operation ; frequently it would be followed by a sudden violent outbreak of tuberculosis. Therefore, extreme care was required in selection of cases.

(Œsophagoscopy and its Clinical Significance.

Prof. VON HACKER (Innsbruck) read a paper in which he said a short survey of the historical phases through which œsophagoscopy has passed up to the present time will prove why the writer, from practical experience, considers œsophagoscopy on Mickuliez's principle the most suitable of the time. In this the reflected light from an incandescent lamp of simplified and improved form is used, and from which, also, Rosenheim's method of examination differs only slightly.

The most noteworthy abnormal results of the more important diseases of the œsophagus will be considered afterwards, under analysis of the appearance and physiological condition of the interior of the normal œsophagus—such as inflammatory processes, constrictions, dilatations, formations of diverticulae, new growths, and foreign bodies. From these investigations we obtain the clinical significance of œsophagoscopy, which, first of all, is an aid to diagnosis, but besides that serves a therapeutic purpose, most particularly in the case of foreign bodies in the œsophagus.

The instrument was then shown and a practical demonstration of its application given.

BELGIAN SOCIETY OF OTOLGY AND LARYNGOLOGY.

Summer Meeting, Brussels, 1897.

Dr. BAYER, President.

(Specially reported for the JOURNAL OF LARYNGOLOGY by Dr. HICQUET.)

MORNING SESSION.

Presentation of Patients, Anatomical Specimens, and Instruments.

M. CAPART (Brussels) showed a fragment of bone, measuring one by two centimètres, coughed up after a sojourn of some three years in the left bronchus.

M. EEMAN showed a patient operated upon four years ago for keratinizing carcinoma of the left vocal cord. A recurrent growth had developed in the skin wound. The speaker drew attention to the very slow development of the growth, the mechanism of malignant regeneration explaining itself in no other way.

M. EEMAN exhibited microscopical preparations of a sarcomatoid fibroma of the larynx. The growth showed numerous traces of inflammation, and was filled with young cellular elements, which created a suspicion of sarcoma. Definite cure had followed removal.

M. EEMAN also showed a temporal bone presenting an anomaly of the transverse sinus, which was situated immediately behind the meatus,

from which it was separated by a layer of bone two or three millimètres in thickness. In this case it would have been impossible to make an operation channel in antrectomy.

M. GORIS (Brussels) showed three patients cured of empyema of the maxillary sinus by a radical operation, described by the speaker at a previous meeting of the Society. He repeated his former conclusions, namely, that chronic Highmoritis required extensive curettage after removal of the anterior wall of the sinus, and that the disease required prolonged post-operative treatment.

M. GORIS reported two cases of sinusitis frontalis operated upon by himself, with the object of demonstrating the necessity of opening through the anterior wall, by which means alone is access to the cavity obtained with certainty; and also to emphasize the danger of delaying operation until the patient is already suffering with cerebral infection.

M. GORIS showed two patients who had undergone thyrotomy for early tubercular laryngitis. One case was that of a girl of twenty, presenting a small ulceration in the left arytenoid region. During the operation six small tubercles were discovered on the inferior face of the left vocal cord. (Curettage, thermo-cauterization.)

The second case was that of a young man of twenty-six, with long-standing unilateral chondritis. In both cases the results were good: in the first instance the voice remained clear; in the second the voice continued hoarse, as it was before the operation.

The second patient put on nine pounds in two months. The cicatrix, in a short time, showed signs of tuberculosis, and was, in part, removed. The second cicatrix is sound. The speaker mentioned a third case operated upon by him, relating to a tuberculous subject with marked disease of the lung—a condition absent in the preceding cases. Result encouraging.

M. HICQUET (Brussels) showed two cases of lupus of the nose, which had been modified for the better, and in a very distinct manner, by the cathodal rays. Under the influence of this treatment ulceration had healed and re-formation of tissue had taken place.

