returned to its normal position, hearing was restored, and the nose cleared, and the woman is now alive and well (*i.e.*, six years later). The diagnosis of sarcoma had been confirmed by the best microscopists. This tumour must not be confounded with the naso-pharyngeal fibroma of young people, which is probably commoner than is generally supposed.

ROSENFELD (Stuttgart). *Demonstration of a Laryngeal Carcinoma.*

The patient was a woman eighty-one years old, but very healthy and strong. Up till March, 1895, she had always been healthy. At that date commenced to suffer from hoarseness and cough, to which a few weeks later was added dysphagia; still later, shortness of breath and stabbing pain in the right ear. I first saw her on 12th September, and diagnosed carcinoma of the larynx, which, originating in the thyroid cartilage, had already spread through the corda vocalis to the arytenoid cartilage. Nothing abnormal to be found external to the larynx. Operation, even tracheotomy, refused. On 14th October tracheotomy permitted and performed. Up till then only fluids had caused pain in swallowing, but thereafter nothing but fluids could be swallowed; by January 14th even they could no longer be taken. Still, life was prolonged (on water and nutrient enemata) till February 15th.

DREYFUSS (Strasburg) demonstrated a specimen of *Flat-Celled Epithelioma Laryngis*, which, apparently originating in the right sinus pyriformis, had perforated the lateral laryngeal wall, and appeared as a granulating tumour above the right false cord. Partial resection. Death four days later from pneumonia. Several cancerous glands as large as cherry stones, which had not been noticed at the operation, were found *post-mortem* deep in the neck.

KIRSTEIN (Berlin) showed an instrument for *Removing the Pharyngeal Tonsil.*

KILLIAN (Freiburg) showed a *Rheostat for Galvano-Cautery*, worked by foot, and enabling the operator to turn the current off or on, and to increase or diminish it, while actually using the cautery or cautery-snare.

It is made by Ellis in Freiburg.

Arthur J. Hutchison (*Trans. and Abs.*).

BERLIN LARYNGOLOGICAL SOCIETY.

Meeting, January 17th, 1896. (*Reported by* Dr. MEYER.)

(*Continued from page 225.*)

GLUCK presented:—(1) Patient, aged thirty-six, whose larynx had been partially removed for carcinoma. (2) Patient, aged fifty-six, whose larynx had been entirely removed. Gluck recommends the procedure he adopted in this case—viz., to stitch the trachea to the skin after it has been divided transversely; in this way the aspiration of secretion from

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the wound is avoided. Healing takes place without any disturbance. Introduction of an artificial larynx (Wolff). In three or four weeks the trachea is replaced.

B. FRÄNKEL considered that this method was not always practicable. He mentioned a case in which there was no room between the cricoid and sternum owing to kyphosis.

KIRSTEIN demonstrated :—(1) A new instrument for operating on adenoid vegetations. (2) A forehead mirror with new form of attachment. (3) A contrivance (diaphragm) to prevent dimming of the eye-glasses during examination, especially autoscopy. (4) Man, aged twenty-five, with separation of the plates of the thyroid in consequence of thyrotomy which had been performed twenty-three years previously. By pressing the plates together the voice was improved. (5) The patient on whom the first operation was performed by aid of autoscopy.

B. FRÄNKEL had two cases of this kind which had been cured—one was operated upon by Bramann, the other by Israel. In other two cases a good result was not obtained owing to the size of the defect and the brittleness of the cartilage.

E. MEYER remarked, in regard to the first patient operated upon by aid of the autoscope, that the improvement in the voice was not due to the removal of the small nodule, but to the passing off of the recurrent paralysis previously present.

FLATAU found Kirstein's instrument for operating on adenoid vegetations less suitable than Gottstein's, which is narrower, and, therefore, better adapted for obtaining the specimen and for palpation of the naso-pharynx.

B. FRANKEL feared that Kirstein's instrument would injure the soft palate.

HERZFELD demonstrated a patient with a tumour at the point of the tongue.

Meeting, February 28th, 1896.

SCHADEWALDT showed a patient in whom one vocal cord appeared red and thickened in its entire length. As the lungs were free, and there were no bacilli in the sputum, and, lastly, on account of the laryngoscopic appearance, he did not consider it tubercular ; and yet there was nothing pointing to syphilis. The patient had coughed up fibrinous masses for a long time.

