SOCIETY MEETINGS.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Fifteenth Annual Congress, held in New York City, May 22, 23, and 24, 1893.

First Day, May 22.

Dr. MORRIS J. ASCH delivered the President's address, reviewing the work of the Association since its formation in 1879, and referring to the vast strides that have of late years been made in laryngology.

Dr. W. PEYRE PORCHER (Charleston).—*A Case of Complete Glottic Spasm in an Adult, followed by Unconsciousness and Prolonged Drowsiness.*

The patient was an unmarried female, fifty-two years old, at the menopause, who complained of difficult respiration at night, with frequent, terrifying nightmares, which she attributed to an attack of influenza several months before. She would be awakened by a fit of coughing, accompanied by a fit of choking or gagging. The tonsils were found to be small, and were thoroughly cauterized with the galvano-caustic knife. On the following morning, on attempting to drink some coffee, which was not hot, the woman was seized with giddiness and became unconscious. The attack lasted but a short time. Persistent drowsiness, lasting several weeks, followed the attack, indicating marked implication of the brain-centres. The patient made a good recovery, and there has been no recurrence. On account of the known tendency of hot coffee to enter the larynx, and in the absence of any other exciting cause, the case was regarded as one of laryngeal vertigo or complete glottic spasm.

Dr. JONATHAN WRIGHT (Brooklyn) narrated the history of a case of spasm of the glottis, in which the patient was brought into the hospital unconscious, and tracheotomy was performed in order to save her life.

Dr. J. W. GLEITSMAN (New York) referred to a case of laryngeal vertigo produced by fits of coughing in a patient with enlargement of the lingual tonsil.

Dr. W. E. CASSELBERRY (Chicago) referred to the not uncommon cases of reflex spasm of the glottis in children, due to irritation of the faucial tonsils, the naso-pharynx or the nasal mucous membrane, and associated with acute laryngitis. In another class of cases the spasm of the glottis is associated with epilepsy, or *petit mal*, and then again there are cases of true laryngeal vertigo. In treating these cases it is most important to restore the mucous membrane of the upper air-passages to a thoroughly healthy condition.

Dr. S. W. LANGMAID (Boston) said that laryngeal vertigo is often due to digestive disturbance. Gouty individuals are particularly subject to it. The diathesis of such patients should be always carefully looked into.

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Dr. J. O. ROE (Rochester) said that some cases of laryngeal vertigo are due to direct irritation of the larynx. In one case that has been described it was caused by extreme sensitiveness of the arytenoids.

Dr. D. BRYSON DELAVAN (New York).—*The Withholding of Statistics in Operations for the Relief of Cancer of the Throat.*

Painstaking and accurate accounts should be published of the history of every malignant growth removed from the upper air-passages, whether the operation be successful or otherwise, so that more reliable data can be obtained.

Dr. J. SOLIS-COHEN (Philadelphia) said that there are various reasons that prevent the publication of accurate statistics of operations. Many operations are performed in the hospital, and the surgeon does not take time to record them. Then, again, a case may terminate fatally on account of neglect in the after-treatment: this happens not infrequently, and such cases impair the value of statistics. As a man gets older, he loses confidence in statistics, to a large extent, and depends more on his own experience and the results of his own work. He becomes more careful in the selection of his cases, and seems to know or feel that in certain cases the results will or will not prove successful.

Dr. W. E. CASSELBERRY (Chicago).—*Arthritis Deformans of the Larynx.*

He detailed the history of a woman, fifty-eight years old, who suffered from laryngeal dyspnœa, marked inspiratory stridor, and some laryngitis. The vocal bands could not be abducted on account of an anchylosis of the arytenoid eminences. The patient had a general arthritis deformans, affecting the joints of the hands and feet, as well as the larger joints throughout the body. The attacks of laryngeal dyspnœa were self-limited, and corresponded with the exacerbations of the constitutional disease. During the course of the attack local treatment was employed to keep the larynx free from mucus, otherwise the operation of tracheotomy could not have been avoided. Dr. Casselberry expressed himself in accord with the theory that arthritis deformans is a disease quite distinct from rheumatism, on the one hand, and gout, on the other hand, and that its laryngeal complications are entitled to a separate discussion. In the case reported, the patient had been treated for a time on the supposition that the disease might be rheumatism or gout, but without any good effect.