One case had been submitted to twenty-nine and the other to ninety exposures of nine minutes' duration. The results, altogether, were very encouraging. Tuberculosis of the larynx and ozæna were not benefited by this method of treatment.

M. ROQUET (Lille) showed a hæmorrhagic polyp of the nasal septum.

M. ROUSSEAU (Brussels) showed a metal terminal, designed to facilitate catheterization. This terminal, fixed to the free end of the tube attached to the bellows, is provided with a catch which runs in a groove on the catheter, and so firmly unites the two instruments.

M. SCHLEICHER (Anvers) showed an appliance for use in rarefying and condensing the air in the meatus. The end of the tube is attached to the air reservoir, while the other end is covered with a small, thin rubber disc—a kind of artificial membrana tympani—which indicates if the massage is being carried out effectually.

M. GELLÉ (Paris) has modified the masseur so that, when in place, the first movement produced is one of aspiration.

The Treatment of Ozæna by Cupric Electrolysis. (The report of a commission appointed by the Society to examine this treatment.)

M. HENNEBERT:—Gentlemen,—At the sixth meeting of the Otologists and Laryngologists of Belgium, held at Brussels on the 16th of June, 1897, Dr. Cheval read a communication dealing with the treatment of ozæna by interstitial electrolysis, in which he stated that he had obtained ninety-one per cent. of cures, and that seventy out of ninety cases had been cured after one sitting. These cures had been obtained by electrolysis alone and without injections. At the last meeting of the Society, a commission was appointed, consisting of MM. Eeman, Schleicher, Goris, Buys, and Hennebert, to examine into the action of cupric electrolysis in ozæna. We are present here to report the results of our research, which are as follows:—

Seven patients suffering with typical ozæna have been treated by M. Cheval himself with cupric electrolysis.

Of the seven—one has been lost sight of; one has submitted to a single electrolysis on one side; three have submitted to a single electrolysis on both sides; one has had one electrolysis on one side and two on the other; one has had two on each side.

The patients have been forbidden to use nose washes.

The sittings have taken place at intervals of from six to eight weeks. Among the six cases under consideration, we have seen not a single instance of cure. In one case the patient noticed benefit of a subjective character, and declared that the crusts came away more easily. In no case have we observed any benefit or appreciable objective change. Two of the patients have of their own accord gone back to syringing, in spite of orders to the contrary. In these cases, as well as the others, all change in the nose is absent.

The report was followed by a lively discussion, in which M. Cheval and the committeemen, as well as several of the members of the Society, took part.

M. CHEVAL stated that the cases of ozæna presented to him for trial were of exceptional severity, and, moreover, reproached the members of the commission for having failed to be present at all the electrolysis sittings; and, finally, he was surprised that the evidences of improvement observed by him had completely escaped their notice. He would add that he was not singular in obtaining cures by cupric electrolysis, but that MM. Capart, Bayer, Rommeau, and Wodon at home, Moure, Moritz Schmidt, and Garel abroad, had demonstrated the efficacy of the method.

In reply it was said that the commission was not appointed to decide as to whether or not ozæna in general could be cured by cupric electrolysis. A certain number of ozæna cases had been taken at random and transferred to M. Cheval for treatment at his own hands. After this the commission had made a second examination and found the patients neither cured nor benefited. This result was transmitted to the Society. The matter was one of simple statement of fact.

M. Cheval refused to continue the experiments.

Acquired Syphilis of the Ear.

M. HENNEBERT. Conclusions : These affections are rare, but evidence is forthcoming to show that they are less uncommon than is generally supposed.

1. In a large number of cases constitutional syphilis is not diagnosed.
2. Many lesions of the external ear, in all respects similar to cutaneous manifestations in other parts of the body, escape examination by aurists.
3. A large number of aural affections of syphilitic origin have their etiology ignored by reason both of the limitations of our actual methods and of the absence of typical clinical symptoms which permit of the diagnosis of a specific cause.