B. FRÄNKEL asked if they might not have to deal with influenza here, although the long duration of the affection disfavoured this view. He recommended iodide of potassium and tuberculin as aids in forming a differential diagnosis between syphilis and tuberculosis.

HEYMANN showed photographs taken by Einthoven, of Leyden, of the throat of a patient in whom half of the superior maxilla had been resected, The views represented the parts :—(1) At rest ; (2) while "a" was being said ; (3) during sucking ; (4) during swallowing.

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FLATAU remarked that photographs may also be taken when the nose is somewhat wide.

HERZFELD related that the tumour at the point of the tongue (case shown at a former meeting) proved on microscopic examination to be a papilloma. In addition, he showed a patient, aged forty-three, with two tumours as large as peas at the point of the tongue close to the middle line. The patient attributed the origin of these papillomas to his having torn warts from his fingers with his teeth when eight years old.

A. ROSENBERG. *Treatment of Goître by Injections of Iodoform.* In a number of cases Rosenberg has injected twice or thrice weekly one-half to one cubic centimètre of iodoform solution (iodoform 1·0; ether and olive oil āā 7·5) into the struma, and on the whole has obtained very good results. The patients were of all ages. The goître was nearly always parenchymatous, and in some cases had caused stenosis of the trachea. In some instances the stenosis disappeared after a few injections. In all the cases the struma diminished. The number of injections and the time required varied greatly. After the injections the patients complained of pain—which usually passed off quickly—of a bad taste, and cough. No severe disturbances or dangerous symptoms were observed, so that Rosenberg recommends the method warmly.

HERZFELD referred to eight cases treated with iodoform. In six the goître diminished four to five centimètres, and the patient experienced a marked improvement. After a few injections he recommends an interval.

FLATAU injects only when surgical treatment is inadmissible; his material, consequently, is small. The iodoform injection acts by the large quantity of iodine. He has seen good results obtained by rubbing iodine, in an easily absorbed form (iodine vasogene), into the skin.

HERZFELD attributed the results of the inunction of iodo-vasogene to the massage.

DEMME showed a patient who had suffered for fourteen days from difficulty in swallowing, which had gradually increased. A tense swelling is seen below the ear, extending to where the hair begins, and beneath it a second. The skin is stretched and not movable. The speech is thick. The left side of the palate is occupied by a tumour as large as a fist, which reaches to the middle line and passes to the posterior wall of the pharynx. The uvula is pushed to the other side. The growth rests on the base of the tongue and extends to the pyriform sinus, so that the epiglottis is pressed to the right and backwards. The larynx also is pushed to the right. The growth reaches upwards to the Eustachian tube. It is tense and elastic, as externally. On making a bi-manual examination, the connection of the outer and inner swellings becomes evident. A small incision led to a very profuse hæmorrhage (1·5 litres), which ceased only after compression for five hours. The growth was a very large hæmatoma.

Meeting, 17th April, 1896.

KUTTNER reported two cases in which, after the use of Noortwyk's drops—a secret remedy for diphtheria—the mouth and pharynx presented

https://doi.org/10.1017/S1755146300157622 Published online by Cambridge University Press

severe cauterizations. They had taken, according to the directions, sixty drops in milk on two occasions.

FLATAU. Patient with *Caries and Necrosis of the Ethmoid, Syphilis of the Nasal Bone.* He had had syphilis for thirteen years; for one year the nose had been affected. Without experiencing any previous discomfort the left inferior tubinate was expelled in a necrosed state. For some time sequestræ, which were probably derived from the ethmoid, have come away from the right side.

B. FRÄNKEL showed a *Cotton-Holder*, with a bend suitable for the naso-pharynx, which can be introduced more easily than Baginsky's instrument.

FLATAU. Patient with *Hydrorrhœa*, which was said to have originated from the galvano-cauterization of the inferior turbinate. The naso-pharynx was filled with adenoid vegetations.

