Societies' Proceedings

TRANSACTIONS OF THE OTO-LARYNGOLOGICAL SOCIETY OF BERLIN, 1924.

(SELECTED CASES.)

Infection of the Nose and Ear in Bathing.—Claus reported that, while during the summer months, numerous cases of infection of the ear came under treatment as the result of bathing in the river baths in Berlin and its neighbourhood, cases of nasal sinus infection did not occur with the same frequency.

He narrated the case of a young man, who, after diving into one of the town baths, was seized with severe headache accompanied with slight mental dulness. On the following day, the headache continued and the temperature became elevated; pressure over the right frontal and maxillary sinuses elicited a feeling of tenderness. On the third day, transillumination revealed opacity, and pus was observed in the middle meatus. A rigor accompanied with great malaise developed on the fourth day, necessitating an immediate radical operation upon the accessory sinuses on the right side. Further rigors occurred with the formation of abscesses on the dorsum of the right foot, in both calves, and in the gluteal muscles. Recovery took place.

Both in Chicago and in San Francisco, considerable research has been carried out in connection with infection due to bathing. The water in the bathing establishments of these towns, as in Berlin, is disinfected with chlorine. It is historically interesting to note that the Chinese, as early as 400 B.C., disinfected their swimming baths with alum.

Unusual Case of Cerebral Complication in Acute Frontal Sinus Suppuration.—Haike recorded the case of a woman, aged 37, complaining of pain associated with frontal and maxillary sinus suppuration. As the result of fomentations and the use of the suction apparatus, the subjective symptoms were relieved. The treatment was continued for three weeks, when a portion of the middle turbinal was resected in order that the frontal sinus might be washed out. Twenty-four hours later, the temperature rose and the symptoms became aggravated. The temperature continued to rise and she became drowsy. As the clinical picture resembled that of brain abscess, the frontal lobe was exposed. No abscess was found. The patient died on the same evening. On opening the skull at the autopsy, two tablespoonfuls of pus escaped. The cerebral hemisphere on the affected side was bathed in pus, and on the pia mater there was a thickened area (a cicatrix) the size of a five mark piece. Haike stated that without doubt the condition had existed for a month. It was surprising that the patient until a few hours before death had

https://doi.org/10.1017/S0022215100028152 Published online by Cambridge University Press

shown not the slightest sign of a grave affection. Sometimes meningitis associated with frontal sinus suppuration remained latent for a long time, and then suddenly manifested itself shortly before death.

In the discussion which followed, Jansen pointed out that meningitis might be present without symptoms, and then rapidly cause death. The essential point was that, in an apparently mild frontal sinus suppuration, meningitis might suddenly develop. He had seen very rapid onset of meningitis after operations on the sinuses, but, in every case, it was possible to demonstrate an injury usually to the cribriform plate. Von Eicken thought it was hazardous to draw conclusions as to the duration of the process from the presence of a scar. Güttich said that one might assume, in this case, the existence of a subdural abscess. The scar formation was of longer duration that the clinical symptoms. A patient with frontal lobe abscess could move about and do his work. Finder doubted if the scar in Haike's case was evidence of the long duration of the condition.

Haike said it was evident that meningitis might exist for some time without manifestations, and then rapidly prove fatal. In frontal lobe abscess this was the rule. No injury to the skull was found in this case. The pathologist considered that it was not possible that so much pus could form in four days. There was no subdural abscess.

Anthon discussed *Möller's Glossitis*, the *glossitis desquamativa chronica* of Aschoff, and carefully described by Mikulicz-Kümmel. Anthon had seen five cases during the past five years, but they differed from the description given by the above authors. Möller's glossitis was a superficial inflammation mainly affecting the tip of the tongue and its lateral margins and showing crimson patches and streaks which were very sharply demarcated. The papillæ of the affected parts were much swollen, while the circumvallate papillæ sometimes shared in the pathological process.

Anthon's experience differed somewhat from that of Mikulicz-Kümmel. These writers stated that the rare affection described by Möller occurred mainly in hypochondriacal females without any recognisable cause. Anthon's patient could in no sense be regarded as hypochondriacal; on the contrary, she was eminently of an equable disposition, in spite of the fact that she suffered from a disagreeable burning sensation in the mouth which was much aggravated by eating, so that she became physically reduced. The affection appears essentially to be confined to the female sex. All Anthon's cases were women. Great pain accompanied the taking of spiced or hot foods. He had recently differentiated in this affection an active and a latent stage. Contrary to the statement of Mikulicz-Kümmel, the whole tongue may become œdematous. The buccal mucosa also, in Anthon's cases, shared in the affection.

