M. GEVAERT cited a case from his own practice in which he had seen fibrinous rhinitis in a child cause diphtheria in others. The child, in a hospital where the isolation of diphtheria is deplorably defective, developed fibrinous rhinitis. Three days later her mother took her home. Seven days later the mother came to the hospital with diphtheria, and four days later the grandmother followed with the same condition. M. Gevaert completely agreed with M. Eeman's propositions.

M. BUYS quoted a case of a child who had had fibrinous diphtheritic rhinitis seven weeks, attending school, etc., all the time. The bacilli cultivated from the nose were very virulent even at that time—*i.e.*, seven weeks from onset of the disease. At the present time, although there was nothing to complain of but a slight nasal catarrh, Loeffler's bacilli were present.

In reply to M. Beco, M. EEMAN said he had only once used serum-therapy for such a case. Its effect was marvellous.

M. BOLAND had to report favourably on two cases so treated.

M. NOQUET had seen very few of these cases. He thought it probable that one could frequently find the bacillus in apparently perfectly normal noses, just as one found it in the mouth of healthy people.

M. EEMAN replied.

Arthur J. Hutchison (Trans.).

(To be continued.)

DUTCH SOCIETY OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

Fourth Meeting, Utrecht, May 17th, 1896.

President—Prof. GUYE (Amsterdam).

Dr. HUYSMAN. *Case of Perforation of the Anterior Faucial Pillars.*

The patient, a man, aged twenty, had scarlatina as a child, and has chronic perforation of the tympanic membranes as a result. Nevertheless, Huysman considers the case as a congenital malformation on account of the symmetrical position of the oval perforations.

Dr. M. BOLT. *On Percussion of the Mastoid Process.*

In two cases of acute inflammation of the middle ear, where perforation of the tympanum did not follow spontaneously, Bolt found a dull tone on percussion of the mastoid process, and on that account suggested mastoid operation, which was not permitted. After paracentesis of the tympanum both cases healed completely.

Dr. GUYE. *Demonstration of a Case of Radical Operation for Cholesteatoma.*

The patient, a schoolmaster, thirty-nine years old, had been operated on by Guye twenty years ago—in 1875—on account of purulent otitis, with polypi and abscess on the mastoid process. He saw him again in 1888,

thirteen years after the first treatment. He had been well for six years, but since that time he had suffered from headache and neurasthenia, and had twice been under hydropathic treatment without benefit. Now he had again otorrhœa and earache. Some granulations were removed, and also foetid caseous pus from the tympanum and antrum, and the tympanum syringed out from the Eustachian tube. This was repeated a few times; after which the patient was quite well for a year. He returned in 1889, and in 1890, with a slight recurrence. From 1890 to 1896 the patient was quite well, syringed his ear once a month with a one per cent. sublimate solution, without having any otorrhœa or earache all that time. On March 21st of this year he again returned with earache and otorrhœa.

Guye removed a quantity of epidermoid substance, and found in the posterior wall of the meatus a perforation from which also a mass of epidermis was removed. Three weeks later, on April 6th, the patient returned. He had had influenza, and after that earache and otorrhœa, and swelling behind the ear. On April 18th there was an abscess above the meatus. Next day Guye operated, and found a large antrum filled with pus and cholesteatoma. When this was removed one could see the air coming through the aditus and antrum as the patient performed Valsalva's experiment. Guye resolved to keep a permanent opening of the antrum, and to this effect he inserted, two days after the operation, a caoutchouc tube into the antrum, twelve millimètres thick and three centimètres in length, cut so that it rested with two points on the posterior wall of the antrum; and, besides that, he passed a piece of iodoform gauze through the posterior wall of the meatus, and through the wound, intending by this means to keep open the perforation of the posterior wall of the meatus, which had been enlarged during the operation. The drain has had to be shortened since the operation; it measures now two centimètres. The patient is still able to blow the air freely both through the antrum and through the ear. Guye's aim is to see the canal coated with epidermis, which will take a couple of months; after which time he will replace the tube by iodoform gauze, and keep the canal as dry as possible. Guye showed to the Society four years ago a patient on whom he had operated by the same method, and this patient has now had for eight years these two permanent perforations—one into the posterior wall of the meatus, and one in the mastoid opposite the antrum. During these eight years this patient has made no complaints at all about his ear; he only now and then wishes to have the opening closed—a wish which, of course, will not be fulfilled, because it would sooner or later bring about a renewal of the previous condition.

Dr. MOLL: Why not prevent the closing of the opening by a plastic operation?

Dr. GUYE: I am very satisfied with the result of the drain.

Dr. BOLT: I cannot approve of the daily syringing, as the aim is to get the canal dry.

Dr. GUYE: Syringing is the only way for the patient to keep the canal clean. Of course, it is only kept wet for a short time.

Dr. BRAAT: In the depth of the wound there are still granulations.

Dr. GUYE : The operation was made only four weeks ago. The patient is not quite cured yet.