HEYMANN demonstrated :—(1) *A Polypus removed by Autoscopy from the False Cord.* (2) Patient, aged twenty-five, healthy until four weeks ago, when he suffered from want of air and slight hoarseness. After treatment of the hypertrophic rhinitis, the difficulty in breathing passed off. The mucous membrane of the pharynx and larynx is pale. The left false cord is transformed into a nodulated mass, and ulcerated in its posterior part. The left true cord is infiltrated, and presents small nodular excrescences. The upper third of the epiglottis is absent, the remainder is nodulated, thickened, and ulcerated. Iodide of potassium has produced no result; the ulcers, on the other hand, healed under the lactic acid treatment. The microscopic examination of nodules that have been removed showed numerous giant cells; the epithelium thickened; no tubercle bacilli. From this examination Heymann diagnoses lupus.

GRABOWER did not consider the diagnosis established. The microscopic picture was not conclusive. He himself had seen a case in which the larynx and an ulcer gave the impression of lupus, but which had healed under inunctions.

B. FRÄNKEL recommended a trial injection of tuberculin.

HEYMANN agreed as to the advisability of adopting this suggestion.

HOLZ showed a patient with *Pseudo-Leukæmia.* Several years previously he had seen a case in which there was peculiar swelling of the entire pharynx, the uvula and faucial pillars being distended like a balloon. The symptoms promptly disappeared under arsenic. The case shown has had a more chronic course. Some months ago, swelling of the pharynx, with difficulty in breathing, set in; uvula and pillars of the fauces present a granular aspect; naso-pharynx free; deafness; swelling of cervical and retropharyngeal glands.

KATZENSTEIN. *The Orthoscope, a New Laryngeal Mirror which gives Upright Images.* In order to obtain upright images Katzenstein uses two mirrors which are united in a prism. The instrument is made by Zeiss of Jena. The two polished surfaces are warmed and the instrument is used like a laryngeal mirror. Sufficient space remains for the introduction of instruments.

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FRÄNKEL mentioned that Hirschberg had already attempted to obtain an upright image by a second mirror.

KATZENSTEIN said that in his orthoscope the novelty lay in the mirrors being united in one instrument.

KIRSTEIN demonstrated a *Frozen Section of a Child in the Position for Autoscopy.*

Meeting, 8th May, 1896.

SCHÖTZ showed a case of *Congenital Closure of the Left Choana.* The faucial and pharyngeal tonsils were enlarged, and the septum was deviated to the left. Schötz did not venture to decide whether the latter condition was etiologically connected with the choanal closure. As a rule the closure is on both sides; when unilateral, it is more frequent on the right side. Schötz does not recommend the galvano-cautery for operating on these cases, on account of the number of sittings necessary, the liability to close again, and the proximity of the Eustachian tube, which predisposes to otitis media. Schötz makes an opening close to the septum, and widens it by means of an instrument like a lithotrite.

E. MEYER. *Bacteriological Examination of Rhinitis Fibrinosa.* After pointing out the clinical difference between nasal diphtheria and rhinitis fibrinosa, the etiology was discussed. The connection between the two diseases is not yet clear. Meyer has made a bacteriological examination of twenty-two cases of rhinitis fibrinosa. Loeffler's bacillus was cultivated thirteen times in its full virulence; in nine cases it was not found. Although there is the possibility that in these cases, also, the diphtheria bacillus was present at an earlier stage, it appears to Meyer more correct to assume that rhinitis fibrinosa is due to diphtheritic infection; it may, however, be also caused by other micro-organisms.

GRABOWER. *Clinical Contribution to Study of the Innervation of the Larynx.* By the report of an interesting case of recurrent paralysis in tabes, which Grabower observed for a considerable time with H. Oppenheim, he proves also from the clinical standpoint the correctness of the fact discovered by him experimentally, viz., that the accessorius has nothing to do with the innervation of the larynx, and that the vagus is the sole motor laryngeal nerve. The case was under observation for more than ten years, was examined repeatedly with the laryngoscope, and a necropsy performed. The organs involved were investigated microscopically, partly by Oppenheim and partly by Grabower. By the demonstration of the miscroscopic preparations from the extra-bulbar accessory and vagus roots, Grabower proved that the vagus is the only motor nerve of the larynx, as the accessory roots appeared normal, while the vagus roots were much atrophied. *A. B. Kelly (Trans.).*

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