OTO-LARYNGOLOGY IN PARIS.

THE Visiting Association of Throat and Ear Surgeons of Great Britain recently paid a visit to Paris. The first clinic that was visited was at the Hôpital Tenon, where Dr Hautant and his assistants showed many interesting operations in which radium was used as an accessory to the ordinary surgical procedure. Amongst others, were seen a partial excision of the superior maxilla for carcinoma of the alveolus and application of radium tubes to the pterygomaxillary fossa; also a carcinoma of the antrum which was being treated by resection of the anterior wall through a sublabial incision and at the end an insertion of three radium tubes into the cavity (7 millicuries for four days). The good results obtained by this procedure were illustrated by four patients in whom a similar operation and radium application had been made from three to five years previously and in whom there was no recurrence. An operation for decompression of the semicircular canal was then shown. This was performed under local anæsthesia, so that the vertigo and nystagmus might be observed. Hautant's operation of hemilaryngectomy was seen being performed on a patient under local anæsthesia and, after the growth had been removed and the wound packed, the patient's ability to swallow water quite easily was demonstrated. In addition a series of dissections to show the various steps of this operation was shown, and three patients upon whom the operation had been done were exhibited. They all had good airways through the larynx. There was also an exhibition of cases to illustrate the results of various rhino-plastic operations.

A visit was next paid to the Radium Institute (Institut Curie) and the members were enabled to see all the facilities (both radium and deep X-ray) for the treatment of the cases, for the keeping of statistical and photographic records and for the investigation of cancer in mice. In addition a series of patients who had previously had cancer of the tongue was exhibited. Drawings of the condition before treatment and microscopic slides showing the type of growth along with the details of actual radium treatment were also shown. There were several cases where the disease had been extensive, particularly one treated in 1923 by block dissection of the neck and subsequent radiation, and in which there was no recurrence.

A series of excellent cases was shown which had been treated by deep X-ray therapy. These comprised cases of malignant disease of the vertebral column, of the aryepiglottic fold, vallecula, epiglottis, tonsil, etc., several of whom had in addition secondary deposits in the neck. The results were very remarkable and all the patients exhibited had been free from recurrence for five to seven years.

The details of treatment were discussed and it was said that in some cases as much as 37 hours of treatment spread over 25 days (one to two hours a day) was necessary. A sinus pyriformis case had 29 hours spread over 33 days.

It would appear that 28 per cent. of intrinsic laryngeal cases do well. Extrinsic cases also do well but these may get thoracic and abdominal metastases.

A visit was next paid to the Hôpital Laennec and the work of Dr Bourgeois and his assistants was seen.

https://doi.org/10.1017/S0022215100035660 Published online by Cambridge University Press

Oto-Laryngology in Paris

A demonstration of models of the internal ear of the fœtus was given and several interesting anatomical points brought out. There was also a demonstration of X-ray photographs in mastoid disease with temporo-tympanic exposure. Their value in doubtful cases, especially in those that appeared to be getting well, was indicated.

There was an exhibition of some cases that had been treated for hypertrophic rhinitis by submucous injections of sclerogenous liquids and the actual technique was shown on a patient. The fluid injected is similar to that used by Bensaude for hæmorrhoids. The results of this method, which is without danger, are said to be much better than those of cauterisation.

Some cases of lupus of the nose treated by radium were seen and the method of application of the cold spark (45,000 volts with a low amperage) was demonstrated in a case of rhino-scleroma which had largely been healed by this method. Its value in removing the upper pole of the tonsil was also demonstrated.

The Children's Hospital in the Rue de Vaugirard, which has just been built on the most modern lines, was next visited. It is certainly the most perfect thing of its kind and provides the surgeon with every facility for examination and treatment of the patient. Dr Le Mée explained the details of many ingenious arrangements that had been made, not only for the comfort of the patients but for the surgeons also.

