actually fluctuating. One of three conditions seemed to be indicated: (1) chronic suppuration in mastoid cells abnormally far back, with superficial destruction of bone; (2) a gumma; and (3) new growth. The length of time was against mastoid disease, and the Wassermann reaction was negative. A general surgeon who saw the case with me inclined towards a diagnosis of mastoid disease. It was decided to explore. An incision was made over the swelling, somewhat further back than the usual mastoid incision. No pus escaped, but a mass of what appeared to be granulation tissue undergoing organisation was found. Further exposure, however, showed that we were dealing with a new growth which had extensively invaded the bone and spread to the dura mater. It was considered that further operative procedures were out of the question.

Histological examination of the mass removed proved it to be mixed-cell sarcoma.

BRITISH MEDICAL ASSOCIATION, BATH, 1925.

(*Contributed by Dr R. Scott Stevenson.*)

THE Ninety-third Annual Meeting of the British Medical Association was held at Bath, on 22nd, 23rd, and 24th July, and was attended by considerably over one thousand members of the Association. Along with their relatives and friends, they severely taxed the accommodation available in Bath and neighbourhood. The Association was unfortunate in that the President-Elect, Dr F. G. Thomson, Senior Physician to the Royal United Hospital, Bath, was laid aside by illness; his duties, however, were ably undertaken by the Honorary Local Secretary, Mr W. G. Mumford.

The Section of Laryngology and Otology, under the Presidency of Mr Arthur H. Cheatle, C.B.E., attained a notable success. For the first time it became a "three day Section," thus standing on an equality with the Sections of Medicine, Surgery, and Midwifery; while the attendance on the first day of the session eclipsed that of each of the other Sections during the Meeting.

The first session was made memorable by the brilliant address on "Overlooked Cases of Foreign Body in the Air and Food Passages," delivered by Professor Chevalier Jackson, of Philadelphia. For two hours he fascinated, by his exposition of the subject, a crowded audience numbering over two hundred. Professor Jackson said, that of the 1485 cases of foreign body that had come to his bronchoscopic clinic in the past twenty years, there were over 200 in which foreign bodies had been overlooked, for periods varying from one month to thirty-six years. A broad review of the histories of these cases revealed the outstanding fact that the non-recognition of the presence of a

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foreign body was due, not so frequently to inability to make the diagnosis, but to failure to attach sufficient importance to the consideration of the possibility of its presence. Foreign bodies had been regarded as curiosities of medicine, rather than as conditions requiring diagnosis.

Every case in which there was the slightest indication of a foreign body accident, or in which the patient had had an attack of choking, gagging, or coughing, should be regarded as a *prima facie* case of foreign body. It should be looked upon as present until the contrary was proven by every means at the surgeon's command. Jackson's justification for this rather strong statement was based on the fact that, among his cases, there were a great many in which a child, after having choked with food or with some foreign substance, was taken to a medical practitioner, to a dispensary, or to an out-patient clinic, after the above symptoms had disappeared. Physical examination having revealed nothing, the parents were reassured and the child sent home. The symptomless interval, often of prolonged duration, prevented recognition of the connection of the initial symptoms with the tardy development of those due to the presence of the foreign body in the lower air passages. The Röntgen ray was the most valuable diagnostic means in suspected foreign body, but in all cases, in addition, careful notation of physical signs should be made by an expert.

After his address, Professor Jackson demonstrated on the manikin mechanical problems connected with the extraction of foreign bodies from the air and food passages through the bronchoscope and œsophagoscope. He also exhibited a number of kinematographic films showing bronchoscopic aspiration in suppurative diseases of the lung due to causes other than foreign bodies; no anæsthetic, local or general, being employed for this purpose.

Professor Thomas M'Crae, of Philadelphia, perhaps best known in this country from his association with the late Sir William Osler, followed Professor Jackson. Dr M'Crae insisted that the co-operation of the physician and the laryngologist was necessary if there was to be any improvement in the handling of the problem of foreign bodies in the lung. The bronchoscopist had the right to ask the physician that he should be alert and make the diagnosis promptly; the physician, on his part, ought to demand from the laryngologist such skill in bronchoscopy that patients could be referred to him with the assurance that they would be skilfully handled and that, if necessary, bronchoscopy could be done with perfect safety.

In the subsequent discussion, there took part—Sir St Clair Thomson, Sir William Milligan, Dr William Hill, Mr Herbert Tilley, Sir James Dundas-Grant, Mr Douglas Crow, Mr G. Ewart Martin,

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Mr E. B. Waggett, Mr Musgrave Woodman, and Dr P. Watson-Williams.

