BERLIN LARYNGOLOGICAL SOCIETY.

Meeting, November 8th, 1895. (Reported by Dr. EDMUND MEYER.)

DEMME showed :—(1) A patient with a *Deep Furrow in the Left Tonsil.* (2) A boy, aged thirteen, with *Paralysis of the Left Recurrent* resulting from a fall on a pail. Demme considered the paralysis due to the pressure caused by an extravasation of blood (there was a slight thickening over the cricoid), and, therefore, employed massage, which effected an improvement.

GLUCK has performed *Laryngotomy* fifteen times for tumours. The cases of papilloma were cured without exception. Of two sarcomas, one was cured, while the canula cannot be removed from the other. One case of carcinoma was cured. Of two in which tracheotomy was performed, one died five weeks afterwards of inanition.

B. FRANKEL saw papillomata recur very soon in the case of a child in whom laryngotomy had been performed, the growths leading to complete stenosis of the larynx. Fränkel attributes pneumonia after extirpation of the larynx to injury to the superior laryngeal nerve.

P. HEYMANN has also seen recurrence of papillomata after laryngotomy.

ALEXANDER demonstrated a patient with a *Sarcoma of the Base of the Skull*, which filled the right half of the naso-pharynx, and had caused paralysis of the facial and paresis of the soft palate on the right side. After being three weeks under observation, the surgeon having declined to operate, the patient was put on arsenic. Under this treatment all the symptoms quickly improved.

P. HEYMANN reported a similar case.

SCHÖTZ saw no success follow the use of arsenic in three cases.

B. FRANKEL emphasized the fact that one can never know beforehand whether the arsenic will be effectual. In two cases he saw a brilliant result follow the arsenic treatment.

GLUCK also referred to two cases successfully treated by arsenic.

E. MEYER showed two tubes containing *Serous Fluid Aspirated from the Antrum of Highmore.* On opening the cavity it was found empty; from the wall hung shreds of mucous membrane, which probably represented a collapsed cyst.

E. MEYER. *Bacteriological Examination of Angina Lacunaris.* In the examination of the secretion of non-inflamed tonsils Meyer usually found a coccus very similar to the streptococcus pyogenes, a smaller micro-organism, often arranged as a diplococcus, staphylococci, and leptothrix. In angina, in addition to these, pathogenic bacteria were also found. In fifty-five cases examined, staphylococci—usually staphylococcus aureus—were found in fourteen; staphylococci and streptococci were mixed in twenty-four; and in fifteen cases there was a pure culture of streptococcus. Meyer regards the latter as the exciting cause of the angina. Its absence in so many cases is explained by its sensitiveness to the reaction of the nutrient medium. After he used agar, which had proved suitable for

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streptococci, their growth never failed. If, in the first hours of an angina, only staphylococci are found, this may be due to the immigration of the streptococci into the mucous membrane and to the more rapid growth of the staphylococci. Meyer could not make out any difference between the course of streptococcal and staphylococcal angina. He found no pneumococci in the latter, although diplococci were frequently observed. Loeffler's diphtheria bacillus, in its full virulence, was present on two occasions.

Meeting, 29th November, 1895.

B. FRANKEL showed (1) Preparation of a *Carcinoma of the Anterior Wall of the Pharynx*, extending to the thyroid cartilage, and involving the muscles. (2) Preparation of the larynx from a patient aged forty. The left vocal cord was in the cadaveric position: the recurrent paralysis was primarily attributed to a struma. The latter became smaller under thyroidin treatment, although difficulty in swallowing set in. Some time later a prominence appeared beneath the left vocal cord, which was covered by normal mucous membrane. Death from cachexia. The *post-mortem* examination revealed a carcinoma of the upper part of the œsophagus, which had caused a perichondritis of the cricoid cartilage.

P. HEYMANN reported two cases in which the arsenic treatment had exercised a beneficial influence on *Sarcomas*. (1) Man, who for several years had had increasing difficulty in swallowing. Tonsils greatly enlarged. Microscopically, small-celled sarcoma. (2) Eight years ago pain on swallowing. Removal of a tumour from the pharynx. Since then, recurrence every autumn, and removal by operation. Three years ago pharyngotomy (Von Bergmann) for recurrence. Two years later recurrence involving the whole left half of the pharynx. Under arsenic the tumour diminished. In three other cases, Heymann obtained an improvement by arsenic, while in five or six cases it failed.

TREITEL demonstrated a *Modified Ring Knife for Operating on Adenoid Vegetations.*

FLATAU condemned the instrument because of the case with which it might cause injury.

E. MEYER showed *Microscopical Preparations* from the case reported at the last meeting, in which serous fluid was removed from the antrum. The examination showed a cystic mucous polypus.