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In all, there was pernicious anæmia either advanced or incipient. Treatment was of little value in any of the cases.

Two cases illustrating Dermatoses with concomitant changes in the mucous membrane were exhibited by Gottron. The first was a patient suffering from *Lichen ruber planus*. Changes in the mucous membrane in this form of skin disease were, he said, more common than the text-books seemed to indicate, and usually the lesions were seen at the same time both on the buccal mucosa and on that of the genital organs. In these areas they might occur in conjunction with the cutaneous eruption, or quite independently of the latter.

On the inner surface of the cheek, one saw a delicate, ramifying, leaf-like pattern, presenting a mother-of-pearl coloration and raised above the surface. In addition to the net-work there was also slight nodulation. The whole picture presented a striated appearance, which was especially important to recognise as assisting in the diagnosis of the skin condition. The changes on the surface of the tongue were not quite so easily diagnosed, but, as a rule, there were rounded, smooth, white elevations; here the villous surface of the tongue was absent and there was a levelling down or obliteration of the natural furrows, compensated for by an increase in the epithelial tissue. The changes on the mucous membrane did not react so favourably to the exhibition of arsenic as those on the skin. In the case demonstrated, the patient complained of an uncomfortable feeling when swallowing, but pain was absent. In a few cases a slight atrophy of the lingual mucosa resulted, but there was seldom any pemphigoid change.

The second case was one of *Dermatitis herpetiformis*. The changes on the mucous membrane were similar to those on the skin, but vesicles were rarely seen because they readily ruptured. A change, to which laryngologists have directed attention, resembled the appearance of aphthous-like patches, so that Killian was right when he pointed out that the first impression produced on observing the affection was in favour of the diagnosis of thrush.

The recognition of this form of mucosal eruption was very important because it might occur only on the mucosa, the skin being free from vesicles. The chief features of the dermatitis were its benignant character, its occurrence in crops, and the marked subjective discomfort. The patient demonstrated had superficial erosions, covered with thin crusts, on the hard palate and upon the gums on the left side. No diagnosis could be made from the changes observed in the mouth only, but the condition resembled pemphigus. The latter, however, has no inflammatory margin. The incidence of mucosal lesions was less frequent than in pemphigus vulgaris.

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Berlin Oto-Laryngological Society

Keratosis of the Larynx.—A woman suffering from this affection was exhibited by Finder. She had been shown to the Society a year previously. At that time the upper surface of the vocal cords presented a snow-white covering, here and there having a crenated appearance. The patient was almost aphonic. The diagnosis of hyperkeratosis was made, but in order to make this more certain, the microscope was employed and thick layers of cornified epithelium superimposed on each other were demonstrated.

During the past year, the clinical picture had considerably altered. The condition was no longer confined to the upper surface of the vocal cords, but had spread to their under surface, to the anterior commissure, and to an area some distance beneath it. The condition, in fact, affected not only areas which are normally covered by pavement epithelium, but those provided with ciliated cells. There was a change also in the shape and configuration of the parts previously affected. The vocal cords, which were of normal shape when first seen, had become, in the interval, thick and tumefied, especially on the left side. The process was not confined to the superficial layers, but appeared to have incorporated the deeper tissues.

The question arose as to the origin of the affection. The literature on the subject was scanty. Isolated cases had been reported at various Societies. Cases of so diffuse a nature undoubtedly occurred very rarely. A circumscribed process presenting the snow-white appearance referred to above was, on the other hand, not so rare. Rosenberg has designated these cases as tumours of a pachydermatous type. The etiology of the condition is quite obscure. A certain relationship does exist between it and the true pachydermia. Amongst the few authors who have investigated the subject, Zwillinger considers that the disease is related to pachydermia. The peculiarity in the foregoing case rested on the fact that the disease was not confined to the seats of election in pachydermia, namely, the vocal processes and posterior wall of the larynx, but encroached upon the areas covered with the ciliated type of epithelium.

The patient was in perfect health and developed the vocal disability a year and a half previously, without any external cause. Treatment of the disease, both chemical and mechanical, had proved valueless, and on account of the extension of the condition, no form of treatment need now be considered.

