SOCIETY OF GERMAN LARYNGO-OTOLOGISTS.

Hamburg, May 1926.

(*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band xv., Heft 1 to 4.)

Abstracted by Sir JAMES DUNDAS-GRANT, K.B.E., M.D., F.R.C.S.

(*Concluded from p.* 410.)

Investigations on the Nose and Air-Passage—HELLMANN (Münster-in-W.).—By using water instead of dusty air or tobacco-smoke in the nose of the cadaver he found eddies formed in front of the inferior and middle turbinals. If the orifice of the naris was placed at right angles to the lip the eddies were of equal size, but if it was at an obtuse angle the upper eddy was larger and the lower one smaller.

Therapeutical Action of Small Doses of Free Iodine and Other Halogens on Acute and Chronic Nasal Hypersecretion—STERNBERG and SUGAR (Vienna).—The remedy was administered hypodermically, at first to the amount of 1 c.cm. of 5 per cent. sol. of iodine in a 3 per cent. sodium-iodide solution. Subsequently smaller doses were used. There should be some free detached iodine in the solution, so that it is better that the sodium-iodide should not be of the chemically pure kind. The writers claim most satisfactory and immediate results in vasomotor rhinitis, acute and subacute rhinitis.

KOBRAK attributed the effects to a hormone factor, the iodide acting in a roundabout way on the thyroid gland.

The Vibration-Number of the Vocal Cords—TONNDORF (Göttingen).—The principles of stroboscopy are very clearly explained and its use in studying the vibrations of the vocal cords advocated. They may range from 80 to 1000 per second. Tonndorf finds complete closure of the glottis in the head as much as in the chest-register. In the chest-register the cords are comparatively little stretched and they vibrate with great amplitude, whereas in the head-register they are powerfully stretched but vibrate only in their marginal zone and with small amplitude. The number of vibrations corresponds to that of the fundamental tone independently of the resonating chambers.

A New Stroboscope—LOEBELL (Marburg).—The instrument, demonstrated, showed how the rapidity of the slit-carrying disc could be graduated by moving a smaller disc on the same axis nearer to or farther from the centre of another disc at right angles to it on the axis of the motor, the edge of the smaller disc being in frictional

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

contact. It is supplied by W. Bleicher, Marburg, and its range extends from 50 to 2000 double vibrations per second. It is claimed for it that it can be worked even by unmusical observers and with the ordinary laryngeal mirror.

STERN denied that the glottis was closed in the head- as in the chest-register except in pathological cases, such as the hyperkineses and spasms.

Contribution to the Physiology of Deglutition—HAJEK (Vienna).—In a case in which the upper jaw was removed to a considerable extent it was possible to see from above in the naso-pharynx an enormous conical bulge of the soft palate and surprisingly close approximation of the Eustachian tubes to the middle line, the latter movement being effected mainly by salpingo-pharyngeus muscles. Hajek attaches little importance to the rôle of the cushion of Passavant. He believes that the contraction of the superior constrictor, especially the upper portion, described as pharyngo-pharyngeus, can effect a forward bulging of the posterior wall of the pharynx. He attributes the major portion of the closure to the upward projection of the soft palate.

The Surgical Treatment of Facial Paralysis—BRUNNER (Vienna).—Brunner advises the intra-oral detachment of a strip of the masseter which is pulled through a sub-mucous tunnel and attached to the lower lip. A very important point is the drainage outwards through a stab-incision medial to the lower jaw. Among other advantages he claims that there is no section of the facial nerve. Thus the possibility of spontaneous recuperation of the nerve is preserved. There is further no external scar beyond that of the insignificant drainage puncture.

