

THE
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THE BRITISH MEDICAL ASSOCIATION MEETING AT EXETER.

PROSPECTS OF THE SECTION OF LARYNGOLOGY AND OTOLOGY.

MANY who were deterred from taking part in the work of the Section at the Toronto meeting last year will, as the result of a year's deprivation, avail themselves with more than ordinary readiness of the meeting at Exeter, which will, however, have run half its course before the end of the present month. Moreover, the attractions of the famous cathedral town, and those of "glorious" Devon in general, will help still further to ensure a good muster. It is obvious that, not only in number, but in quality, the Section in which we are interested is sure to be a successful one. Dr. Mackenzie Johnson is not merely a technical expert and a genial and cultured man, but he is a man of business, accustomed to the ways of meetings. This qualification is of no slight importance, as we may count on that smooth, orderly, and expeditious despatch of business, for the want of which such meetings have occasionally been a source of disappointment. The vice-presidents have also been well chosen, and no more popular and respected otologist could have been selected as secretary than Mr. Whitehead, of Leeds, his local colleague, Mr. Charles Edward Bean, having, no doubt, the confidence of his friends in the south-west at present, and of all of us in the immediate future.

The programme condensed into the too short time of three days is of the utmost practical interest, as both the choice of subjects

for special discussion and the names of the participators in the work will amply prove.

No more practical subject in laryngology could have been selected than the "Differential Diagnosis of Tuberculous, Syphilitic and Malignant Disease of the Larynx," and it could not have been placed in better hands than those of Sir Felix Semon and Dr Jobson Horne, the former bringing to bear on the subject the result of a long and responsible clinical experience, while Dr Jobson Horne has identified himself more particularly with the pathological aspect of the question, carefully checked by a close analytical study of a large series of cases. His paper in our last issue is an evidence of this.

The scope of Sir Felix Semon's paper is indicated by the epitome of it which we quote from the *British Medical Journal* (Supplement) for July 6. He purposely omits from consideration the "typical" cases, in which the diagnosis is relatively easy, and confines himself to those in which either the appearances are so deceptive as to induce even an experienced observer to arrive at an erroneous conclusion, or in which the signs are so ambiguous as to make the expert pause before committing himself to a definite opinion, or finally in which no clue is offered by the local or the general phenomena as to the true nature of the case. We may count on an uncompromising dissection of his clinical material formulated in the author's out-spoken style and affording much scope for reflection. He classifies his headings as follows:

- (1) Congestion of the vocal cords as an initial sign of tuberculosis, syphilis, and malignant disease—(a) bilateral, (b) unilateral.
- (2) The difficulties of diagnosis between tuberculous, syphilitic, and malignant laryngeal tumours.
- (3) Laryngeal tuberculosis in middle-aged or old people as a source of error in the differential diagnosis between tuberculosis, malignant disease, and syphilis of the larynx.
- (4) Difficulties of differential diagnosis between all the three diseases when appearing in the form of infiltration.
- (5) Combination of two of the diseases under consideration, and consequent diagnostic difficulties.

Under each of these headings the signs are enumerated which may be useful in arriving at a correct diagnosis, and the difficulties encountered are illustrated by examples furnished by the author's own experience.

The epitome of Dr. Jobson Horne's paper sketches some lines of study which promise to be of the greatest interest. He considers

tuberculosis to be the disease of the three which is the most commonly overlooked, and indicates a process of eliminating it as an important step towards the diagnosis of malignant disease. While agreeing with Dr. Horne that tuberculosis is very frequently overlooked, we cannot help thinking that those of us who from circumstances are led to see large numbers of cases of laryngeal tuberculosis are apt to jump rather too readily at its diagnosis, as there is scarcely any form of infiltration and ulceration of the larynx which tuberculosis may not imitate. Those who see little are too often led to overlook it with disastrous results. In regard to syphilis, whilst describing certain characteristic features, he proposes to view it more from the point of view of being a possible factor, both concomitant and causal, common to tuberculosis and malignant disease.

Transillumination of the larynx is to be discussed as an aid in ascertaining the nature and the extent of the disease, and the value and fallacies of the opsonic index are to be touched on. The significance to be attached to the pathological histology of portions removed for microscopical examination is to be considered in detail, and probably this will be among the most important part of the study. The technique of the removal of fragments is to receive the great consideration it deserves, as few experienced observers can have failed to have seen instances of error in the diagnosis of malignancy by this means, both from "positive" and "negative" results, especially the latter. Dr. Shattock's remarks on this subject at a recent meeting of the Medical Society may be familiar to our readers. If Dr. Horne succeeds in showing how these errors can be considerably reduced in frequency, not to mention their entire elimination, he will deserve well of his fellow specialists.