Dr. REINHARD : I am glad to see that you also make a permanent opening in the antrum for cholesteatoma. Even after doing this one sometimes sees a relapse, but far less often than formerly.

Dr. MOLL. *Demonstration of a Case of Trephining of the Mastoid Process.*

This case was that of a man of thirty who had had otorrhœa in his youth, and had suffered now for two years from intense headache. He had a slight otorrhœa, with swelling and tenderness of the meatus and mastoid process. An incision had been made in the meatus without result. Moll opened the antrum with gouge and mallet, removed a quantity of caseous matter, and tried to keep the wound open and to cover it with epidermis by transplantation. There was still in the depth of the wound a bony bridge under which one could pass a sound. It looked like a semicircular canal, but neither Dr. Moll nor any of the present members thought it probable that it was. Result : No more headache and the general condition of the patient very satisfactory.

Dr. REINHARD (Duisburg). *Demonstration of a Patient with a Deep Abscess in the Neck after Otitis Media Purulenta.*

This was a case of a deep abscess in the neck as a sequel of otitis media purulenta. It was remarkable that the otitis was healed before the abscess developed. Reinhard opened the mastoid on March 28th, and removed a fair quantity of non-fœtid pus. He had to open the abscess again on April 23rd and on May 11th. Even now the abscess is not healed, and the infiltration in the neighbourhood is still very hard.

Dr. TEN SIETHOFF asked if the pus had been examined microscopically. The hard infiltration makes him suspect that it may be a case of actinomycosis. He relates a case seen by him a year ago, where there was otorrhœa and hard painful swelling around the mastoid process. He found actinomyces in the pus, and gave iodide of potassium (two grammes every day) internally, with the result that after four weeks the patient was cured with practically no local treatment.

During the course of the meeting Dr. Ten Siethoff, with the permission of Dr. Reinhard, examined microscopically some of the pus, and demonstrated to the members the characteristic elements of actinomycosis.

Dr. W. VAN DER HEIDE. *Demonstration of Polypi of the Choana, and of some Foreign Bodies removed from the Nose.*

Van der Heide showed four large polypi removed from the choanæ by the cold snare. One of them was a cysto-fibroma. Three were removed through the nose ; one, on account of division of the pedicle, by the mouth. He also showed a revolver bullet which had been shot by a man attempting suicide through the inner corner of the eye. No trace of the bullet was found in the wound, nor in an abscess which formed there. After a few weeks the left nostril was found blocked up with fœtid discharge. Between the middle turbinated and the septum Van der

Heide found resistance on probing. He then with a curved forceps removed the bullet, which was very disfigured. A few days after that he removed a piece of bone, and the patient recovered.

He then showed a *myriapod* which had crept into the nose of a boy of eight years when sleeping in a wood. The boy had severe headache and pricking sensations in the nose. Van der Heide removed adenoids, and a week after that the patient returned and brought a conglomeration of mucus, which he had removed by injections into the nose, and which was making very lively movements. In washing this mucus Van der Heide found a myriapod, which was verified by a zoologist, Dr. P. P. C. Hoek, as a specimen of *Arthronomalus similis*.

Dr. A. SIKKEL. *Demonstration of Plaster Casts of the Upper Jaw in Patients with Adenoids.*

These casts show the peculiar changes described in 1891 by Körner, and which, according to Sikkel, are not the same when the nasal obstruction has set in during the first and during the second dentition. In the first case the hard palate is found very high; the upper jaw is narrow and long. In the second instance these changes are more prominent still, and, besides this, the central incisors stand at an angle and turn their lingual plane towards each other. The lateral incisors also suffer under the nasal obstruction; sometimes one is found malformed and the other is absent. It is desirable that dentists should pay attention to the fact that often the irregular growth of the teeth is the result of changes in the upper jaw produced by nasal obstruction.

Dr. HUYSMAN. *On the Treatment of Otitis Media Serosa and Purulenta.*

Huysman recalls the fact that he has advocated the dry treatment of middle-ear disease since 1891. The bacteriological and other experiences published since by Gradenigo and others have confirmed his views. He believes that some mastoid complications are caused by the treatment.

MOLL acts on the same principles in acute cases. In chronic cases he does not think that it is always sufficient.

Dr. VAN DER HEIDE is of opinion that the dry treatment may be sufficient in a clinic, but in a polyclinic, or in cases where you cannot see the patient regularly, you cannot do without irrigations.

Prof. PEL: The same question about dry treatment rises after operation of empyema of the thorax. Formerly it was usual to irrigate the pleural cavity, but often fever and complications followed. With the dry treatment the results are much better. The analogy, therefore, would plead for dry treatment of middle ear inflammation.

Dr. ZWAARDEMAKER observed that the two cases are not the same. We do not irrigate the tympanum, only the meatus—which would be analogous to keeping clean the neighbourhood of the wound in the thorax.

Dr. SIKKEL cannot do without the syringe. In the dry treatment some pus must often be left in the depth of the meatus.

Dr. BURGER and Dr. GUYE expressed much the same opinion.