External Ear. Chancre of the auricle is extremely rare (four cases known). Condylomata of the meatus seem to be the most frequent manifestation in the external ear ; possibly they take part in the formation of certain congenital deformities of the auditory canal (hereditary syphilis with intrauterine course).

Middle Ear. In the great majority of cases, lesions of the tympanum are dependent on disease of neighbouring organs (nose, pharynx, etc.), and consist as a rule of catarrhal manifestations of varying intensity with the nature and course of the causal lesion.

Internal Ear. Two forms of specific disease of the labyrinth must be distinguished. (1) The slow chronic form. (2) The acute apoplectic variety. Both forms have symptoms in common, which are identical with those of all labyrinthine affections ; they differ from one another in that the acute variety is accompanied by vertigo and various disturbances of equilibrium, associated with nausea and vomiting.

In the chronic slow form, destruction of the peripheral organs of equilibrium takes place gradually, without evoking reflexes, and is accompanied by a compensatory functional development of sight, tactile, and muscle sense. The Brach-Romberg sign alone reveals the ampullary lesion.

In the apoplectic variety, this compensation has no time to develop, disturbance of equilibrium is marked, while nausea and vomiting indicate that the irritation spreads from the auditory nuclei to the neighbouring glosso-pharyngeal and vagal nuclei.

Finally, deafness and disturbance of equilibrium coming on during the course of syphilis, may form part of a complex of symptoms due to a lesion situated outside of the internal ear ; for instance, in the internal auditory canal, at the base of the skull, or in some part of the brain.

The pathological anatomy of aural syphilis has as yet scarcely been studied. Syphilis can set up a process of sclerosing osteitis around the antrum. (Specimen shown.)

M. BROECKAERT. *Hereditary Syphilis.*

Syphilitic ear troubles, due to hereditary influence, may be developed at any age, though we have no unequivocal evidence of hereditary syphilis becoming manifest in adult life or old age. Early hereditary syphilis produces, more often than is generally admitted, various specific lesions of the ear.

Certain forms of syphilide appear on the external ear, and are often characterized by a marked tendency to ulceration. In the middle ear they produce divers symptomatic affections, and certain direct or indirect complications of disease in the neighbourhood. Among the latter, middle ear suppurative should have special characters, a matter, however, which is far from being proved.

With regard to dry otitis, one must consider it, with Gradenigo, as a parasyphilitic affection; that is to say, specific in origin, but not in character. Hereditary syphilitic deafness is generally due to labyrinthine disease, of which the pathology is obscure. It may come on in early infancy, but usually does so about puberty. It should be considered as one of the etiological factors in cases of congenital deaf-mutism, classed as consanguineous or hereditary. The prognosis of congenital syphilitic deafness is very grave, since the defect is usually permanent. On the other hand it is certain that energetic treatment, undertaken when the lesions are relatively recent, may not only arrest the course of the malady, but even establish complete cure. The best results have been obtained with hypodermic injection of pilocarpin.

The Early Symptoms of Laryngeal Tuberculosis.

MM. CHEVAL and ROUSSEAUX. Conclusions :

1. Laryngeal tuberculosis is primary and secondary—*i.e.*, consecutive to pulmonary phthisis.

2. The premonitory stage, sometimes of many years' duration, takes two forms :

(a) The catarrhal form. These are cases of laryngitis which resist treatment, which are seldom generalized, and which are usually localized to one vocal cord. It is an error to suppose that this form may lead to primary laryngeal tuberculosis.

(b) The anæmic form. Anæmia of the larynx and pathognomonic anæmia of the velum in subjects who are not always anæmic or chlorotic. This variety is complicated with aphonia, intermittent and more or less persistent, with respiratory troubles. Is pulmonary disease always present? Auscultation and percussion cannot as yet answer this question with certainty in many cases.

3. Microscopic examination of the sputa makes early diagnosis possible, but this does not show if the disease is primary or secondary.

