that one must not be entirely guided by X-ray appearances. There is a large frontal sinus.

Mr O. POPPER suggested that because one mastoid was acellular it did not necessarily constitute clinical abnormality. It merely meant that that side had not pneumatised in the ordinary way. He did not know why it was spoken of as an abnormality, by Mr Hamblen Thomas, which should have produced clinical signs. Only the skiagrams, whose value he (Mr Hamblen Thomas) deprecated, would give this information—apart from bilateral operation.

Mr HAMBLEN THOMAS, in reply, said that the skiagrams had appeared to show an abnormality, and in so calling it he (the speaker) had been guided by the X-ray specialist.

VIENNA LARYNGO-RHINOLOGICAL SOCIETY.

MEETING OF 5TH NOVEMBER 1929.

(*Monatsschrift für Ohrenheilkunde*, February 1930.)

Abstracted by ALEX. R. TWEEDIE, F.R.C.S.

Pulsion Diverticulum of the Hypopharynx. Radical operation fourteen days previously; now convalescent—Dr MARSCHIK.—The case was that of a man aged 48 who for 1½ years had suffered with the typical disabilities of such patients. X-ray examination showed that a diverticulum, only the size of a cherry, was lying considerably to the right side. The exhibitor, in accordance with the practice which he had adopted exclusively for the last ten years, had performed the radical operation with the removal of the sac and complete primary suture—the sac being first freely exposed and after removal sewn up with tiers of Lembert's sutures. The dressing was completed with strips of gauze laid into the wound towards the mediastinum with a view to prevention of complications—the gauze being removed in some six to eight days. In this case the healing was per primam and there was no sign at present of any fistula.

In emphasising the superiority of this method of operation the author referred to the other methods of Goldman and of Glück, and also to his own method of prophylactic mediastinotomy, as a means of guarding against the subsequent mediastinitis.

Carcinoma of the Œsophagus—simulating Perichondritis of the Thyroid Cartilage — Dr HAJEK. — A man, aged 50 years, reported on the 25th March 1929, complaining of difficulty in

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swallowing. Very soon afterwards a swelling occurred in the neck, which broke down, discharging pus and leading to a persistent fistula.

On examination, in addition to the above appearances, laryngeal examination showed marked swelling of the right aryteno-epiglottic fold and posterior wall of the pharynx, which impaired both breathing and swallowing—so much so that on the 9th September tracheotomy was performed.

The condition was diagnosed as a perichondritis, probably of tuberculous origin, although examination of the pus did not support this view.

Local exploration revealed a necrotic mass which, to their astonishment, was reported as representing undoubted carcinoma.

The difficulties surrounding the diagnosis of this case were dealt with by the exhibitor, who suggested that the lesion must have commenced as a primary carcinoma of the œsophagus, extending upwards towards the pharynx and into the larynx. Attempt was now being made to deal with the case by the introduction of radium.

Treatment of Carcinoma of the Hypopharynx and Œsophagus by Radium—Dr HAJEK.—Patient, a man of 58 years, complained that since the 21st May 1929 he had suffered from difficulty in swallowing. On examination an ulcerating tumour was found in the left pyriform sinus, involving the aryteno-epiglottic fold.

With an external pharyngotomy the tumour was exposed to facilitate the application of radium, since the poor condition of the patient did not warrant contemplation of total removal of the larynx or pharynx. Radium needles were thus inserted around the tumour in two sittings—the first consisting of 520 and the second of 960 milligram hours—whilst later a third application from within was made of 565 milligram hours.

Previous to this six X-ray applications had been given.

The patient now reported that he was able to swallow more easily, although no obvious improvement had occurred in the tumour.

Extensive Tuberculous Lesion of the Lower Lip and Cheek healed with Artificial Sunlight—Dr WESSELY.—Man, aged 35 years, fourteen years ago had pneumonia and hæmoptosis, since when he had remained healthy. In December 1928 a small lesion developed in the left angle of the mouth. In spite of treatment it quickly became much worse and in a short time had spread along the buccal aspect of the lower lip to the right angle of the mouth. Within five weeks the lesion was complicated by considerable swelling and the ulceration extended to the mucous membrane of the cheek as far as the first molar—the left cheek being similarly affected, though not

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quite in the same degree. A portion of this lesion, removed for histological examination, revealed the presence of tubercle bacilli.

The case was treated by artificial sunlight and injections of 2 to 3 c.cm. of trypaflavine immediately before the application of the light. Attempt was also made to treat the spleen, but after some weeks the patient absolutely declined the splenic food. At the present time the local condition appeared completely healed.

Ulceration of the Larynx, Syphilis or Tubercle. ? Diagnosis—Dr F. J. MAYER.—Man, aged 48 years, applied for treatment about eight weeks ago for increasing cough, and a history of exposure to luetic infection twelve years ago. On examination the larynx aditus was so markedly injected and infiltrated that further view was impossible. On the history a diagnosis of syphilis was made and the patient was treated accordingly, although the Wassermann reaction was negative.

No improvement followed six weeks' treatment, except that a partial view of the interior of the larynx could now be obtained, when an ulcerated area could be seen in the region of the left ventricular band, and the movement of the left side was impaired. As the antiluetic treatment had been of so little effect, this was now omitted, but the patient kept under accurate observation, when the ulceration was seen to increase from day to day, and with which the stridor became so marked that tracheotomy had to be considered. Further examination now revealed the presence of tubercle in both lungs, but examination of the sputum was negative.