Dr. R. P. LINCOLN (New York).—*Recurrence at a New Site of a Laryngeal Growth (Papilloma) in a Case already reported under the title "Evulsion of a Laryngeal Tumour which Returned Twenty-two Years after its Removal by Laryngotomy."*

The case was that of a woman who, in 1862, had a papilloma removed from her larynx by means of the forceps. The growth recurred, and in 1867 was again thoroughly removed, this time by laryngotomy. There was then no recurrence for twenty-two years. In 1889 a tumour was found springing from the posterior third of the right vocal band. This was removed and its site thoroughly cauterized with the electro-cautery. The growth

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proved to be an ordinary papilloma. The patient remained free from hoarseness until within six months, when a new growth was discovered springing from the anterior portion of the left vocal band. This was removed and also proved to be a simple papilloma.

Dr. J. SOLIS-COHEN said that while the recurrence of papillomatous growths is rare, he has seen some remarkable instances of it. In one patient under his care, a school-teacher, who had a number of small sessile papillomata, a new growth could actually be seen springing from the left vocal band while he was removing the older ones. In the majority of cases in which recurrence takes place this is probably due to incomplete removal of the original growth. Small portions of the growth are easily overlooked. As regards the methods of operation, a skilful laryngologist is just as competent to remove the growth thoroughly by the intra-laryngeal route as the surgeon is by the external method.

Dr. F. I. KNIGHT said that when the growth is removed with the forceps or loop, more or less of it is necessarily left behind in the majority of cases, and it would seem strange that recurrence is not more frequent. When the growths are multiple, recurrence may be expected.

Dr. DELAVAN referred to the difficulty of diagnosis in cases of apparent papilloma. The superficial appearance of the growth may be deceptive. The tendency to repeated recurrence should always suggest the possibility that the lesion is a more serious one than a simple papilloma.

Dr. GEORGE M. LEFFERTS (New York).—*Intubation in the Adult.*

He pointed out that intubation in the adult has of recent years been employed for intra-laryngeal conditions that were unheard of in connection with the operation in the past, and their number is rapidly increasing. The subject is still in its infancy, and ample and reliable statistics are yet wanting upon which to formulate definite propositions. The objects for which the operation is undertaken are : (1) To overcome the most urgent acute symptoms of obstructed laryngeal respiration ; (2) to restore, as far as may be possible, the interior of the stenotic larynx to its normal calibre ; (3) to obviate the necessity of resorting to either laryngotomy or tracheotomy ; and, finally, to facilitate the withdrawal of the tracheal canula in certain cases in which this is attended with difficulty. Among the suitable or probably suitable conditions of the adult larynx that may demand intubation are the following : Acute or chronic syphilitic affections of the larynx ; dyspnœa dependent upon acute bilateral abductor paralysis of constitutional origin ; dyspnœa dependent upon abductive immobility of the vocal bands, due to anchylosis of the arytenoid articulations ; fracture and displacement of the laryngeal cartilages from direct injury ; acute dyspnœa due to œdematous infiltration or to the development of hæmatomata, usually of the aryteno-epiglottic fold ; chronic stenosis ; compression of the larynx or upper trachea by external causes. Intubation has been successfully performed for the relief of dyspnœa dependent upon chronic œdema in laryngeal tuberculosis ; in acute inflammatory conditions of the adult larynx and their results ; in acute perichondritis, especially of the cricoid ; in spasm of the glottis ; in

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chronic laryngitis with hypertrophic changes; in atresia of the larynx: to aid in the removal of foreign bodies or laryngeal neoplasms; in cicatricial conditions, etc.

Dr. SIMPSON said that in adults the tube is best introduced with the aid of the mirror. The parts can first be sprayed with cocaine.

Second Day, May 23.

