TWO CASES OF LABYRINTH FISTULA CORROBORATED BY OPERATION, WITH PECULIAR RESPONSE TO GELLÉ'S TEST.

BY R. BÁRÁNY.

Both these patients could hear, and the reaction to Gellé's test was abnormal. Aspiration and compression both produced an intensification of the tones, which could be with certainty demonstrated, and never gave rise to subjective noises. This all pointed to the conclusion that the diminution of the sound which occurred in Gellé's test was not due to any effect of the intra-labyrinth pressure. Also the fact that no subjective noises were produced during this experiment negatived the view that these were dependent on an increase of pressure within the labyrinth.

ALEX. R. TWEEDIE (*trans.*).

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.*)

PRESIDENT'S ADDRESS.

Dr. A. COOLIDGE, jun. (Boston), delivered this address. He spoke of the new Harvard buildings, in one of which the Congress had assembled, as a noble gift given in trust for the benefit of the profession as a whole. He spoke of the great number of new instruments devised for work in laryngology and rhinology, and said that enthusiasm sometimes carried the profession beyond the proper limits. Allusion was made to the recent death of Dr. F. I. Knight, of Boston, a founder of the Association, and one of the earliest and most successful teachers in America in this department. Information was given with reference to the courses of instruction in laryngology in the Harvard School, there being eight instructors engaged in the work. Dr. Coolidge thought that in connection with the more formal exercises of medical meetings much good might follow informal discussion in small groups and the explanation of favourite theories. It was recommended that the de Roaldes prize to be established by the Association should take the form of a medal. Attention was called also to the work of the committee on nomenclature.

https://doi.org/10.1017/S1755146300184355 Published online by Cambridge University Press

Nerve Distribution in Relation to Nerve Disturbances Simulating Local Inflammation.

By Dr. A. A. Bliss (Philadelphia).

The complicated distribution of the nerves throughout the region of interest to the rhinologist was described. Pain in this region was not always due to occlusion or retained secretions. It might come from many sources and be reflected to some special area within the nasal territory. The onset of an acute rhinitis would develop a vicious circle, for sensory filaments of the ophthalmic and superior maxillary nerves reacted on the sympathetic plexuses, and we had vaso-motor irregularities which in themselves increased the irritability of the sensory nerves. In the majority of such attacks there was no exudation in the sinuses, but the pain there was due to involvement in some way of branches of the fifth pair. A safe guide for surgical intervention was the temperature range, duration, and continuance of pressure symptoms, and the mental state of the patient. The removal of impacted cerumen often cleared up a persistent cough. Often patients with supposed mastoid disease were operated on and no disease was found. Under such conditions we should always consider carefully the distribution of painful areas, and we were thus often brought to a discovery of some local cause which was causing a neuralgia, and nothing more. The so-called nasal cough was similarly explained. In some patients any irritation of the naso-palatine nerve, especially opposite the posterior half of the middle turbinate body, would develop this reflex coughing. Cough medicines in these cases were useless. Elongated uvulæ might cause cough by flapping against the pharyngeal walls. The same principles applied to laryngeal areas. In supposed nasal sinus cases transillumination and the X rays were useful in aiding us to arrive at an accurate diagnosis, but they were far from being infallible guides. With all our modern mechanical aids we must depend largely on personal and direct observation, aided by clinical experience. Aggressive operators might be led astray by their surgical zeal and the apparent, though not real, reason for its exercise. Thus much unnecessary suffering might be inflicted by undue surgical intervention, the evil results of which might not be revealed to anyone unless to the conscience of the operator.

Dr. O. T. Freer (Chicago), said that there was a peculiar reflected pain in antral suppuration. It might often cause supra-orbital pain when the frontal sinus was intact. Antral inflammation did not always cause a rise of temperature. Very trivial intra-nasal catarrhs might

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cause obstinate coughs. In America we said "sinusitis"; the German said "sinuitis." Which is correct?

Dr. W. L. Ballenger (Chicago) said that in a personal communication from Dr. Duane, of New York, the latter had informed him that "sinuitis" was the more correct, though the word "sinusitis" had been in use so long as to obtain authority as being correct.

Hæmophilia, with Remarks on the Hæmorrhagic Diathesis.

By Dr. Thomas Hubbard (Toledo).

The histories of two cases were related, one of distinctly hæmophilic tendency and the other showing epistaxis due to scorbutus. The first case was operated on for enlarged tonsils and adenoids. Both cases recovered. The author described the various means used to check hæmorrhage, including compression forceps, Monsel's solution, adrenalin, calcium lactate *per rectum*, etc. Bleeding was not from any particular vessel, and stitching the pillars together would not have stopped the bleeding. The author then discussed the general nature of the hæmophilic diathesis, which he divided into two classes: First, the pathological, or those cases in which there were unaccountable hæmorrhages into the skin, mucous membranes, joints, organs, etc., with or without peculiar inflammatory conditions, such as scurvy, purpura hæmorrhagica, and allied affections; and secondly, true hæmophilia, which was not a pathological process, but a permanent condition. A differential diagnosis between the two forms was necessary for intelligent treatment. The author then passed on to the treatment of hæmorrhage in general, saying that the first indication was to maintain the volume of the circulating medium by normal saline solution. For children small enemata of, say, four ounces were the best method, and such enemata might be given every two hours. If this failed, intracellular injections might be given, and in emergencies, intra-venous injections. Continuous irrigation of the rectum with the saline had been of value. Some authorities advised the injection of fresh human or horse-serum. If fresh serum was not available, diphtheria antitoxin had been given, but it was less efficacious. Transfusion of blood was perfectly practicable.

