upon three years previously, and without recurrence.

MOSLER (Greisswald). *On Myxœdema.* The author related the case of a patient, fifty-six years old, in whom the disorder commenced by catching a cold. Swelling of the hands and arms followed, and progressing to the lower extremities and the face. The pharynx and nose were also affected by the disease, so that speech became difficult. The climateric occurring now, the disease became more marked, and was also complicated by nervous symptoms. The process consisted in a deposition of mucinous fluid in the tissues, and the skin feeling them like gelatine. Palpation of the thyroid gland was not possible at all, therefore it could not be determined if there was anything unusual in this organ.

HORSLEY (London), showed a specimen of chronic disease of the thyroid gland (cirrhosis) occurring in a myxœdematous patient, dead from intercurrent disease.

HOFFE (Wurzburg) related a case of cachexia strumipriva after total extirpation of the thyroid gland. In another case of extirpation, the myxœdema disappeared as the goitre recurred.

REHN (Frankfort-on-Maine) believes that a relation exists between myxœdema tetany and acromegaly.

SCHUCHARDT (Stettin). *On Ozæna.* The author has found that in all cases of ozœna the cylinder-epithelium of the mucous membrane is transformed into plaster-epithelium. The bad odour is declared by him to be analogous to other diseases in which dissolution of the epidermoid epithelium is present, as in chronic

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metritis, and normally in the prepuce, and in intertrigo. The author believes the special character of the disease consists in cicatricial atrophy of the nasal mucous membrane, produced by chronic catarrhal inflammation and consecutive keratoid epithelial metamorphosis.

RYDYGIER (Cracow). *On Rhinoscleroma.* Demonstration of two cases of this disease, which is very rare in Germany. The treatment must consist of very early extirpation of the affected parts.

ANGERER (München) showed the macerated head of a patient with lateral nasal fissure. There was also a great defect in the front bone. The author has found recorded only four such cases.

TRENDELENBURG (Bonn). *On Operations for Deflected Noses.* The author removes with a chisel the malformed bone, and then applies the apparatus of Adams to keep the nose in the fresh position.

ROTTER (München). *Plastic Operations on the Mouth and Nose.* The author showed a case of plastic restitution of the palate by implantation of skin. He also showed a case of total rhinoplasty.

RUDOLF WOLF (Hamburg). *Accessory Thyroid Gland in the Tongue.* A girl, twenty years old, has had always difficulty in swallowing, which has increased during the last year. The laryngoscope showed a tumour on the left side of the lower part of the tongue. The tumour commenced at the circumvallate papillæ, and was very dense. Under applications of iodine it decreased somewhat, but a short time later became larger again. Prophylactic tracheotomy was done, extirpation performed, the patient being fed by a Nélaton catheter. A cure resulted. The tumour consisted of thyroid tissue.

HANS SCHMID (Stettin). *Total Extirpation of the Larynx two and a half years previously. Loud voice without Artificial Larynx.* Demonstration of the case already published in *Langenbech's Archiv.* **Michael.**

NOTES.

THE BRITISH LARYNGOLOGICAL ASSOCIATION will meet at the Langham Hotel on November 15th.

We are compelled, owing to want of space, to hold over till the next number Professor Guye's interesting paper on "Aprosexia."

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