4. *Post-mortem*.—We have never met with an instance of primary laryngeal tubercle. Lesions take two forms :

(a) Granular infiltration. Small granulations of greyish aspect are found in some part of the larynx. The infiltration is often quite superficial, and is rarely more than one millimètre in depth. It is accompanied by congestion and œdema. Later, these granulations undergo caseous degeneration, and a large number of minute erosions result, which, running together, produce ulceration.

(b) When of recent development the ulcer is shallow and superficial, the edges are jagged, and the base is grey and fairly smooth. On the other hand, old ulcers are broken up, very irregular, and studded with hollows, actual small cavities, around which the tissues are sclerosed.

These ulcers are covered with pus. Other lesions, such as caries, necrosis, and loss of cartilage, are not found at this stage.

5. No relation exists between the degree of the laryngeal and pulmonary lesions; thus we have seen extensive pulmonary excavation on both sides and the larynx free from disease, or but slightly infiltrated.

6. We have not found any preference for particular parts of the larynx. We have found the lesions in all parts, but we wish to determine by an extensive series of observations if they are not more frequent on the right side. In sleep the right side is generally lower, and consequently more exposed to pulmonary secretions.

7. The side of the larynx most affected does not correspond to that of most diseased lung. Even crossed lesions have been met with.

8. General treatment is imperative, as at all stages.

9. The mountain-air cure is the best treatment.

10. Local surgical treatment gives good results. This should be a thorough curettement, followed by cauterization with lactic acid, *per vias naturales*. In some cases where the laryngoscope does not give precise information as to the position and extent of the lesion (*e.g.*, subglottic infiltration), thyrotomy, followed by curettement, may find its uses.

Recurrent Paralysis.

M. BROECKAERT has undertaken a fresh series of experiments, in order to determine the causation of the median position of the cord in partial recurrent paralysis. He has not found more distinct evidences of degeneration in the abductor than in the adductor muscles, in dogs two months after resection of the nerve. He has failed to demonstrate the existence of centripetal fibres in the nerve.

M. COOSEMANS. *Holoraine in Oto-Laryngology.*

The speaker warmly recommended this new drug, which can be used as a local anæsthetic in one per cent. solutions. It has the advantage over cocaine of being non-toxic, in producing no vaso-constriction, and in causing less irritation when first applied. Moreover, it is cheaper, and solutions are not decomposed by keeping.

A Case of Bezold's Mastoiditis.

M. DÉLIE described an acute case of this disease, with necrosis of the apex of the apophysis. Rapid cure followed free opening by the ordinary method.

A Case of Hysterical Deafness without other Manifestation of Hysteria.

M. EEMAN agreed with Gradenigo in thinking hysterical deafness more common than was generally supposed. He described in detail a case recently under his observation. The patient had suddenly become almost totally deaf, after a violent emotion provoked by an auditory impression, without any of the phenomena which usually accompany a lesion of the hearing organ (tinnitus, vertigo, etc.). The deafness rapidly became total for all sounds. The patient presented numerous areas of cutaneous anæsthesia and of extreme hyperæsthesia, with marked diminution of the visual field. No anatomical change present. The deafness yielded to psychical treatment.

Twelve Cases of Rhinitis Pseudo-Membranosa Diphtheritica.

M. EEMAN recalled the fact that at the last annual meeting he had maintained the theory of unity of pseudo-membranous rhinitis. He believed that this affection was always due to Loeffler's bacillus, and he proved it by a series of observations tested by bacteriological methods. He reported twelve cases of obvious diphtheritic rhinitis.

M. BAYER had seen similar cases.

M. BUYS had, during two years, found the bacillus in five out of six false membranes examined. The negative result in one case might be put down to faulty technique. He had not seen contagion.

M. LUBET-BARBON thought it would be interesting to know if this form was contagious.

M. EEMAN said that an observation of Dr. Gavaert showed it to be so.

M. CHEVAL had also seen a case.

A Case of Naso-Pharyngeal Fibroma in an Old Woman: Treatment by Curettage of the Naso-Pharynx. Cure.