Dr. J. C. MULHALL (St. Louis).—*Rhinitis Œdematosa; Laryngitis Hiemalis.*

The condition described consists in a serous infiltration of the connective tissue overlying the inferior or middle turbinated bone. It is intermittent in character, and may be general or local. In one case the condition resembled a cyst, causing intense pain, lachrymation, and a flow of thin serum. The swelling obstructs the nasal respiration; it may be migratory in character; it may be acute or chronic. When the swelling is punctured with the bistoury serum slowly exudes. Cocaine has little or no influence in causing the mass to shrink. The condition may occur in connection with bronchial asthma, but in the majority of cases asthma is absent. The affection is certainly a neurosis, yet it stands apart from those morbid conditions that are caused by an extrinsic excitant, as is rose-cold, etc. In most cases there is a history of hepatic derangement, and the disease is probably of biliary origin. As regards treatment, spraying, etc., is contra-indicated. Scarification may be of benefit. In chronic cases, existing deformities of the nose should be corrected. The principal efforts should be directed towards improving the condition of the alimentary canal.

Laryngitis hiemalis—winter laryngitis—is a variety of subacute laryngitis in which the secretions are rapidly changed into adhesive crusts. Cold weather is the important factor in its production. There is complete aphonia. The crusts often cling to the surfaces of the true bands and the arytenoids. The evidences of inflammation in the larynx are slight. The condition differs from laryngitis sicca. Improvement rapidly follows removal of the crusts and the use of a spray containing vaseline and eucalyptol.

Dr. SAMUEL JOHNSTON (Baltimore). — *A Case of Nasal polypus projecting into the Naso-Pharynx, with Specimens.*

The patient was a man, sixty years old, who gave a history of nasal obstruction, difficulty in swallowing, and impaired voice. A non-vascular tumour was observed to protrude between the border of the soft palate and the post-pharyngeal wall. This was removed with the snare, and was found to be about the size of a pullet's egg, with a smaller one adjoining, and had its attachment by a narrow pedicle to the inferior turbinated bone. One year later the symptoms reappeared, and a mucous polypus was found hanging freely over the velum, and almost touching the base of the tongue. This tumour measured two inches in length and three-quarters of an inch at its thickest part.

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Dr. J. SOLIS COHEN (Philadelphia) read a note on *Buccal Voice*, illustrated by presentation of a patient who phonates without a larynx and without the use of his lungs.

The patient was a man whose larynx had been removed fourteen months previously for epithelioma. In order to prevent the occurrence of septic pneumonia, the trachea was stitched to the skin by several silk sutures. There has since been no communication between the trachea and the mouth. Some months after the operation the man was able to make a clucking sound. He was encouraged in doing this, and has made wonderful improvement. He is now able to speak; his voice is well modulated and can be heard for a considerable distance. After the operation a slight fistula remained in the track of the wound, and in order to close this the skin was inverted and stitched together. The beard on these inverted flaps of skin has continued growing, giving a very curious appearance to the inner surface of the wound. The man wears a tracheotomy-canula, which he removes during sleep. He prefers to wear it during the day, as it gives him some support and allows him to talk better. After the operation the man was nourished per rectum. Eighteen years ago a papilloma was removed from his larynx. Dr. Cohen expressed the opinion that the man was probably aided in speaking by the constrictor muscles of the pharynx.

Dr. JOHN W. FARLOW (Boston).—*Two Cases of Tuberculosis of the Nose.*

One was that of a woman, aged twenty-three years, with tuberculous ulceration of the lower and anterior part of the left septum. Exploration of the chest was negative. Examination of the crusts from the nose failed to show any tubercle-bacilli. There was no history of syphilis. The condition of the nose was typical of tuberculosis, and the ulcers healed after thorough curettement and the application of the cautery and lactic acid. The second case was in a woman, seventy-one years old, who had tuberculous growths projecting from the anterior part of the right septum. There were no pulmonary symptoms. The growths were removed from the nose, and were pronounced by two pathologists to be undoubtedly tuberculous.

Dr. C. C. RICE (New York).—*The Use of Ozone in Atrophic Catarrh.*

He related that the results obtained during the past two months from the use of ozone in the treatment of catarrhal diseases have been satisfactory enough to warrant calling attention to the use of this remedy in atrophic catarrh. The gas possesses powerful oxidizing, germicidal, and bacteriological properties. Applied to the nose it causes a mild smarting of the nasal mucous membrane, lasting for several hours. The secretion of mucus is markedly increased. The milder cases of atrophic catarrh are quickly benefited by the treatment, and remain improved for several days, but most of them relapse somewhat. In the more severe cases the benefit is not obtained so quickly. Whether permanent moistening of the mucous membrane and decrease of secretions can be obtained by the use of ozone can be determined only after a longer trial.

