DISCUSSION ON DR. WALKER DOWNIE'S PAPER.

Dr. MCKENZIE JOHNSTON (Edinburgh) thought Dr. Walker Downie's paper one of interest and importance, especially to the general practitioner. He thought that the attention and treatment of the nasal catarrh, coming on after the exanthems, was of great importance. But he thought that this treatment might be of service, not only during the attack, but *after* convalescence from the exanthemata, in removing the local throat conditions which tended to cause middle-ear affections later on.

Dr. BARR referred to the absence of information regarding the very early stage of purulent disease of the middle ear originating in scarlet fever. The usual view is that rapid purulent formation takes place with pressure upon and bulging of the membrane, which, if incised, would probably avert the subsequent destructive process. Dr. Barr thought that in many cases the destructive process was very rapid and complete, the process being more of the nature of sloughing, which no early paracentesis of the membrane would prevent. Dr. Barr based this opinion upon a case which came under his observation, and which he had the opportunity of closely watching.

Dr. WALKER DOWNIE : I quite agree with Dr. McKenzie Johnston that aural affections associated with the exanthemata assert themselves most prominently after the child has recovered from the fever.

(To be continued.)

ELEVENTH INTERNATIONAL MEDICAL CONGRESS IN ROME.

SECTION OF LARYNGOLOGY.

(Continued.)

ON RETROGRESSION OR SPONTANEOUS CURE OF PHARYNGEAL AND NASO-PHARYNGEAL TUMOURS.

A Clinical Contribution.

By Dr. ANTONIO D'AGUANNO (Palermo).

Amongst the various metamorphoses of a retrogressive nature which may be met with in tumours, there are those which, although rare, sometimes lead to the total or partial destruction of the neoplastic mass, and thence to its diminution or complete disappearance. This event, which may happen in all tumours, including malignant ones, has especially been brought to light by the study of naso-pharyngeal tumours, because it arises with relatively greater frequency in them, and is accompanied by marked phenomena, such that tumours which appeared to place the life of the victim in danger from one moment to another, on arriving at a certain point of their development commenced, contrary to every expectation, to decrease, so as to disappear more or less completely.

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"In the history of science," writes Prof. Massei,[1] "classical examples "are known of individuals affected with naso-pharyngeal fibroma, who "were a prey to atrocious sufferings and were abandoned to certain death, "but in whom, on the contrary, a palliative treatment or physiological "powers alone worked miracles, *i.e.*, the disappearance of the tumour."

Gonelin, quoted on this subject by Duplay,[2] was perhaps one of the first to publish an observation on this subject. His conclusions are as follows :—"In short, here is a young man of twenty-two who nearly died "of a suffocative naso-pharyngeal fibroma. A palliative treatment has "staved off death, and afterwards has prevented the tumour from being "suffocative. At the age of twenty-four and a half, at a time when no "surgical treatment was being carried out, the remains of the tumour "disappeared spontaneously. They were reabsorbed and not eliminated. "A reappearance, of which we do not exactly know the history, took "place in the orbital and naso-cranial direction. The symptoms of com- "pression of the eye and brain disappeared, and in short the patient "appears cured."

Other cases of retrogressive and spontaneous cure of naso-pharyngeal fibromata have been observed by Legonet, Velpeau, Lafont, Guyon, Labbé, Juillaux, and Duplay. Besides Velpeau has observed that there is nothing extraordinary in this fact, since one not unfrequently meets with retrogression of uterine fibroids at the menopause. And similarly to these cases in the uterus, others of spontaneous cure have been cited for the ear and the larynx. Gompertz[3] has observed spontaneous atrophy of aural polypi after antiseptic douching. A like result, though very rare, has been observed by Politzer,[4] and in this he is in accord with Toynbee, von Tröltsch, Moos, Schwartze. and others. The spontaneous fall of these polypi has generally been noted after torsion of the pedicle. On the other hand, Massei, at the first meeting of the "Società Italiana di Laringologia," recorded the spontaneous disappearance of laryngeal papillomata after tracheotomy only.