Operations on the Pituitary Body in Dwarfism — O. HIRSCH (Vienna).—The various forms of dwarfs are classified as ill-proportioned and well-proportioned. The former include the chondro-dystrophic (achondroplastic), the rachitic and most of the cretinic. The well-proportioned include the primordial and pituitary. The primordial dwarf is small from birth and grows for the usual length of time till the sutures close, but never reaches the normal size. The pituitary dwarf is of the normal size at birth and it is first in childhood that deficiency of growth begins. The sutures may remain open up to advanced age. There is, therefore, a possibility of resumption of growth after a number of years. The only case operated on for this condition is described by Hirsch. The patient was 14 years old but was of the size of a child of four. The intelligence was normal for his age, but he had the emotions of a child of four, and cried and laughed like a child. Hirsch evacuated a cyst by his operation, but the patient died of thrombosis of the right carotid. The cyst was found to be collapsed

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

and its place in the sella turcica filled up by the brain. The author has operated on 107 pituitary cases but he takes the last 50, namely those subsequent to the Great War, as illustrating the value of careful, undisturbed after-treatment, especially by the use of radium. The mortality was under 10 per cent. The permanency of the result is considered definite only after four years, as in the 14 cases operated on in the years 1918 to 1922. Of these 1 died of meningitis following the operation, 2 about a year after; 1 five years after (diabetic coma); 1 after four years (after treatment interrupted); 1 after two years (no after-treatment possible); 6 after from four to eight years clinically cured; 2 not reported. Hirsch operates by his septal method.

The Problem of Injury of the Hypopharynx and the Uppermost Part of the Œsophagus by Foreign Bodies—VON EICKEN (Berlin).—Ninety per cent. of foreign bodies when swallowed stick in the uppermost segment of the œsophagus below the cricoid cartilage. When there is a suspicion of perforation Röntgen ray examination should be repeatedly made and the emphysema shadow looked for. Œsophagotomy is not called for unless there are high temperature, well-marked disturbance of the general condition and violent pain, when it should be carried out as quickly as possible. Several cases of recovery without œsophagotomy, with X-ray pictures, are described.

ENGELMANN recommended in appropriate cases the removal under guidance of the X-ray screen of foreign bodies which were visible under the screen.

HAJEK thought it required a good deal of courage to postpone œsophagotomy for any length of time.

VON EICKEN considered that if the foreign body was to be removed under the control of the Röntgen screen it was possible to operate with bent forceps without the œsophagoscope, but there was a danger of further injury. A combination of œsophagoscopy and the simultaneous use of the Röntgen screen would in certain cases be of great value.

On Lympho-Epithelial Tumours of the Larynx—MARX (Münster).—In the larynx of a man, aged 64, there appeared to be a cancerous growth involving the pyriform sinus and arytenoid region and projecting into the lumen of the larynx across the middle line. There was a gland of the size of a cherry in the anterior triangle. A portion was removed for examination and the diagnosis wavered between carcinoma and polymorph-celled sarcoma. After laryngectomy the growth was found to consist of two elements, large epithelioid cells and lymphocytes. It corresponded to the "lympho-epithelial tumour" described by Schminke. The patient was quite well a year later.

MAX MEYER (Würzburg) said that such tumours reacted most favourably to radiation, but were apt to recur if removed surgically.

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

Society of German Laryngo-Otologists

Histological Investigation of the Action of Chromic Acid on the Nasal Mucous Membrane—O. BECK (Vienna).—By means of microscopic sections of portions of a turbinate made at intervals of an hour to fourteen days, Beck arrives at the conclusion that the action of chromic acid is for the most part a fixation of the tissue by coagulation. This explains its efficacy as a hæmostatic.

W. SCHMIEDT uttered a warning against using chromic acid as a caustic for the reduction of swelling of the inferior turbinated body.

An Improved Girdle-Pneumograph—GUTZMANN (Zehlendorf).—Instead of the straight rubber tube generally used, which readily becomes kinked, Gutzmann employs a curved tube. The tube must necessarily be somewhat thin in the wall and on this account liable to kink.

A New Instrumentarium for Surgical Diathermy—CÆSAR HIRSCH (Stuttgart).—A pistol handle with a switch-knob, worked with the index finger, allows of great steadiness. A series of useful electrodes is figured. Insulation of the metal spatulæ and specula is effected by a coating of "Bakelitlack" or a piece of indiarubber tubing. Hirsch considers the diathermic point by far the best means of treating miliary tuberculosis of the pharynx. He advises it also for angiomata and cavernomata, for some cases of cancer of the tongue and for rhinophyma. It is peculiarly well adapted for malignant growths of the upper jaw.