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Dr. JONATHAN WRIGHT (Brooklyn).—*Remarks on the Structure of Œdematous Nasal Polypi.*

He gave the results of a long series of histological experiments, the material for which was obtained from about one hundred and fifty individuals. A few of these were normal cases; the others were suffering from various pathological conditions of the upper air-passages.

Dr. J. C. MULHALL (St. Louis) took exception to the statement that atrophic rhinitis is commonly the result of a preceding hypertrophic rhinitis. While this is the view generally held, he has long been of the opinion that, in the vast majority of cases, atrophic rhinitis is a disease commencing in childhood, and often the result of an acute inflammatory process.

Dr. JOHN O. ROE (Rochester, N.Y.).—*Deviations of the Nasal Septum and their Correction.*

He referred to the great frequency of this form of nasal obstruction; according to different authorities, it has been found in from 37 to 96 per cent. of all cases that have come under their observation, and in two-thirds of these the deviations were confined to the cartilaginous and the anterior portion of the osseous part of the septum. Such deviations are mainly due (1) to traumatism, and (2) to defective development. The treatment may be either palliative or radical. The former includes the adoption of proper measures to remove the exciting cause, such as turbinated hypertrophy, osseous growth of the turbinated bones, adenoid growth, and such other conditions in children as may cause nasal obstruction and interference with the proper development of the nose. Radical treatment may be divided into non-surgical and surgical. The former consists in the employment of pressure upon the convex side of the deflected septum. The latter consists in correcting the deformity by the use of the forceps after all bony spurs and ridges have been removed by the knife, gouge, etc.; by the use of the galvano-cautery, chromic acid, electrolysis, or by incision. Dr. Roe exhibited a number of forceps he has devised for the purpose of fracturing and straightening the septum. After this is accomplished the septum is held in place by a suitable dressing. The nasal cavity should first be cleansed with a 1 to 3000 mercuric-chloride solution. The dressing should be thoroughly aseptic, and should be left undisturbed for four or five days.

Dr. T. A. DE BLOIS (Boston).—*The Cautery of Uvulotomy.*

He recommends the galvano-cautery in preference to the knife or scissors, in operations on the uvula. The parts are first thoroughly sprayed with cocaine; the platinum loop is then passed around the appendage, and as soon as the cautery is felt on the posterior surface of the uvula it is drawn tight by the palatine muscles, and by pulling in an opposite direction with a pair of forceps, the cut can be nicely bevelled; when the wound heals it leaves a well "tapered" stump. There is no hæmorrhage, and the after pain is not so severe as when the uvula is clipped off with the knife or scissors.

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Dr. CLINTON WAGNER (New York).—*Salivary Calculi, with Reports of Cases.*

He stated that salivary calculi are formed by the deposits of earthy salts (chiefly calcium phosphate) from the saliva in the excretory ducts leading from the gland, or in the body of the gland itself. The cause of the deposit is an obstruction in the flow of saliva either to or through the excretory duct. Salivary calculi are most frequently found in the sublingual gland or its excretory duct (the duct of Bartholine) and usually appear as tumours under the tongue on one side or the other of the phrenum ; they are sensitive upon pressure, and occasionally fluctuating. If the body is lodged in Wharton's duct, there will be enlargement of the submaxillary gland, in addition to the sublingual tumour. The concretions are sometimes found in Steno's duct, in which case there will be enlargement of the parotid gland. The subjective symptoms are pain and difficulty in mastication and deglutition, with more or less impairment of speech. The treatment consists of free incision by the knife. For purposes of diagnosis, an exploration can first be made through a small opening by means of a probe.

Dr. WAGNER detailed the histories of four cases of salivary calculi ; in one the calculus weighed 93½ grs., the largest on record.

Third Day, May 24.

Dr. HARRISON ALLEN (Philadelphia).—*Congenital Defects of the Face, with Exhibition of a Rare Form of Cleft Palate.*

He exhibited the skull of a Seminole Indian, illustrating a rare form of cleft palate, the cleft being directly in the median line. The ordinary form of cleft palate results from failure of the fronto-nasal process to descend to a level with the sides of the face at the time when these are being developed from right to left. A fissure is thus left on one or both sides of the face, as in the ordinary form of cleft palate. Among other abnormities presented by the skull was a spur of bone, exercising direct pressure on the turbinated bodies on the left side. Dr. Allen expressed the opinion that many cases of nasal headache, catarrh, etc., are due to pressure-effects of congenital origin, and that deviations of the nasal septum are also in the large majority of cases due to congenital causes, and not to traumatism, as is generally believed.

