to the greater smoothness of the motion, and the advantage of the more rapid motion.

The PRESIDENT remarked that he quite agreed with Mr. Lennox Browne as to the importance of having the nose clear in regard to the voice. Something which might not otherwise be harmful, might interfere with the voice, so many letters requiring the further resonance of the nose for their formation. It might, therefore, be a criterion in many cases that if the voice were affected the projection should be removed, otherwise it should be left alone.

Dr. BRONNER, in reply, observed that he had started by saying that there was nothing original in what he proposed, though he was not aware that anything had been published on the subject. He agreed that every spur ought to be treated on its merits, and that too much was often done. He only operated when it was absolutely necessary, when in fact there was real obstruction. Replying to Dr. Stoker, he said that he did not see what harm a few angles left would do. He had tried several saws, and had found them very difficult to use. In reply to Dr. Hunt, he said he could not agree as to the advantage of the electro-cautery, and he had been unable to cut through cartilaginous structures with it. He agreed with Mr. Browne as to the importance of these deviations in respect of the voice, but not as to the instrument he used. He thought that the fact that too much was often done was one reason why nasal surgery had fallen into discredit.

French Laryngological Congress.

Foreign Body in the Mouth causing Ear Troubles.—M. WAGNIER (Lille): The case that I bring forward relates to a child of nine months who had fallen upon the face whilst holding between the incisor teeth a piece of wood 30 centimètres in length. The extremity of this rod broke off and penetrated deeply into the mouth. Four days later ear discharge appeared, and for ten months the child suffered from polypus of the ear; I removed several times these polypi, which induced symptoms of retention of pus. It is evident that the ear was the gate of egress, for the pus developed around the foreign body, which I at last was able to remove from a point situated behind and above the auditory passage at a distance of five centimètres. Immediately the condition improved, the polypi withered away, the tympanic perforation closed with great rapidity. I do not think that there was a direct injury of the Eustachian tube or of the membrane, but that an abscess consecutive to the presence of the foreign body opened into the Eustachian tube.

A Case of Rhinolith.—M. NOQUET (Lille) relates the case of a young man of eighteen, strong and well-built, who came to consult him on account of a very offensive smell arising from the nose, a smell in all respects resembling that of atrophic rhinitis. The right nasal bone was markedly projected outwards and the point of the nose drawn in the opposite direction. There was marked lachrymation on the right side, very slight on the left. Finally, there was no pain. On examining the right nasal fossa, M. Noquet ascertained the presence of a large rhinolith, which occupied the whole of the very dilated middle meatus and sent out

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two prolongations, one between the septum and the inferior turbinated bone, the other between the septum and the middle turbinated bone. The speaker showed the pieces which he had preserved in alcohol, and the piece of silk to which some of the concretions had adhered. He called attention to the odour, which it would have been difficult to distinguish from that of atrophic rhinitis. He remarked also how very tolerant the nasal mucous membrane, considered to be so sensitive, had been in this case. Contrary to what is usually met with in regard to rhinoliths, there was no pain either in the nasal fossæ or in their neighbourhood. The only reflex symptom was a slight lachrymation of the left eye. The man pronounced lachrymation of the right eye could be attributed to a compression of the lachrymal canal.

Adenoid Growths in the Adult.—M. RAULIN (Marseilles) drew the attention of his colleagues to the existence and relative frequency of adenoid growths in adult age. Observed in persons of forty, fifty, sixty, and even of seventy years, they date generally from childhood, as is proved by recollection, by osseous deformity of the head, and by the chronicity of the troubles of hearing. Formed most frequently by the hypertrophy of a single group of closed follicles—it may be of the pharnygeal tonsil, or of that of the fossæ of Rosenmüller—these tumours are surrounded by traces of their congeners, which have not escaped as they have atrophy and retrogression. The symptoms are of little importance; respiratory troubles are absent, or, if present, are due to the passive congestion of the cavernous tissue of the turbinated bones. The patients complain, in the majority of cases, either of naso-pharyngeal catarrh, or of deafness. This last symptom is in no way influenced by the destruction of the growths, on account of the long continuance of the lesions of the middle-ear. The most advantageous treatment is by removal with the different kinds of adenotomes; ablation is more completely effected than with the forceps, with which it is not possible to seize the more or less atrophied remains of growth which surround the tumour.

Œsophageal Spasms due to Hypertrophy of the Fourth Tonsil.—M. JOAL (Mont-Doré). Authors in general regard œsophagismus as an ordinary idiopathic affection, that is to say, existing by itself, and arising solely from nervous disorder. I think, on the contrary, that in many cases the œsophageal spasm is of reflex origin, and last year, in the *Revue de Laryngologie*, I have studied nasal œsophagismus, and have published observations on nine patients attacked with spasmodic stricture of the œsophagus, and cured by a treatment directed to the concomitant and originating nasal affection. Diseases of the nose are not singular in causing a neuropathic œsophageal affection. Cases have been brought forward of dysphagia, cured by the ablation of a palatine tonsil, or by the removal of a wisdom tooth. I can relate to you the case of an ecclesiastic, suffering for four years from spasmodic attacks, affecting the œsophagus, and cured by the destruction, by the galvano-cautery, of the hypertrophied lingual tonsil. This case can be compared with another, which I had previously published, in which the cauterisation of large granulations of the base of the tongue excited also, in the case of a lady, reflex and spasmodic attacks of the œsophagus; œsophagismus can,

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therefore, henceforth be included amongst the reflex neuropathies originating in the tonsil.