M. GAUDIER. The fibroma showed several centres of sarcomatous degeneration (examined by the author). It was of the size of a mandarin orange and filled the naso-pharynx in a woman of sixty. There was a history of at least twenty years. The author removed it, under an anæsthetic, with an adenoid curette of Lermoyez's pattern, but of very large size. Hæmorrhage was insignificant, owing, probably, to depth of the curettement, which reached the periosteum. The operation lasted less than a minute. No recurrence after two months.

M. NOQUET said that the case was interesting, as showing the inexactitude of the belief that naso-pharyngeal tumours disappeared after the age of twenty-five.

Case of Lupus of the Larynx. Surgical Treatment. Cure.

M. GOUGUENHEIM had practised deep curettage in a case of secondary lupus of the larynx. This proceeding was followed by thorough actual cauterization. No recurrence after six months.

Vacuolated Tympanic Membrane.

M. HENNEBERT drew attention to a special appearance presented by the drumhead in some cases of sclerosis. The appearance was that of drops of fluid, strongly refracting light, but not appreciably standing out from the surface of the membrane. Their existence was an unfavourable diagnostic sign.

Acute Empyema of the Mastoid Antrum; Extradural Abscess; Trepanation of the Mastoid and Cranium; Cure.

M. HENNEBERT, in describing this case operated upon by him, found an opportunity of making several interesting observations. To begin with, the cause of the trouble was to be found in a syphilitic nasal lesion of long standing; in the second place pyrexia was absent; finally, the membrane was restored to integrity in spite of prolonged suppuration.

The Use of Bromide of Ethyl.

M. JACQUET made use of this anæsthetic in operations of short duration in children. The trismus which occurred when administration was unduly prolonged was not a formidable accident, as a delay of a few moments sufficed for its disappearance. Only impure samples gave disappointing results.

A Case of Fracture of the Styloid Process.

M. VAN DOORSLAER. The fracture, which occurred near the extremity, simulated the presence of a foreign body under the mucous membrane of the left wall of the pharynx. *Waggett (Trans.).*

AUSTRIAN OTOLOGICAL SOCIETY.

Second Annual Meeting of Austrian Otolologists, Vienna, June 27th and 28th, 1897.

(“*Monatschrift für Ohrenheilkunde*,” July, 1897.)

(Translated and abridged by Dr. DUNDAS GRANT.)

President—Prof. ADAM POLITZER.

Dr. GUSTAVE ALEXANDER. *On the Anatomy and Development of the Lower Part of the Mammalian Labyrinth.*

The canalis reuniens is generally described as the canal of junction between the saccule and cochlear duct; the vestibular cæcum is the vestibule end of the cochlear duct as opposed to the cupola end, which is sometimes called the “cupola cæcum.” From the study of the development of the parts in the guinea-pig, and in a large number of developed mammals, the writer has come to the following conclusions:—

The canalis reuniens develops at the same time as the saccule and cochlear duct, from an indifferent stage of the pars inferior. Its development is to be traced back to a period at which it is not yet narrowed as compared with the saccule and cochlear duct.

The macular area of the pars inferior is at first connected with the pars superior and extends into the cochlear duct, but very soon the area separates from the smaller portion of the pars superior, so that the papillary area of the cochlea is quite apart from the macular area in the saccule and the ductus reuniens. The macular area of the canalis reuniens is in connection with that of the saccule, and at first it develops in an analogous manner to that, and later undergoes atrophy.

In the fully developed individual we find in its place in the canalis reuniens simply a streak of cochlear epithelium, which extends upwards to the peripheral nuclear layer of the macula of the saccule.

The writer was of the opinion that in the canalis reuniens of mammals there was the remnant of the section of the labyrinth which was, perhaps, fully developed in fish, but this part of the question required further investigation.

The cæcum developed at a period at which the canalis reuniens was