Chronic suppuration of the middle ear figures again, but in a very definite and somewhat neglected aspect, namely, its treatment without resort to the radical (complete) mastoid operation. One would suppose that there has hitherto been a tendency to rivalry among aural surgeons as to which can produce the biggest numerical series of cases of the radical operation. Professor Lucae expressed the view at the International Otological Congress that the rivalry should take the form of striving to show how large a percentage of cases of chronic suppurative otitis we can succeed in curing without the radical operation. He operated in about 9 per cent., and probably that is a fair average. It would be disastrous if the struggle against operation were overdone, as lives would certainly be lost,

but unnecessary operations are to be deprecated, and it is to be hoped that the scope and limits of conservative treatment will be defined by this discussion as far as it is possible in the nature of things for this to be done. Dr. Milligan, of Manchester, will in his opening remarks, deal with the definition of chronicity which, in view of the very early period at which some operators undertake the operation as adapted for chronic cases, is evidently very loose. He will also classify the types of chronic suppuration no doubt on the probable pathology as arrived at by a more careful analysis of the clinical signs than many operators appear to make. It is in this respect that the "rule of thumb" operators appear to us to err most seriously, rushing into radical proceedings in those "types" in which a more conservative plan of treatment would be appropriate. We may hope to have light shown on some points on which opinions seem to differ very widely, as, for instance, the relative frequency with which suppuration in the attic is confined to Prussak's space without involvement of the antrum and mastoid cells. Thus Professor Politzer, in reference to the indication for ossiculectomy,¹ states: "That in the overwhelming majority of cases the suppuration is localised in the outer attic," whereas Mr. Charles Heath expresses the opinion that affection of the attic cannot be differentiated from that in the tympanum, and both are dependent on mastoid disease.²

Methods of treatment, such as drainage, inflation, and aspiration are to be reviewed, and their limitations will no doubt be very obvious, especially when the classification of cases from the point of view of danger to life is made. We presume that under the headings of the "Wet and Dry Methods of Treatment" the various antiseptic, astringent, caustic, and alcoholic remedies and the minute technical manipulations, which makes them so valuable in the hands of a master of his art, will be referred to. The intra-meatal operative procedures also merit particular attention, as aurists who have practised previously to the popularisation of the radical mastoid operation will remember many cases which yielded to the persevering and, we may say, scientific exercise of intra-meatal technique. This includes localised cauterisation and curetting, intra-tympanic snaring, and the delicate intra-meatal manipulation which is apt to be eclipsed by the panaceal "radical" operation, and which seems in imminent danger of becoming a lost

¹ "Text-Book of Diseases of the Ear." English translation, foreign edition (p. 493).

² *British Medical Journal*, July 13, 1907, p. 81.

art. We trust, for the credit of our speciality, that it may be saved from this fate, much as we value the resources placed at our disposal by Schwartze, Küster, Stacke, and their followers.

Dr. William Hill co-operates with Dr. Milligan in introducing the discussion, and in his epitome he very significantly indicates the intention of comparing the results of the various mastoid operations with those of meatal ossiculectomy and external atticotomy. If we may judge by a letter contributed by him recently to the *British Medical Journal*, any excess of zeal displayed in resorting to mastoid operation will be submitted to the most thorough criticism. He is a keen supporter of the claims of Küster as founder of the modern radical mastoid operation. This was, however, only one instance of the application of Küster's great principles with regard to the healing of cavities bounded by rigid walls.

Among other papers is one by Professor Onodi, of Buda-Pesth, on the "Etiology of the Severe Complications of Empyema of the Accessory Nasal Cavities." This will no doubt include reference to his observations on contra-lateral disturbance of vision due to disease of the accessory nasal cavities detailed in the original paper from his pen, which we have the privilege of publishing in our present issue. Doubtless his utterances in the Section will throw light upon some of the more obscure passages. Our readers will probably be tempted to visit the Section of Ophthalmology to hear a paper by Dr. Henry Manning Fish, of Chicago, on a "Study of Thirty-six successive Cases of Optic Neuritis, in Twenty-six of which Nasal Accessory Sinus Disease was present." In fifteen treatment of the sinus was followed by improvement in the ocular condition, three of them being bilateral and with subsequent restoration of normal vision. We have been favoured with a tabular statement of these cases, with the addition of those gathered from the literature of the subject, and shall have much pleasure in placing this instructive document before our readers in a subsequent issue.

Mr. Macleod Yearsley will deal with pneumo-massage in affections of the middle ear, and many will desire to have some definite evidence as to its actual value, as it is a mode of treatment which seems to have suffered alike at the hands of its detractors and of its over-laudators.