In cases of cutaneous tumours, also, the partial reduction or total disappearance has been noted. Prof. Jansini, whom I consulted on the subject, referred me to a case he had met with of extensive angioma on the face of a youth ; a spontaneous and considerable reduction took place in a short period.

Without spending more time in the field of general pathology, and confining our attention to the pharynx and naso-pharynx, I would note that spontaneous disappearance is very common, even the rule with regard to adenoid tumours of the naso-pharynx. In truth these are not tumours in the true sense of the word, since indeed they are formed of hyperplastic tissue, altogether similar in structure to follicles, chiefly formed of lymphoid tissue, so that they pass through a well-marked cycle of existence. Indeed, according to the statistics of Meyer, these vegeta- tions are found between the ages of five and twenty-five, rarely at a more

[1] "Patologia e terapia della faringe, delle fosse nasali, e della laringe," vol., i. p. 336.
[2] Duplay and Reclus. "Traité de Chirurgie," vol. iv.
[3] "Monatsschrift für Ohrenheilkunde," 1881.
[4] "Traité des Maladies de l'Oreille," 1884.

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advanced age. This is explained by the diminished tendency in the adult to hypertrophy of Luschka's tonsil, and to the spontaneous disappearance of the hypertrophied masses after this period of life. Moldenhauer,[5] although not denying this possibility, believes little in its frequency, and explains the diminution of the symptoms produced by the vegetations by the increase in the dimensions of the naso-pharynx.

So also Luc and Dufief[6] show that spontaneous disappearance can take place—not during adolescence, however, but much later. This opinion is not exactly shared by Chatellier,[7] who has always observed that after fifteen years of age, at the latest, the adenoid tissue of the naso-pharynx enters into a retrogressive phase, its activity diminishes, and its volume decreases:—"The tumours formed of adenoid tissue," he concludes, "have therefore a limited existence, and tend of themselves and in their "normal evolution to atrophy and disappear." However, if this is the rule for the lymphoid productions of the naso-pharyngeal space, it is not so for true tumours, for which it is the exception. We have seen in the case of Gonelin what may sometimes happen in the case of the fibromata, which, although in themselves benign, from the site they occupy have frequently a fatal termination. The following is the case of a benign tumour of the posterior wall of the pharynx, occurring in private practice and ending in spontaneous cure:—

Observation I.: *Benign Tumour of the Posterior Wall of the Pharynx; Imminent Danger of Asphyxia; Spontaneous Cure.*

On March 10th, 1891, Dr. Damiani, from Morreale (near Palermo), brought me a boy, aged three. The parents of the little patient related that for a year past they had noticed that their child had attacks of difficulty in swallowing and breathing. As these symptoms slowly increased and the voice became nasal, their attention was directed to the throat, where Dr. Damiani found a pharyngeal tumour. An internal treatment of iodide of potassium and other resolvents was tried without success, and as the respiration became more difficult, I was called in consultation. The child was of robust constitution, his florid and well-developed appearance contrasting with his evident suffering in respiration, the inspiratory *bruit* being audible at some distance, and the epigastric region indrawn. Passing to the examination of the fauces, I noted in the median line of the posterior wall of the pharynx a hemispherical tumour, of the size of half an egg, with a large base extending downwards to the larynx, and obstructing greatly the passage of air and the movements of the palate. It was of fibrous consistence, analogous in colour to that of the pharyngeal wall, and presenting on its superficies numerous lacunæ, similar to those observed on hypertrophied tonsils. No ulcerating spot was visible.