Dr. J. H. BRYAN (Washington, D.C.).—*On Some of the Manifestations of Syphilis of the Upper Air-Passages.*

He reported three cases of syphilitic disease of the throat. One was a case of stenosis of the larynx occurring in a woman who had acquired syphilis through her husband. The second was a case of syphilitic tonsillitis undergoing suppuration, although the patient denied a specific history. The third was a case of congenital syphilis of the pharynx and larynx. The patient was a girl, aged twelve years, who also had an interstitial keratitis in both eyes, and suffered from deafness ; the notched teeth were absent.

Dr. MULHALL suggested that in the second case narrated, the sup-

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puration of the tonsil might have been coincident with the syphilis, but independent of it. Dr. Mulhall said he was associated with Mr. Hutchinson for a number of years as his assistant, and saw many cases of hereditary syphilis in which the teeth were not notched. On account of their more defective nutrition, hereditary syphilis produces in English children much greater ravages than in children in this country.

A paper on *An Improved Method of Draining the Antrum of Highmore*, by Dr. GEORGE W. MAJOR (Montreal), was read by title.

Dr. JOHN N. MACKENZIE (Baltimore).—*Aspergillus-mycosis of the Antrum Maxillare.*

He reported the case of a patient who for a long time had suffered from antral disease, with the occasional passage of a false membrane from the antrum. Some of the membrane was examined microscopically, and was found to consist of a number of layers, one of which was covered with a mass of *aspergilli*—probably *aspergilli fumigati.*

Dr. W. K. SIMPSON (New York).—*A Case of Sarcoma of the Soft Palate, illustrating the Degeneration of a Benign (Papilloma) into a Malignant Growth; Removal of the Soft Palate; Death.*

The patient was a girl, who, at sixteen years of age, had multiple papillomata of the soft palate, which were removed. Sixteen months afterward there was a recurrence of the growths. They were removed with the galvano-cautery knife. After this a number of recurrences rapidly took place, and a microscopical examination of the growth showed it to be sarcomatous. The patient complained of no pain ; there was some difficulty in swallowing and slight thickness of speech. The cervical glands were not enlarged. In August, 1890, the entire soft palate was removed under cocaine, one dram of a four per cent. solution of the drug being employed by spray and subcutaneously, without ill-effects following. Two months after this operation signs of recurrence were noticed ; the growth rapidly extended to the naso-pharynx, and the patient died of inanition in April, 1891, two years and three months after the appearance of the apparently benign papilloma, and eight months after the final operation.

Dr. ROALDES cautioned against placing too much faith in the report of the microscopist. Six years ago he removed a fibroid tonsil from a member of his own family. He submitted sections to a number of pathologists, both in this country and abroad, and all pronounced it round-celled sarcoma. The case has been carefully watched, and there have been no signs of recurrence. If the advice of the pathologists had at once been acted on, and an operation performed, the case would have been included among the successful cases of operation for sarcoma.

Dr. BEVERLEY ROBINSON (New York).—*Opening of the Discussion upon Diphtheria: its Prophylaxis and Treatment.*

He confined himself chiefly to the causation of the disease and the methods of isolation and disinfection. In order to stop its development, proper attention must be given to house sewage ; closets, cellars,

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etc., must be kept clean and well-ventilated. When the disease actually occurs, complete isolation should be insisted on. In doubtful cases the exudate from the throat should at once be submitted to bacteriological examination. No one should be allowed access to the patient, excepting the physician and the nurse. Perfect isolation can only be obtained in suitable hospitals especially erected for the reception of patients suffering from contagious diseases. Proper attention should be given to the ventilation of the sick-room, the disinfection of the discharges, etc. In case of death, public funerals should be forbidden. Strict rules should be enforced for the protection of schools. The bacilli of diphtheria may be found in the pharynx as long as five weeks after the disappearance of the membrane. The physician in attendance upon the case should at every visit be provided with a gown and hood, which can be disinfected on his departure. The room, bedding, etc., should be thoroughly disinfected. Among the most satisfactory disinfecting agents to be used in these cases are eucalyptus, turpentine, carbolic acid, creosote, and tar.