On the following day the Lariboisière Hospital was visited, where Dr Truffert gave a lecture on the attic and operations thereon. He went very fully into the development of the folds in the attic that followed the invagination of the ossicles into the tympanum. He illustrated this by many excellent diagrams. He then turned to the pathology of conditions found in the attic and from this passed to the operations which were performed:—(*a*) Ossiculectomy, (*b*) Atticotomy of Bondi; he enlarged on Sourdille's modification as applied in cases of middle ear catarrh and otosclerosis. To illustrate the stages of this operation Dr Truffert demonstrated some most interesting specimens.

Dr Clovis Vincent then gave a demonstration on acoustic nerve tumours. He discussed the diagnosis, laying stress on (1) Deafness, complete or partial, (2) Absence of reaction to stimulus of the semicircular canals, (3) Absence of corneal reflex sensibility on the same side; the presence of these signs made the diagnosis of a tumour probable. If added to these were papillœdema, involvement of other nerves, notably 9th, 10th and 11th, the diagnosis was confirmed and the prognosis was worse. He then discussed X-ray pictures of the skull in the antero-posterior direction and from above down, to show the petrous bones and internal acoustic meatus and the alteration of the affected one. He then discussed the indications for operation and methods. He follows Cushing's method of posterior fossa decompression and subcapsular removal of the tumour.

He modified the first steps slightly by separating the insertions of sterno-mastoid and trapezius from the occipital bone and re-attaching them at the end of the operation, in order to save the depression of the head afterwards. He then demonstrated a patient upon whom he had performed the operation.

Professor Sébileau next performed some operations. Unfortunately

https://doi.org/10.1017/S0022215100035660 Published online by Cambridge University Press

a patient who was to have had the larynx removed was not well enough to be operated on. But in its stead an adenoma of the thyroid was removed with a perfection of technique that could scarcely be surpassed. The method of implantation of rib cartilage to repair a deformity of the nose was also demonstrated.

At the St Louis Hospital Dr Lemaitre and his assistants had arranged a very interesting series of demonstrations. A series of patients was shown in whom application of Bonain's solution or injection of alcohol in the neighbourhood of the spheno-palatine ganglion had cured obstinate nasal headaches and spasmodic coryza. Dr Lemaitre showed a patient from whom he had removed a large adamantinoma by resection of the lower jaw, and lantern slides of the technique of the operation were demonstrated on a very ingenious apparatus of his own devising.

Dr Lemaitre also demonstrated on the cadaver the steps of his operation for brain abscess by the obliteration of the lower arachnoid spaces and showed how by the use of his graduated drainage tubes the desired result could be effected. A series of patients suffering from Graves' disease was next shown to illustrate the improvement in the condition that had followed ligation of the superior thyroid artery. Finally, a number of patients were seen who were suffering from lung abscess or bronchiectasis and the bronchoscopic treatment of these was demonstrated. The exact Jackson technique was followed in all its details, and after aspiration and drying of the cavities Gomenol oil was injected. An interesting series of skiagrams was shown.

SOCIETIES' PROCEEDINGS

AUSTRIAN OTOLOGICAL SOCIETY.

Proceedings of Meeting of June 23, 1930.

(*From the Monatsschrift für Ohrenheilkunde*, September 1930.)

Abstract of Proceedings by A. R. TWEEDIE, F.R.C.S.

Abscess of the Temporo-Sphenoidal Lobe with Brain Prolapse—ERNST URBANTSCHITSCH. — A woman, aged 31, was admitted to hospital 9th November 1929.

History—With exception of measles, no previous illness; three weeks ago pain in the left ear, since when otorrhœa; severe headache over the left ear now abating. Since the 5th November marked giddiness, vomiting and fever with increasing deafness.

Examination—Ear, right, chronic adhesive otitis media with dry perforation; left ear, chronic purulent otitis media with destruction of the membrane and granulations.

Weber to the left; spontaneous rotatory-horizontal nystagmus to right and left; caloric reaction present; positive fistula symptom. Conversation: right, 4.5 metres; left, a.c.

https://doi.org/10.1017/S0022215100035660 Published online by Cambridge University Press