Having excluded the idea of an indurated gumma, a malignant tumour, an idiopathic retro-pharyngeal abscess (to which Massei has drawn attention in the "Archivi di Laringologia," 1883, Fasc 2), or an adenitis of the prevertebral ganglia, nothing remained but to admit the presence

[5] "Traité des Maladies des Fosses Nasales." Traduction par Potiquet, p. 173.
[6] "Revue de Laryngologie, d'Otologie, etc." Dec., 1890.
[7] "Des Tumeurs Adenoides du Pharynx." 1886. p. 60.

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of a benign tumour. Postponing for a more suitable moment the histological examination for a differential diagnosis, the important thing was to pass at once to the removal of the tumour in order to ward off asphyxia. After consultation with Dr. Aricò, it was decided to operate after tracheotomy. The parents, however, decided to temporize, and an internal palliative treatment was prescribed. They returned home, and the child continued during several days to go from bad to worse, so that it was reduced to the lowest ebb. However, slowly, and without any appreciable cause, the respiration commenced to improve, became freer, while deglutition became easy, and within a few months the child became as bright as ever.

Three years have now passed since I examined the patient, and the local physician assures me that the child is completely cured, and that no trace of the tumour is to be found in his throat. To what class should we assign this growth? Without doubt, to the category of benign tumours; of these the most commonly met with in the pharynx are the papillomata. With regard to adenomata, they might also be met with, as the tissue of the naso-pharynx is rich in solitary glands and glandular elements. However, in the absence of histological examination, we cannot refer the tumour to the adenomata, but rather to the fibromata, in consideration of its situation, consistence, colour, and large base; or else to the class of fibro-adenomata, like the case of Luc, reported in the "Archiv. Intern. de Laryngol.," No. 2, 1891.

Passing now to malign tumours, spontaneous cure is very problematic, and, if it does occur in certain exceptional cases, it is only apparent, as Ziegler well says of cancer ("Pathology"), as parts remain in the tissues which may germinate from one moment to another and reproduce the tumour. However, if the total disappearance of malignant tumours is very rare, it is not infrequent to meet with the partial reduction of sarcomata and carcinomata. This probability is worthy of being taken into consideration, especially with regard to the naso-pharyngeal space. Individuals with enormous sarcomata in this locality, especially young people, where a fatal termination was declared to be threatening, sometimes survive for years in spite of every prevision, and owing to partial reductions of the neoplasms.

The following is a case of hæmorrhagic sarcoma in which I had prognosticated a fatal termination to be threatening, and where this was not realized. [Here follow full notes of a fibro-sarcoma in the naso-pharyngeal space of a boy of thirteen:—Propagation to right nostril; death imminent from asphyxia; improvement consequent on spontaneous hæmorrhage and gangrene; relapse after two years.]

How does the reduction and spontaneous disappearance of a tumour take place? I do not take account of the disappearance of tumours, even benign ones, in consequence of morbid parasitic infection (erysipelas, typhoid, etc.), because in these cases one has not to do with *spontaneous* disappearance, but one has to do with the influence (in this case a beneficent one) of the bacteria special to these affections. We may establish as an axiom that a profound alteration must take place in the web of the walls of the vessels, and in their contents. "Pretty frequently," says Ziegler (vol. i., p. 273, *op. cit.*), "retrogressive alterations take place

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"in the tissue of the tumour, and especially in rapidly-growing tissues "rich in cells. Fatty and mucoid degeneration, necrosis, caseation, "softening, gangrene, hæmorrhagic infarction, calcification, pigmenta- "tion—in fact, all those retrogressive changes which we have seen in "normal tissues may also take place in tumours. Inflammation is also "fairly frequent. Owing to these processes a tumour may suffer partial "destruction. Not rarely cavities of softening or ulceration are formed, "in which the breaking down of the neo-formation progresses at times "rapidly and at times slowly."