Contribution to the Clinical Study and Therapeutics of the Dullness of Hearing of Old Age—BERBERICH (Frankfort-on-the-Main).—The deafness of old age is essentially a nerve-deafness, but the extent of loss of the highest part of the range of hearing and in a lesser degree of the lowest, varies very considerably in different cases. The author dwells on the necessity of excluding Eustachian and middle-ear lesions when making the diagnosis. The chief factor is stated to be an abnormally high cholesterin content in the blood. This leads to high blood-pressure with contraction of the smaller arteries, including those of the internal ear. There is most probably a loading of the membrana basilaris with a fatty cholesterin material. There is often a fatty arcus senilis of the membrana tympani comparable to that of the cornea. The causes of the hypercholesterinæmia may be endocrine (defect of genital glands or thyroid) constitutional or endogenous. The two most effective therapeutic agents are calcium-diuretin and rhodan. Diuretin is said to have a direct antispasmodic action on the peripheral arterioles, and it is aided by the calcium. Rhodan appears to raise the permeability of membranes and to favour the outflow of the cholesterin from the non-striated muscle of the arterioles.

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

Societies' Proceedings

The Influence of the Nose and its Accessory Sinuses on the Results of the Weber Test — GEORG CLAUS (Berlin).— Unilateral, feeble, or non-development of the frontal and maxillary sinuses or disease of these sinuses has no influence in lateralising the sound of the tuning-fork, and if there happens to be a lateralisation to the diseased side, it is due to concomitant catarrh of the Eustachian tube or tympanum. Lateralisation of the Weber test affords, therefore, no criterion as to the condition of the sinuses.

Adrenalin Damage—GOLDMANN (Inglau).—After the injection of adrenalin a feeling of restlessness pervades the whole body, the breathing becomes deeper, the pulse quicker and stronger and the pulse-tension rises 10 to 30 mm. higher. With further injection there supervenes coldness of the extremities, pallor, dilatation of pupils, and continuance of rise of blood pressure. Amaurosis occasionally occurs, and though usually transitory, it appears to have been lasting in some cases reported by Halle. Thyrotoxic symptoms or, it may be, aggravation of those already existing in some goitre cases arise by the summation of the effects of the hormones of the thyroid and suprarenal glands on the tonus of the sympathetic. Probably the doses employed err on the side of excess. Great caution should be exercised in using it in sympatheticotonic subjects. The atheromatosis produced in experiments by adrenalin should be kept in mind.

KOBRAK suggested diminishing the injurious effect by the addition of "Gynorgen," an equivalent of Ergotamin.

HALLE mentioned a case of necrosis of the tip of the nose and one of necrosis of the lower eyelid following the injection of one minim of adrenalin solution in 1·5 c.cm. of a 0·5 per cent. solution of novocain.

SCHMIEDT advises a pause for five to ten minutes after injecting the first one or two cubic centimetres, before giving the second.

Comparison of the Radical Operation, Attico-antrotomy and the so-called Conservative Radical Operation—BEYER (Berlin).—The radical operation is primarily called for in the presence of intracranial complications. It is not necessarily required in cholesteatoma, as such, as some small cholesteatomata may be cleared away with less extensive opening, such as exposing the attic; hence the resort to attico-antrotomy, leaving the membranes and ossicles *in situ*, in cases in which the anatomical structure of the attic permits of it. Beyer's mode of operating is to begin with a searching antrotomy with a clearance of all diseased cells. Next he opens the attic, attacking in order the zygomatic cells, the inferior root of the zygoma, the lateral wall of the attic, and a portion of the posterior wall of the meatus. In attico-antrotomy the posterior wall is only partly removed, but in the conservative radical, it is cleared away to the level of the

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

external semicircular canal. The plastic is described as a Stacke's incision along the middle of the meatus and the formation of a Körner's flap. The ultimate result is much the same as that of the so-called "spontaneous operation" effected by the pressure of a cholesteatoma.

VOSS and NEUMANN advocated the limitation of operation described in the paper.

NEUMANN expressed his present view that we should be as radical as possible in acute otitis and as conservative in chronic otitis as the otoscopic and clinical appearances justify.

Bock's Method of Hormone-Investigation applied to Otosclerosis — WERNER (Heidelberg). — Various hormones were sought for in the blood in 12 cases of otosclerosis and there was a deficiency of that of the parathyroid in three-quarters of them. Although the number is small the examination confirms the opinions of Voss, Leicher, Frey, and Orzechowski.