On some Complications consecutive to the Ablation of Adenoid Growths. — M. CARTAZ (Paris): That when one removes growths, either with the forceps or by scraping, a hæmorrhage results, which may be abundant, but which in general easily stops, is the opinion of the larger number of authors. However, Bryson Delavan has recently recorded four cases of severe hæmorrhage, so severe, indeed, as to cause anxiety. I have observed two cases of this kind. One relates to a young girl of seventeen years, operated on under chloroform. At the two first sittings but little blood was lost; at the third, some growths were removed by the forceps, and still less bleeding ensued; but the next day an abundant hæmorrhage supervened, lasting three hours. The patient's menstrual period was due at the time, and she suffered much abdominal pain; the menstrual flow appeared, and the hæmorrhage permanently ceased. In addition to these two observations, I have collected some other cases which have been communicated to me—two by Ruault; one by Luc; one by Segond; finally, a case was recently related in an American journal. These hæmorrhages do not result, according to the author, from the tearing of an important vessel—they are "hæmorrhagies en nappe," which occur especially when the tumours have a fibrous consistence; the vessels retract under these circumstances less easily, and means for arresting hæmorrhage are less easily and more slowly applied. These hæmorrhages are equally encouraged by the previous occurrence of congestive or inflammatory attacks of the throat. It is easy to understand that parts which are gorged with blood will bleed more readily. As for treatment, I recommend irrigations with a very warm and astringent liquid. If the hæmorrhage does not stop it will be necessary to plug the naso-pharynx with a large plug, which must pass into the posterior nasal cavity with pressure.

A Case of Hypnotic Mutism; Cure by Suggestion during Hypnotic Sleep.—M. CHARAZAC (Toulouse) relates the case of a young girl of eighteen, who became dumb after severe pain experienced during a sudden movement fifteen days after the swallowing of a needle. The mutism, as frequently happens, was produced in her case in virtue of the accident as the chief hysterical symptom. The patient was persuaded that the mutism was caused by the swallowed needle, lodged, according to her, on a level with the left hypochondrium, where she felt a severe pain. Suggestion during hypnotic sleep restored speech during two days, but the needle and the pain, according to the patient, were not removed. A second time, the patient being put to sleep, the speaker gave a hypodermic injection of morphia at the painful spot; the pain disappeared not to return, and, from that time, the patient has not suffered a relapse.

The Co-existence of Cleft Palate with Adenoid Tumours.—M. BOUCHERON: Lately I have had occasion to observe six cases of cleft palate, and the six patients had at the same time an adenoid tumour of the posterior nares; one of them besides had a *bourse pharyngée* of Luschka. This is doubtless a remarkable coincidence. If it were possible to recognise a relationship of cause and effect between the adenoid tumour

https://doi.org/10.1017/S1755145500149085 Published online by Cambridge University Press

and the palatine cleft one could explain easily that the premature development of the adenoid tumour in the embryo could oppose the welding of the palate, and besides could determine an abnormal shortness of the osseous palatine arch, and a shortness of the turbinate bodies of the nose. It is indeed a new example of the doctrine of Darwin, which has signalised how variability—in excess—of a relatively secondary character (here, the adenoid tumour) could produce variability—in defect—of an important anatomical character (here, the palatine arch) whose development is interrupted. It is, as regards the individual, a state of inferiority. It would not be right, merely for this, to consider the cleft of the palatine arch as a stigma of degeneracy, when the nervous system presents a complete development. It is different if the palatine cleft co-exists with a defect of development in the encephalic nervous system with idiocy, secondary paralyses, etc. It is the same distinction which must be made between strabismus consecutive to a variation in defect of the ocular axis, hypermetropia, or strabismus by variation in excess of the eye, myopia. This is not the strabismus of degeneracy, although strabismus accompanying arrests of encephalic development is a mark of the first importance.

Three Cases of Rhinoliths.—Dr. RUAULT: The first occurred in the left nasal fossa of a lady, aged sixty-six; it was situated in the middle of the floor, between the inferior turbinate body and the septum. The nasal fossa had been obstructed for three years, and, for two years, there had been a purulent and fœtid discharge. The second, nearly similar, occupied the same situation in the case of a lady of thirty-five. Obstruction for three years; purulent and fœtid discharge for six months. The third, much more voluminous, occurred in a naval officer, aged forty-eight. It occupied a good part of the right nasal fossa, and had pushed over the cartilaginous septum to the left, so that the obstruction was bilateral. There had been a purulent and fœtid discharge on the right side. The calculus was broken in the nasal fossa itself, and extracted piecemeal; it had developed around a cherry stone.

The fœtor of the nasal discharge was very different from that of true ozæna, or of certain cases of tertiary syphilitic rhinitis; it was not very marked.

In the last case only, I have established the presence of a foreign body in the centre of the calculus; but it is probable that further examination will demonstrate, in the two first cases, the presence of a central body around which the calcareous salts and other substances proceeding from the nasal mucus and the tears could have been deposited. The existence of "spontaneous" rhinoliths, that is to say, those that are developed without a central nucleus formed by some foreign body, seems to me in other respects doubtful; it is not easily tenable, because the nucleus could have existed and yet not be easily demonstrable at the moment of examination.

This remark does not apply especially to nasal calculi; it applies equally to the greater part of the calculous concretions in the other positions of the human body; thus, M. Gallippe has shown that the centre of dental calculi was often composed of collections of fungi which could be regarded as the starting point of their formation.

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