Mr. George Jackson, of Plymouth, Vice-President of the Section, has not contributed so often to the programmes of these meetings as many would wish, although he has been a regular attendant,

and has taken a valuable share in the discussion. He promises a paper on the "Relative Frequency of Caries of the Superior and Middle Turbinals and Ethmoid Bones, and the Importance of Examining the Nose in all Cases with Symptoms of Deafness, Giddiness, and Vertigo, and Throat Affections, with some Remarks on the Treatment thereof." This subject reminds us of the researches of Dr. Edward Woakes, which were published at a period when the rhinological mind, in this country at least, was in an unnecessarily sceptical state, and at the same time scarcely developed to such a degree as to enable it to afford them the benefit of calm, critical consideration. Mr. Jackson's paper will at the present day be looked forward to with considerable interest.

The programme will be further enriched by contributions from the pens of Dr. Robert Fullerton on "A Teratoma of the Tonsil," Mr. Chichele Nourse on "Frontal Sinusitis," to which he has for some years devoted considerable attention, and Mr. Stuart Low on "Submucous Turbinectomy," a refinement in technique which will be new to many.

The dangerous sequelæ of suppuration of the middle ear will be illustrated by Dr. Syme's remarks on "A Case of Acute Suppuration of the Middle Ear, complicated by Septic Meningitis and Brain Abscess," and by Dr. Bronner's notes on "A Case of Thrombosis of the Lateral Sinus, with Complete Obliteration of the Jugular Vein"—rather a disconcerting condition for any junior operator who seeks for the vein and finds in its place a cord of about the same thickness as the vagus nerve. Mr. Hugh Jones confines himself to a description of slight deviations from the normal in the form of the auricle in relation to degeneracy and deafness, a subject which has been insufficiently studied in this country, although it has appealed very strongly to the natives of the land of Lombroso and particularly to our respected Italian *confère*, Professor Gradenigo. Dr. E. S. Yonge will combine speculative pathology and practical deductions therefrom in his observations on the determining cause in the formation of nasal polypi, which has formed the subject of a volume from his pen which we had recently the pleasure of commending. Among interesting exhibits will be lantern demonstrations by Dr. Watson Williams on "Some points in the Anatomy and Surgical Treatment of the Nasal Accessory Sinuses," of which it may be truly said we cannot know too much, and by Dr. Milligan on the surgical treatment of labyrinthine suppuration—one of the most important and responsible additions to our art. The accessory sinuses will be illustrated by diagrams by Professor Onodi, who

will also show a phantom of the larynx and an instrument for opening the antrum of Highmore. Mr. T. Guthrie, whom we have had much pleasure in adding recently to the number of the collaborators on the staff of the *JOURN. OF LARYNGOL., RHINOL., AND OTOL.*, will show diagrams illustrating the development of the middle ear. The following have signified their intention of taking part in the discussion: Dr. Kerr Love, Dr. Stanley Green, Mr. Macleod Yearsley, Dr. Smurthwaite, Mr. Hunter Tod, Mr. Lake, Dr. Fullerton, Mr. F. Spicer, Mr. Mark Hovell, Dr. Chevalier Jackson, Mr. Chichele Nourse, Mr. Stuart Low, Dr. Syme, Dr. Pegler, Mr. Heath, Mr. Guthrie, Dr. Tilley, Mr. Hugh Jones, Dr. A. Bronner, Mr. J. Bark, Dr. Stoddart Barr, Dr. Mérel, Dr. Dundas Grant, Dr. Cresswell Baber, Dr. Willinger, Dr. Birkett.

Among the most welcome visitors will be Dr. Chevalier Jackson, of Pittsburg, U.S.A., and our old and valued friend Dr. Birkett, of Montreal. None of the elements conducive to success are wanting, and we feel sure that those who attend will be amply repaid.

TRUE TUBERCULAR TUMOURS OF THE LARYNX AND TRACHEA.

WE have received a communication from our old and esteemed contributor, Dr. J. Nowland Mackenzie, on the above subject, expressing a desire that our readers should have before them some of the arguments on which he founds his claim to have been the first to report cases of true tubercular tumour of the larynx and trachea. Dr. Mackenzie claims that since the publication of his original paper several unsuccessful attempts have been made to deprive him of the credit due to the discovery of this form of tuberculosis in the upper air-tract. In the *British Medical Journal* of June 7, 1884; the *Centralblatt für Laryngologie*, etc., March 3, 1885, No. 9; the *Wiener med. Presse*, 1885, Bd. 26, pp. 473 and 976 (further reference may be made to an article by Percy Kidd in *St. Bartholomew's Hospital Reports* for 1885, vol. xxi), Dr. Mackenzie has placed his views before the profession as far as Professor Schnitzler's claims are concerned. Professor Ariza's alleged priority was dealt with in a review in the *Centralblatt für Laryngologie* for April, 1886. Dr. Mackenzie holds that from the illustrations and the accompanying text the first case was clearly a malignant growth, probably a sarcoma, and the second patient had suffered from pedunculated fibrous polyp. Unfortunately no *post-mortem* was obtained. Dr. Mackenzie's excellent work deserves the fullest recognition