Casual Communication on the Treatment of Corrosion of the Œsophagus—J. TREER (Szeged).—It is desirable to start early prophylactic dilatation as soon as the stage of pain is over and before cicatricial contraction has taken place, as first insisted on by Salzer. Treer uses a rubber (gummi) stomach tube without a filling with shot. When the prophylactic period is past and stricture has developed he employs an instrument with gradually increasing members which pass readily one after the other in "serpent spindle" shape.

The Influence of Movements of the Pelvis and Extremities on the Position of the Other Parts of the Body—GRAHE (Frankfort-on-Main).—Grahe experimented on rabbits after the manner of Magnus and De Kleijn in an endeavour to establish the laws of governing these reactions. Movements of the eyes were pretty constant. When tried on normal human beings they did not occur, but in deaf-mutes they could be induced.

Calcification and Bone-Formation in the Middle-Ear in Chronic Middle-Ear Suppuration—MAX MEYER (Würtzburg).—Two cases were demonstrated to illustrate these changes in granulation and fibrous tissue in the middle-ear.

Cysts of Facial Cleft. Origin in the Naso-Ethmoidal Region — KLESTADT (Breslau). — In this region the characteristic affections in relation to development are cephaloceles and congenital cysts. As an acquired condition we meet with swellings due to the breaking through of purulent foci in the ethmoidal cells, also ethmoidal mucoceles. The writer shows the relation of the cysts to the

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press

embryological processes and explains the presence of lining epithelium characteristic of the respiratory mucous membrane. Several illustrative cases are narrated, one being a dermoid.

The Problem of Radical Operation on the Antrum—AMERSBACH (Freiburg in Bresgau).—The loss of sensation in the teeth involved is sometimes transitory but sometimes persistent, without, however, interfering materially with mastication. It is the anæsthesia of the peri-odontium that the patient is conscious of, but the sensibility of the pulp is lost at the same time without his being aware of it, and this continues even when the peri-odontial sensibility returns. Such a pulp readily becomes infected without the patient being warned by the occurrence of pain, and the tooth decays. To avoid these results the removal of the facial wall of the antrum should be omitted, as also the destruction of the antral mucous lining. Sturmann's intra-nasal operation (equivalent to Canfield's) should be kept in view.

Otitis Interna and Meningitis — ALEXANDER (Vienna).—Holding that any case is worth recording in which the route of extension of suppuration from the middle-ear to the meninges is clearly made out, Alexander demonstrated a preparation from a case of chronic middle and internal ear suppuration with an exostosis on the promontory. At the operation on the labyrinth an area of purulent softening on the upper ridge of the petrous bone and localised meningitis were found. The autopsy revealed old suppuration in the apex of the petrous bone and thrombophlebitis of the cavernous sinus.

Treatment of Ozæna by Means of Capsule-Bacterial Vaccines—MARSCHIK and SCHNIERER (Vienna).—Out of 58 cases, 51 were submitted to bacteriological investigation; 35 had Abel's bacillus, a pure culture in 13, mixed in 22. Perez' bacilli and cocci were suspected in 11 but proved in only 3. The vaccine employed was a mixture of the three "capsule" bacilli, namely mucosus of Abel-Löwenberg, scleroma of Frisch, and pneumonia of Friedländer. Of the cardinal symptoms crusts, fetor and atrophy, crusting was subdued in 42, atrophy somewhat improved in 28, fetor ceased to be characteristic in 42. The ozæna as a whole improved to a slight degree in 21, to a very high degree in 16, while in 11 the improvement was so considerable that in 4 of them the nose might be termed normal. Nine remained quite refractory, but none were made worse. The 3 Perez cases were especially favourably affected by the capsule-bacterial vaccine. Inspired by the results of the malaria treatment in general paralysis the writers tested it in 4 cases of ozæna, one of which had a positive Wassermann reaction. In all four the fetor disappeared at least while the fever lasted and in one permanently. Response to a renewal of the vaccine treatment was afterwards more pronounced than before.

https://doi.org/10.1017/S0022215100030838 Published online by Cambridge University Press