THE VIENNA LARYNGOLOGICAL SOCIETY.

January 13, 1909.

PROFESSOR CHIARI *in the Chair.*

(*Abstract Account of the Proceedings.*)

TOTAL EXTIRPATION OF THE LARYNX FOR CARCINOMA.

BY PROF. CHIARI.

A male, aged forty-eight, had come to consult him on September 10, 1908, complaining that his voice had been husky for the last year. Both vocal cords were red, thickened, infiltrated and uneven, but movable. On the left the growth was comparatively circumscribed, whilst on the right the whole cord generally was involved. Pieces removed from the left ventricular area on the next day proved to be epithelial carcinoma. Thyrotomy was advised. On October 23, in consultation with Dr. Hajek, several pieces were removed from the larynx, which, however, only consisted of inflammatory tissue. In the middle of this month tracheotomy had been performed by Dr. Hansey on account of dyspnœa. As no tumour could now be detected it was decided to adopt an expectant line of treatment. The patient was not seen again till December 15, when the right cord was found movable and almost normal in appearance, but the left ventricular band was much infiltrated, and a small growth could be seen in front of it, whilst the arytænoid cartilage on the same side was swollen and fixed. Histological examination showed this condition to be carcinomatous. Extirpation of the larynx was therefore decided upon, and was undertaken on December 22, a total removal being found necessary although excision of only one half was contemplated beforehand. The trachea was united forwards to the skin, and the pharynx completely closed. Recovery was uneventful, with the exception of the formation of a small fistula beneath the hyoid, which, however, soon closed. The patient now could swallow easily, and could make himself understood in a whisper. He was now to begin to practise speaking.

PRIMARY PEMPHIGUS OF THE MUCOUS MEMBRANE (WITHOUT INVOLVEMENT OF THE SKIN).

BY DR. EMIL GLAS.

The patient was a woman, aged sixty-three, in whom soft

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vesicles, varying in size and filled with a cloudy secretion, occupied the lingual and laryngeal aspects of the epiglottis, the ary-epiglottic folds, and inferior surface of the tongue round the frænum. A larger number had already burst, and were only represented by shreds of epithelium. The acute nature of the occurrence of these vesicles could often be observed from day to day, but their disappearance was much slower. Arsenic was useless in these cases, and only some local anodyne, *e. g.* orthoform, was recommended to allay the very slight dysphagia which accompanied this condition.

Case of Perverted Movement of the Vocal Cords during Inspiration, Associated with Attacks of Extreme Spasticity of the Larynx.

By Dr. Emil Glas.

The patient was a man, aged sixty, of a very irritable nature, who suffered from repeated attacks of severe dyspnœa, sometimes even at night, which were undoubtedly to be regarded as due to a spastic condition of the larynx, and which corresponded with the results obtained on laryngoscopical examination. Thus, if the patient were asked to take a deep breath a spasm of the adductors ensued which lasted a long while, and this phenomenon could also be artificially provoked by touching the cords with a probe. Such attacks occurred as very early symptoms in tabes, as the exhibitor had had the opportunity of demonstrating, and were not infrequently associated with paralysis of the crico-arytænoideus posticus (laryngeal crises). There was no reason, however, in this case to suspect tabes or tetanus, and he regarded this condition as being due to a hyper-excitability of adductor centres, and which up till now had responded to no treatment.

Dr. Kahler asked if this phenomenon took place even after the application of cocaine.

Dr. Fein recalled a case of perverted action of the vocal cords in a young girl, which he had shown some years before at a meeting of this Society. His patient had hysterical stigmata of a different character, but examination of the larynx revealed the same state of affairs as appeared in the case before them. He had adopted breathing exercises under the guidance of the laryngeal mirror, and after a few weeks had reported a cure. Possibly it might be worth while to try this method in the present instance.

Dr. Glas replied that all attempts to cocainise the larynx had produced such severe attacks that complete local anæsthesia of the

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mucous membrane had been impossible. He proposed to commence breathing exercises and also to introduce cocaine by inhalation of a spray, and would report the results later.

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

Fourteenth Annual Meeting, held at Pittsburg, Pa., May 28, 29, and 30, 1908.

Dr. Ewing W. Day, *President, in the Chair.*

(*Continued from page* 355.)

The Post-Operative Effects of the Stacke Operation.

By Dr. James F. McKernon (New York City).

The indication for the radical operation was the presence of dead bone in the tympanic cavity. It was unwise to perform the operation on account of a discharge from the middle ear of a few weeks' or months' duration, and where no dead bone could be demonstrated. In discussing the post-operative effects of the Stacke operation the question of percentage of recurrences was an important one. Fully one quarter, according to the author, of the total number operated upon lapse into the recurrent class, and yet many operators claim only 4 or 5 per cent. of recurrences. The cause of recurrence was not always a failure to remove all the dead bone, though frequently such was the case, but many times the failure was due to faulty technique in dressing after the patient was discharged from the hospital. The importance of expert attention in the matter of after-care was strongly emphasised. Another cause of recurrence was the omission properly to rim out and remove all diseased tissue at the tympanic orifice of the Eustachian tube. A still further cause, acting by way of the Eustachian tube, was the extension of infection, in patients who easily contract colds, from the tube to a mass of new scar-tissue lying over the tube, with the result that this becomes broken down, a direct communication being once more established between the tympanic cavity and the pharynx. The cause of this extension was in large measure adenoids in the naso-pharynx. The effect of the operation upon audition was perhaps the most important point to

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