E. MEYER. *Autoscopy and Œsophagoscopy.* Meyer gave his opinion as to the value of Kirstein's autoscopy from his experience in three hundred cases. In 8·3 per cent. he obtained a complete view of the larynx and trachea, in 10 per cent. the larynx, excepting the anterior commissure, in 22 per cent. the posterior two-thirds of the larynx, in 19·3 per cent. the posterior half, in 8·3 per cent. the posterior wall of the larynx, in 17·6 per cent. the summit of the arytenoid, and in 13·6 per cent. autoscopy was not practicable. Women appear to be somewhat more suited for the method than men; the age is of no importance. The contra-indications

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are : hyperæthesia of the base of the tongue, or ulcerative processes in this region, grave disturbances of the circulation, and marked tracheal and laryngeal stenosis. Further, the method is not available for the diagnosis of the motor disturbances of the vocal cord. The complaints of the patients varied, the pressure of the autoscope was usually felt to be exceedingly annoying, and sometimes even painful. Meyer found that autoscopy was of considerable advantage in the examination of the posterior wall of the larynx and trachea, but he did not think that it facilitated endolaryngeal operations much ; only operative measures on the posterior wall of the larynx were more easily carried out. For demonstration purposes he could not find autoscopy of any special value.

Rosenheim's œsophagoscopy is practicable in all cases. By this method the œsophagus, which has hitherto been hidden from our view, is made accessible to direct examination and local treatment.

KIRSTEIN did not find it necessary to use any force in practising autoscopy. He regarded the autoscope, not as indispensable, but as possessing considerable advantages. The method marked an advance, especially in endolaryngeal and endotracheal surgery.

E. MEYER did not see wherein the operative technique was simplified by autoscopy.

TH. FLATAU. *Rhinological Communications.* (1) Girl, aged five, suffered for a long time from nasal obstruction, which persisted in spite of the removal of adenoid vegetations. The examination showed the remains of adenoids ; in both nasal cavities œdematous masses, granulations, and fœtid pus. On probing, there was the feeling of bare bone. After removal of the granulations a foreign body was seen which had perforated the septum. The calculus, which had formed around a fruit stone, consisted of phosphate of calcium, traces of oxide of iron, and carbonate of magnesia. (2) In the treatment of empyema of the antrum of Highmore, Flatau recommends the opening to be made from the canine fossa with a punch-like chisel. He does not prolong the use of tampons, but drains the cavity by means of an aural speculum slit in the middle.

Meeting, 20th December, 1895.

FLATAU demonstrated a patient in whom an *Empyema of the Antrum of Highmore* had produced vertigo, partial loss of memory, ill-temper, lancinating pains in the left arm, foul-smelling nasal suppuration, and necrosis of the lateral wall of the nose. After opening the antrum, and curetting it, all the symptoms passed off.

KUTTNER thought that syphilis must be regarded as the cause of the affection, because of the severity of the general symptoms—the pains in the left arm—and chiefly on account of the formation of a sequestrum.

FLATAU once saw a similar sequestrum form in influenza, without syphilis.

E. MEYER showed a patient, a view of whose larynx could be obtained with extraordinary ease by simply depressing the tongue. He mentioned.

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also, that in a patient in whom laryngoscopy presented great difficulties on account of the very fleshy tongue, autoscopy yielded a good view of the larynx.

G. LEWIN demonstrated (1) a patient who contracted syphilis four years ago, and now presented an *Ulceration with Grape-like Excrescences at the Point of the Tongue* which Lewin did not regard as specific.

LANDGRAF was inclined to look upon the process as a syphilitic ulcer surrounded by granulations.

LEWIN found the tumour formation so considerable that he would not care to attribute it to the ulcer. The microscopic examination would settle the matter. (2) *Syphilitic Patient with Swollen and Ecchymosed Vocal Cord*, on which a small tumour was seated anteriorly. Lewin regarded the growth as a syphilitic nodule.

LANDGRAF asked whether he had not to deal with a gumma.

SCHÖTZ thought that the redness was not so much due to the tumour as to mechanical irritation (cough, etc.). The tumour appeared to him to be a cyst.

LEWIN was of the opinion that a cyst would be more translucent: besides, the tumour had diminished under antisyphilitic treatment. (3) *Patient with Slight Atrophy of the Base of the Tongue*, and *Patient with Gummatous Infiltration of the Epiglottis.*

B. FRANKEL pointed out that the last patient presented the rolling forward of the epiglottis which Hansemann has described as characteristic of syphilis.

E. MEYER showed the *Larynx and Trachea* of the patient he had demonstrated in the Society on 15th July, 1892. There was compression and rotation of the trachea by a struma which had grown into the latter. The *post-mortem* examination of the patient, who died of suffocation on 20th December, 1895, showed:—The upper part of the trachea deviated to the left; on its right wall a strumous nodule, which has perforated the wall, and is visible in the lumen as a tumour the breadth of the thumb. By a nodule on the left side, at the same height, the trachea is so compressed from the left, also, that almost no lumen remains. In addition, several fluctuating nodules are seated on the trachea. Microscopic sections prove that the growth is benign. An operation was not advised by the surgeon, as the struma descended far behind the sternum.

A. B. Kelly (*Trans.*).

(*To be continued.*

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