On the afternoon of the 22nd, Mr V. E. Negus read a paper on "Evolutionary Factors in the Causation of Pharyngeal Diverticula," which appears in the current number of the *Journal of Laryngology and Otology* (p 702). He demonstrated also a large number of beautifully dissected specimens illustrating the comparative anatomy of the nose and throat.

Mr Irwin Moore read a paper entitled "A Historical Survey of Endoscopy from its Birth to the Present Day," giving full emphasis to the work of the early pioneers of endoscopy, Bozzini, Fisher, Desormeaux, Richard Cruise, Kussmaul, and Mikulicz, as well as to the later exponents of the art, including Kirstein, Killian, Brünings, Jackson, and, in this country, E. B. Waggett and D. R. Paterson. Mr Irwin Moore also demonstrated a number of the most interesting specimens from the Special Endoscopic Museum which he had formed, having collected pathological specimens and interesting foreign bodies, etc., from all parts of the British Isles.

On the second day of the Meeting, Mr G. J. Jenkins opened a discussion, before an attendance of some ninety members, on "The Operative Treatment of Chronic Middle Ear Suppuration." Mr Jenkins said that, in recent years, otologists in all parts of the world had been experimenting with operative methods that were not so conservative as the classical operation of Schwartze, nor so radical as the complete mastoid operation. In thirty-eight suitable cases he had successfully tried a modified radical operation of his own devising, in which he removed the incus and obliterated the antral cavity and mastoid area by means of a flap of periosteum. The class of case in which this technic was suitable was that in which there was a small perforation, entirely or almost entirely surrounded by tympanic membrane, and with evidence that the incus had been damaged.

Mr Sidney Scott said that he had recognised, for many years, the advantages of operating in two stages, on conservative principles. Mr Jenkins' operation was a new stage of conservatism, not a new stage of eradication. Mr J. Bowring Horgan was convinced of the great value of the primary skin graft in mastoid operations. The discussion was continued by Mr H. Norman Barnett, Sir James Dundas-Grant, Dr W. S. Syme, and Mr J. Aldington Gibb.

Sir William Milligan then opened a discussion on "The Treatment of Chronic Non-Suppurative Middle Ear Deafness." He said that in a large percentage of cases the commencement of the disease dated back to childhood or early adult life, as the result of such ailments as measles, scarlet fever, or purulent nasal catarrh. Sepsis was, in many cases, the underlying element in the production of

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those pathological changes which ultimately led to the connective tissue and arthritic alterations associated with chronic catarrhal otitis media. The sheet anchor of treatment was inflation with the Eustachian catheter, while all obstructive or septic lesions of the nose and throat must be eliminated. Dr J. Kerr Love said that, with a sound auditory nerve, the otologist should be able to do for deafness what the optician did for a refraction error, and urged further investigation. Mr Neil Maclay spoke of the certain amount of success he had obtained by re-educative exercises with a conversation tube. Mr H. Norman Barnett, Dr George Cathcart, Sir James Dundas-Grant, Mr Herbert Tilley, Dr W. S. Syme, Mr Arthur H. Cheatle, Professor Burger (of Amsterdam), and Mr Sidney Scott, continued the discussion.

Mr H. Norman Barnett, Honorary Surgeon to the Bath Ear, Nose and Throat Hospital (whose good fortune, in having a special hospital of 50 beds in his sole charge, was envied by other members of the Section) demonstrated a number of cases illustrating the excellent results which he had obtained in the treatment of chronic middle ear suppuration by conservative operation. He demonstrated also cases of chronic non-suppurative middle ear deafness treated by vaporisation and ionisation.

On the third day, there was a discussion upon "Occupational Diseases of the Ear, Nose and Throat," opened by Mr F. H. Westmacott, who divided the subject into those industrial diseases included in the Workmen's Compensation Acts, and those which were met with in workers, but were not so included. In the first group were anthrax and glanders, and lead, mercury, phosphorus and arsenic poisoning, chronic ulceration, and compressed-air illness. In the second were included rupture of the tympanic membrane from mine and blasting explosions, laryngitis caused by poisonous fumes, chronic laryngitis in singers and professional voice users. Surgeon-Commander S. W. Grimwade, R.N., said that 99 per cent. of all cases of deafness in the Navy were due to suppuration in the middle ear, and true gun-deafness was rare. Wing-Commander D. Ranken, R.A.F.M.S., spoke of the serious effects of Eustachian obstruction in airmen, and described methods of preventing aeroplane deafness. Major T. Jefferson Faulder, R.A.M.C., T.F., gave statistics of ear, nose and throat disabilities in the war; and Mr E. B. Waggett, Dr T. Ritchie Rodger, and Mr T. B. Jobson continued the discussion.

In the afternoon, Dr P. Watson-Williams, assisted by Mr Eric Watson-Williams, demonstrated his well-known method of investigating the nasal accessory sinuses on patients, both under local and under general anæsthesia.

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