Experience with the X-ray Treatment of Laryngeal Tuberculosis.—Anthon had treated in this way a number of patients who attended the Polyclinic. For the most part they were mild cases, but amongst them were others with more or less advanced conditions. In all the cases, however, there was pulmonary tuberculosis. During treatment, all of them continued as out-patients under the care of Dr Halberstädter.

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In order to obtain a true picture of the effect of the X-rays, other methods of treatment were dispensed with. An endolaryngeal spray of menthol alone was used, at first twice weekly, but later at longer intervals; the patients were kept under observation, and the laryngeal appearances carefully noted.

The X-ray treatment was carried out on the larynx of four patients in whom the pulmonary condition was not active, and on the same number in whom the pulmonary disease was associated with expectoration containing bacilli. In the first group, the laryngeal tubercle responded more favourably to the rays. It was further of considerable importance to note the type of laryngeal disease which existed. The proliferative form (with the exception of that which was progressive) was judged to be of more favourable prognosis than the exudative type.

The majority of the patients under treatment were obliged to work for their livelihood. This proved difficult for most of them, but they were physically able to do so. The tuberculosis was either in an early stage, or the more favourable type of proliferative tubercle was present. In all these cases, the action of the rays was quite satisfactory, both subjectively and objectively. In the first place, pain on swallowing disappeared after one or two exposures. The infiltration, whether ulcerated or not, disappeared on the lateral walls of the larynx or anteriorly, more quickly and more certainly than on the posterior wall. The change was recognisable before the end of five weeks. Granulations responded well to treatment. The types in which an exudative element existed in addition to the proliferative, were unfavourable. Where the proliferative element predominated, a tendency to improvement was evident.

Claus drew attention to an unfortunate *Accident during Bronchoscopy*. In spite of his repeated warning to protect the eye by wearing glasses during the procedure, an assistant working with him neglected the precaution, and examined with the bronchoscope a patient who suffered from syphilitic ulcers in the trachea. The patient, in the act of coughing, projected secretion into the eye of the surgeon. In spite of careful cleansing of the eye, a primary affection of the conjunctiva developed, and after the usual period of time a secondary eruption appeared. Before the surgeon was aware of the real nature of the eye condition, he had infected his pregnant wife and also the fœtus.

Foreign Body Extraction associated with Bronchial Stenosis.— Seifert was called upon to remove a foreign body from the bronchus of a child, and for this purpose a special instrument had to be constructed. A year previously, the child had inspired the conical end of a lead pencil. Six months later the patient was still unwell and was transferred to the Charité. At the first attempt at extraction

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under general anæsthesia, the body could be gripped with Brünings' hook forceps, but could not be withdrawn. At a second sitting, after tracheotomy, the attempt again failed, the location of the body being more difficult on account of the great local reaction, and a further attempt was postponed until a suitable instrument had been constructed.

In order to expand the bronchus a conical tube had to be employed, which was provided with longitudinal slits to assist respiration: forceps with tempered steel points were employed. At the third attempt, in spite of the great swelling, the body was seized and removed.

A Case of Primary Actinomycosis of the Ear.—Döderlein demonstrated microscopic sections of the ear made from a child, about five years of age, who was admitted to hospital with acute otitis media and meningitis. At the operation the middle ear was found to contain granulation tissue. Autopsy revealed a simple, purulent meningitis, the origin of which could not be exactly determined.

Microscopic examination of the petrous bone, however, made the diagnosis clear. The whole middle ear was destroyed and replaced by granulations. The semicircular canals were almost completely destroyed and a purulent otitis interna was found. In the pus, especially in that lying in the cochlear region, there were numerous fungoid areas which were diagnosed as actinomycosis. The primary infection had probably taken place through the Eustachian tube.

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ABSTRACTS

THE EAR

Paralysis of the Oculo-Motor Nerve and Middle-Ear Suppuration. Drs Gaillard and Pitre. (*L'Oto- Rhino- Laryngologie Internationale*, September 1924.)

This combination was observed in a child of nine years with a chronic middle-ear suppuration but with no evidence of congenital syphilis. The paralysis of the third nerve occurred during exacerbation of the suppuration; the aural discharge was diminished and frontal and temporal headache was present. The paralysis cleared up with improvement in the condition of the ear.

The connection between the otitis media and the paralysis in this case is undoubted, syphilis and latent sinusitis being excluded. The

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