And Süke writes:—"The retrogressive metamorphoses and diverse "alterations that take place in tissues may lead to the breaking down and "total or partial gangrene of tumours. The latter is not a rare fact. It is "frequently verified in a partial way in tumours where the growth of "vessels has not kept pace with the development of the tumour. The "purely cellular tumours are especially liable to this. Also gangrene of "neoplasms, ulcerated or non-ulcerated, may take a progressive form, "destroying the tissue in strata, so that in the end the entire tumour "becomes gangrenous, and perhaps a further progress of the process "takes place into the matrix. In this way the entire tumour may be "completely carried away from the body. In non-ulcerated tumours the "gangrene is manifested, as a rule, all over, and spontaneously, although "occasional external causes may be at work. Spontaneous gangrene, as "a rule, finds its cause in the alteration of the vessels—arterial thrombosis, "compression of the veins, œdema, and capillary thrombosis. In this "way a spontaneous cure may take place, and numerous observations of "this have been made. Even malignant tumours are curable, as they "may by some accident become separated by gangrene."

After these explanations from two such well-known observers, I need add no word of my own. I would note that in the first of the two cases the disappearance probably took place in consequence of fatty metamorphosis of the cellular elements; in the second case it would appear that, owing to changes in the vessels, frequent hæmorrhages and suppuration lead to diminution of the tumour.

The conclusions at which we may arrive are the following:—

1. The reduction or spontaneous disappearance, such as may take place in tumours in general, may also occur in neoplasms of the pharynx and the naso-pharynx.

2. This retrogression may take place not only in benign tumours and adenoid vegetations, in which it is almost the rule, but also in neoplasms of a malignant nature, and especially in those very rich in vessels.

3. The retrogressive phase occurs most frequently, in addition to the cases of special parasitic infection, through alterations in the walls and contents of the vessels.

COLOURING LIQUIDS IN PULMONARY AFFECTIONS.

By Dr. HERYNG (Warsaw).

He first wished to know where colouring liquids penetrated, when introduced into the trachea of living dogs and rabbits. He then studied

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the reaction developed in the pulmonary tissue of rabbits when injected through the thoracic wall. Injections of pyoktanin were made in doses of sixty to one hundred and twenty cubic centimètres. The author could not absolutely affirm the curative efficacy of this method; however, he was convinced that injections of weak solution of pyoktanin can be made through the trachea into the lungs of phthisical patients without giving rise to symptoms of inflammation. In a tubercular patient, into whose trachea he had injected fifty cubic centimètres of a weak solution, repeating it after ten minutes, there was neither cough, nor attacks of dyspnœa, nor symptoms of pulmonary irritation.

Dr. BOTEY (Barcelona) held that intra-tracheal injections were destined to be of great service in the future. They were easily employed because of the slight sensitiveness of the lower rings of the trachea, and of the bronchi. They were valuable because the absorption by this route was greater than from the digestive tube or from the hypodermic tissues.

ON THE VALUE OF ELECTROLYSIS IN LARYNGOLOGY.

By Dr. DE TYMOWSKI (Nice).

This communication aims at raising a discussion upon the application of electrolysis. In many cases, especially in gynæcology, a current much too strong is employed. It is to Dr. Perrigaux that we are indebted for instruction in the micro-chemical details of electrolysis. His studies demonstrate that it is always necessary to bear in mind the difference in action of the different poles. In most cases it is necessary to employ the negative pole, and never both poles together. Electrolysis cannot be compared with the galvano-cautery. It acts as a resolvent and an antiseptic, and provokes no inflammatory reaction. It is of service in granular pharyngitis, chronic rhinitis, hæmorrhagic laryngitis, pachydermia, and to destroy the remains of polypi extirpated.

It is necessary in the application of electrolysis to employ a rheostat and a good galvanometer.

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SECTION OF OTOLOGY.

(Continued.)

NOTES of a FORM of MIDDLE-EAR DISEASE associated with ADENOIDS, and occurring in some cases of DEAF-MUTISM.

By J. LOCKHART GIBSON.

In a paper read by me at the Third Intercolonial Medical Congress (September, 1892), attention was drawn to what I think a useful division

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