Dr. ROBINSON stated that despite the advances made in the bacteriological investigations of diphtheria, the treatment is still uncertain and unsatisfactory. As regards the internal treatment, many drugs have been advocated. Mercuric chloride has been highly praised by some, while others have seen no especially good results follow its use. In the Friedrichshain Hospital at Berlin no internal treatment at all was employed, and yet there were 64 per cent. of cures. At the Willard Parker Hospital the only constitutional treatment employed at present is to give alcoholic stimulants throughout the course of the disease to those showing any tendency to heart-failure. As regards local treatment, sprays, irrigations, or gargles can be employed, in accordance with the age and strength of the patient. Dr. Robinson stated that in his experience it is more useful and satisfactory to disinfect and cleanse the throat by means of sprays employed not directly through the mouth, but indirectly through the nose. In this manner the medicated solution is brought into more complete contact with nearly every portion of the diseased membrane than in any other way, and with less distress and fatigue to the sick child. The nasal sprays should be coarse, never too strong, and repeated every hour or two, depending on the malignancy of the case. For spraying purposes, mild solutions of carbolic acid, with lime-water, borax, or sodium bicarbonate, can be used, or very mild solutions of mercuric chloride. The solutions of carbolic acid should not be stronger than 1 or 2 per cent.; those of mercuric chloride, 1 to 4000, 1 to 8000, or 1 to 10,000. As regards the value of carbolic acid in this disease there is a difference of opinion; by some it is considered to be useless and even harmful. From time to time the fauces and tonsils and pharynx should be given a thorough cleansing with the same spray or by means of a syringe. Local applications with a swab or brush can also be made with mercuric solutions, 1 to 500, or even 1 to 250. Tincture of ferric chloride in glycerine and water, or a tablet of mercuric chloride in solution in water or milk can be given, followed by liquid food and alcoholic stimulants.

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Vapours of turpentine, carbolic acid, and eucalyptus should be used more or less constantly in the room.

Dr. MULHALL referred to the value of "house-posting." Personal prophylaxis is of the greatest importance in this as in other contagious diseases. The general condition of children should be looked after; enlarged tonsils and other morbid conditions should be rectified. Dr. Mulhall has found the best method of treatment to consist in sterilizing the upper air-passages and keeping up the nutrition of the patient. The sterilization of the nose and throat can be done with very little discomfort to the patient by means of the common household syringe. It is important to disinfect the posterior nares, as the absorption of toxic matters in that region is very rapid. This can be done by means of a little glass syringe.

The further discussion of this question was postponed until the next meeting of the Association.

The following officers were elected for the ensuing year :—

President—Dr. D. Bryson Delavan (New York).

Vice-Presidents—Dr. J. C. Mulhall (St. Louis); Dr. W. E. Casselberry (Chicago).

Secretary and Treasurer—Dr. Charles H. Knight (New York).

FIRST PAN-AMERICAN MEDICAL CONGRESS.

Held in Washington, D.C., September 5th, 6th, 7th, and 8th, 1893.

SECTION ON OTOLOGY.

C. M. HOBBY, M.D., Iowa City, Iowa, *President.*
MAX THORNER, M.D., Cincinnati, Ohio., *Secretary.*

The PRESIDENT, in his address of welcome, laid stress upon the fact that this meeting of the First Pan-American Medical Congress would afford to the otologists of America opportunity of interchange of opinions between the north and south, the more than one hundred degrees that separates the *confrères*, and expressed a hope that hereafter we may frequently share in similar opportunities for comparison of experience Continuing he said : Meanwhile we have assurance of the kindly help of our fellows from the denser populations of Europe ; and I congratulate you upon the presence with us of one whom we all reverence as a master ; for whether we have been pupils at Vienna, or have through literature gleaned the steps by which otology has advanced since the days of Toynbee, there is not one of us but who acknowledges a debt of gratitude for the landmarks established by Prof. Adam Politzer, and I think I voice the universal sentiment of felicitation that this genius is still active, and that he is here to speak for himself. I assure you that you will hereafter rejoice to have been present.

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