Dr. H. BURGER. *A Case of Radical Operation with persistent Opening for Cholesteatoma.*

The patient, a man of twenty-seven years, came under treatment four years ago with an old fetid right otorrhœa, which had lasted since his thirteenth year, and he also suffered with much giddiness and headache. A quantity of cholesteatomatous matter was removed. Part of the upper and posterior wall of the meatus was gone. This opening led to a large cavity in the mastoid, from which also fetid matter was removed. The giddiness and headache disappearing, the patient left off the treatment. Three years later, in December, 1895, he returned. He had been well for more than two years, and now for half a year again suffered from giddiness and headache. Once he had an attack with lipothymia, diplopia, and convulsions. On December 24th he was operated on, the rest of the bony posterior wall of the meatus was removed, and the wound was coated by a plastic operation, after the method of Stacke-Jansen. On March 5th the whole wound was coated with epidermis, and there was no trace of secretion. The general health was very good, and the patient said his memory, which had been feeble for the last years, was much better. Hearing power for whispered voice had improved from 0.50 mètre to 2.50 mètres.

Dr. REINHARD: I think the fact that the Eustachian tube is quite closed very remarkable. I hear from Dr. Burger that this has not been obtained on purpose. I have often tried in the operation to bring about that closing of the tube by curettement, or by cauterization, but always without success. I consider it to be a very happy circumstance.

Prof. GUYE: In my opinion it is better that the Eustachian tube remains open, in view of the normal ventilation of the tympanum.

Dr. BURGER: I consider, with Dr. Reinhard, the closure as an advantage, principally in cases of cholesteatoma, where often a relapse is occasioned by infection through the Eustachian tube. The ventilation through the tube has no importance after a radical operation, where the tympanic membrane and the posterior wall of the meatus are removed.

Dr. H. VAN ANROOY. *A Papilloma of the Larynx, discovered by means of Kirstein's Autoscope.*

The case was that of a child, three years of age, which, after having had measles and whooping cough, had become hoarse and dyspnoic. As laryngoscopic examination was very difficult to perform, Van Anrooy tried the autoscope of Kirstein in narcosis, and was able to find large multiple papillomata in connection with the right vocal cord. The growths were removed on April 29th, by Dr. van der Hoeven, by means of laryngofissure, as Dr. van Anrooy did not think this a fit case for endo-laryngeal operation. He was well satisfied with the aid to the diagnosis given him by the autoscope of Kirstein.

Dr. Anrooy also showed a hard round wood splinter of two centimètres in length, which he removed with Mackenzie's forceps from a larynx, where it was impacted beneath the left vocal cord, between the regio interarytenoidea and the lateral wall of the larynx. By traction

with the forceps the splinter was broken, took the form of a V, and was then easily extracted.

Dr. ZWAARDEMAKER. *Paracosis Willisii.*

After a critical review of the various interpretations of this symptom, Dr. Zwaardemaker, in analyzing the symptom itself, comes to the conclusion that in these patients the absolute perception of sounds is diminished, but the relative or differential perception is as good or even better than normal. He has made experiments in this direction by means of the harmonica of Urbantschitsch, and has found his hypothesis confirmed. He intends to publish his experiences separately.

Dr. BOLT. *On Treatment of Chronic Purulent Middle Ear Disease, with high-placed Perforations, by Styron.*

Dr. Bolt has made a trial with styron, as recommended by Spalden some time ago. Styron is composed of styrax and balsam Peruv. aa. He makes use of an alcoholic solution containing five per cent. of styron, and has seen very good results from its use.

Dr. BRONDGEEST. *On the Surgical Treatment of Lupus and Tuberculosis of the Larynx.*

As a sequel to his formerly published cases, he related two new cases of far-advanced secondary lupus of the larynx, in which surgical treatment, laryngotomy, extirpation of the epiglottis after pharyngotomy, and destruction of the lupous or tuberculous tissue by the thermo-cautery, was applied. One of the cases was cured; in the other the larynx was getting on very well, but the patient died of acute pulmonary tuberculosis.

Guye.

VIENNA SOCIETY OF LARYNGOLOGY.

January 9th, 1896.

President—Prof. STOERK.

SCHEFF. *Fracture of the Laryngeal Cartilage, and Presentation of a Specimen.*

Isolated fractures of the cricoid cartilage are rare. Specimen shown was from a healthy man, aged twenty-four, who had received a blow on the neck. The face, the neck, the upper limbs as far as the articulations of the hands, and the trunk down to the scrotum, were infiltrated with air in the subcutaneous cellular tissue. Respiration was very embarrassed, air penetrating under the skin at each expiration. There was no time to lose, and after various unsuccessful attempts to introduce a catheter, the author decided to open the air passages. The patient succumbed. At the autopsy a fracture of the cricoid cartilage was recognized.

Scheff then proceeded to make a communication based on experiments made on twenty cadavers. Reviewing the literature of the subject, he referred to cutaneous emphysema as the most marked symptom.