Clinical Experience with Calcium Lactate in Hæmorrhages of the Upper Air Tract.

By Dr. William K. Simpson (New York City).

The following conclusions were drawn: (1) Calcium lactate had

https://doi.org/10.1017/S1755146300184355 Published online by Cambridge University Press

from a clinical experience a controlling influence in hastening the coagulation of the blood. (2) Its efficacy was more marked in hæmophilic cases when the coagulation was delayed than in cases of normal coagulation time. (3) In operations, especially on tonsils and adenoids, careful inquiry should be made relative to any hæmophilic heredity or tendency. (4) In suspicious cases the coagulation time should be determined before operation. (5) It was questionable whether such operations should be undertaken in hæmophilic cases other than under the most extreme urgency. Perhaps they were positively contra-indicated. (6) In all cases of operations for the removal of tonsils and adenoids, calcium lactate should be given for a period prior to and after the operation, both for its possible effect in diminishing the immediate hæmorrhage and in preventing secondary surface hæmorrhage. (7) Of the calcium salts the lactate was more positive in its results, more agreeable to administer, and less irritating to the stomach.

Dr. G. Hudson Makuen (Philadelphia) said that he had no fear of hæmorrhage in ordinary cases if his patient was under general anæsthesia. It was then easy to pass a ligature or suture the pillars. He had used calcium chloride with marked success in nasal hæmorrhage.

Dr. George B. Wood (Philadelphia) said that he had used thyroid extract in cases in which the clotting time of the blood was abnormally long. He now gave it for a short period before all his operations.

Various gentlemen testified to the value of the lactate in their personal experience.

Dr. J. O. Roe (Rochester) said that long before the calcium lactate was used he had been in the habit of giving chloride of sodium on the theory of the lowered specific gravity of the blood. He sutured the pillars in obstinate bleeding after tonsil operations. He had never failed to stop nasal bleeding by packing.

Dr. Emil Mayer (New York) called attention to the effects of tags of tissue left after operation as being a cause of bleeding. Post-operative bleeding was not necessarily secondary hæmorrhage.

Dr. A. A. Bliss (Philadelphia) said that in hospital patients it was very difficult to secure the admission of a hæmophilic history. The poorer classes seemed to consider it a disgrace and concealed it. He had lost a case by being thus deceived.

Dr. W. E. Casselberry (Chicage) felt that rather too much reliance had been placed on the calcium salts, for he had never observed any effect from the chloride. He had had no experience with the lactate. Most, if not all, hæmorrhage about the nose came from some small arterial twig. We should always be prepared with every device necessary to stop arterial hæmorrhage.

Dr. H. L. Swain (New Haven) said he believed that every hæmophiliac had a different kind of blood-vessel from the ordinary person. Consequently mere drugs of any kind were without effect.

Dr. R. C. Myles (New York) said that some patients became hæmophiliacs to all intents and purposes after they had lost a large amount of blood, but not till then. It was a wise plan to place some thin rubber-tissue against bleeding surfaces in the nose and pack against this.

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Further Report of a Case of Cancer of the Tongue.

By Dr. Robert C. Myles (New York City).

This was a further report on a case already brought before the Association in 1907. About two months ago the patient consulted Dr. Myles, complaining of pain and soreness in the operation scar. There was a crater-like ulcer in the centre of the cicatrix about 8 mm. in diameter, but after the extraction of an irritating tooth the ulcer healed. In the interval since the first operation two and a half years ago the left side of the tongue had atrophied and shrunk until the base dropped back against the posterior pharyngeal wall, the side being about one third of an inch farther forward and downward than the other side at the base, while the tip of the same side, which was not removed, shrivelled, curled up, and became distorted. The resulting condition had caused the patient much discomfort in speaking and eating. This annoying condition had probably resulted from the removal of longitudinal muscular fibres and by cutting off the nerves and blood-vessels at the base of the tongue. Dr. Myles thought that it would have been better to remove the entire side of the tongue.

Prolonged Styloid Process.

By Dr. Charles W. Richardson (Washington, D.C.).

The history of one case was given, and reference made to other published cases, and to a reported case of complete ossification of the stylo-hyoid ligament. His own patient was a woman, aged twenty-five, who had had for some years irritation referable to the left tonsillar region, from which a long piece of bone had been removed some years previously. A recurrence of symptoms led her to seek further relief, and it appeared that just within the anterior tonsillar fold and parallel to its course there was a narrow, slightly movable bony ridge. Under cocaine the anterior fold was opened up its full length and the bony process exposed. The latter was removed by successive bites with bone forceps. Recovery was without incident.

Several of the members related similar cases from their own experience.

(*To be continued.*)

https://doi.org/10.1017/S1755146300184355 Published online by Cambridge University Press