The case was submitted for opinion with the provisional diagnosis of a lesion due to a combination of lues and tubercle bacilli, although the possibility of a neoplasm could not be excluded.

Case showing Accessory Tonsil behind the Left Faucial Pillar—Dr MENZEL.—Man, aged 62 years, previously healthy. On inspection of the throat a spherical swelling the size of a hazel-nut could be seen lying behind the right posterior pillar of the fauces. The tonsils themselves were of normal appearance and in their usual situation. The exhibitor regarded this swelling as an accessory tonsil, based on the histological examination of the tumour after removal. The case was submitted as of interest in the development of the tonsil—details of which were referred to by the exhibitor.

Ulcer of the Larynx. Case for Diagnosis. ? Tubercle or Syphilis—Dr WEIL.—A woman aged 53, who had been under treatment for some six months, for the last eight days had complained of pain and difficulty in swallowing. Examination revealed marked swelling and immobility of the right side of the larynx, with a spherical swelling

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on the right half of the epiglottis. The right vocal cord was not visible. The condition was associated with a slight cough and affection of the apex of the left lung. No reason for lues was detected. Diagnosis —tuberculosis, with perichondritis. Insufflation of antipyrin gave immediate relief and the infiltration subsided, but after some weeks the condition again became worse. The patient was treated with artificial sunlight, but as the Wassermann reaction was now found to be markedly positive, antiluetic treatment was added, with considerable improvement, and she could now swallow painlessly. The interior of the larynx became visible, and an ulcer could be seen on the right vocal cord.

Some weeks ago her husband had died of pulmonary tuberculosis, and had also possibly suffered from a luetic infection, although at his post-mortem examination no trace of such lesion had been found.

The exhibitor suggested the lesion was probably a case of mixed infection.

Rapidly fatal Septic Sore Throat. Mediastinitis. Specimen shown—Dr RUTTIN.—On the 30th October last the exhibitor was asked to see a man of 40 years who for some days had complained of sore throat, difficulty in swallowing, and had a raised temperature. The right tonsil was only slightly swollen but the posterior pillar of the fauces and right arytenoid area was much infiltrated.

With difficulty the patient was induced to come into the hospital late that day. The same evening the pain and dysphagia had increased so considerably that an incision was made in the posterior pillar of the fauces and foul pus evacuated.

With this, improvement took place, but early next morning the infiltration had again recurred. The original incision was therefore again opened and more fœtid pus evacuated, but in the course of that morning marked œdema of the neck supervened. During the afternoon the patient again complained of pain, which in addition now involved the chest, right arm and right supraclavicular.

Accordingly mediastinotomy was performed at 7 o'clock, before which emphysema was easily detectable, extending also over to the left side. The operation consisted in an incision along the whole length of the sternomastoid muscle, but no free pus was discovered either around the œsophagus or trachea or vessels, and only slightly turbid fluid in the supraclavicular fossa. The wound was then packed off with gauze. Towards the end of the operation, conducted under ether, both the cardiac action and breathing ceased and in spite of an immediate tracheotomy and artificial respiration, combined with other usual restoratives, death occurred.

At the post-mortem examination mediastinitis was found but no

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free pus. The exhibitor considered death was due to cardiac failure following general septic infection and mediastinitis.

In discussing the criticism of his treatment he submitted that no time had been lost in dealing with the case, and pointed out that although the mediastinotomy had been made within thirty-two hours from the commencement of the severe symptoms, such action had been unable to save the patient.

Necrotic Sore Throat. Mediastinitis. Specimen — Dr WIETHE.—The patient from whom this specimen was obtained had died in the hospital within thirty-six hours from the onset of the disease.

Ulcerations could be seen on the lower poles of the tonsils extending towards the pyriform fossæ and epiglottis, in which latter situation there was an actual abscess. The abscess had broken through the thyrohyoid membrane on to the surface of the neck, but had also tracked downwards in front of the thyroid gland, into the anterior mediastinum.

In the discussion which followed, Kofler remarked that before the year 1918 such complications were extremely rare, but that following the epidemic of influenza in that year, they had now become very common. For the last seven years it had been his practice to treat such influenzal cases with the energetic introduction of calcium and urotropin, either by mouth or intravenously, and he considered that such treatment had a marked effect on both subacute and chronic tonsillitis, by way of avoiding severe complications.

Glas said that unfortunately of course every laryngologist must have had the experience of such fulminating conditions, which were totally irresponsive to all efforts. In these circumstances he considered that mediastinotomy was useless, as also treatment by urotropin, which latter was only valuable in the much less severe forms.

[The mediastinotomy referred to in these cases consists essentially in an exposure of the mediastinum to the outer side of the internal jugular vein through an incision at the base of the neck.

The parts thus exposed are then packed off with iodoform gauze.

The operation is offered as a means of preventing the threatened or potential extension downwards of an infective cellulitis, originating in connection with structures above this area, and involving the planes of the deep cervical fascia.

The operation is described in *Handbuch der Hals-Nasen-Ohrenheilkunde* (Denker and Kahler), Vol. iii., p. 325.]

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