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**THE INTERNATIONAL CONGRESS, LONDON, THROUGH
FOREIGN SPECTACLES.**

It is with much pleasure that we are able to report that the painstaking arrangements made by the officers and councils of the Sections of Laryngology and Otology at the recent International Congress seem to have been crowned with almost perfect success, if we may judge from the flattering accounts which have appeared in many of our foreign contemporaries.

The following extracts speak for themselves:

Prof. Finder, in *Semon's Centralblatt für Laryngologie*, after an admiring tribute to the perfect organisation of the Congress as a whole, writes:

"That the proceedings [in the special Section] ran such a harmonious course, undisturbed as they were by a single jarring note, and that it was possible to carry to completion the whole of the extensive programme of work, was largely due to the President of the Section, Sir StClair Thomson. His fine tact, his urbane courtesy, and the never-failing charm of his address, whether he spoke in English, in French, in German, or in Italian, made his chairmanship a real æsthetic delight."

Regarding the social entertainments the same eloquent writer says: "Every function was delightfully thought out to the finest detail and arranged in the most perfect manner. Everything bore the impress of that genuine worth and distinction which an old and select culture alone can bestow, and what is of more value, we received the pleasant impression that everything was offered to us in the true spirit of kindly hospitality, and that the giving gave real pleasure to the givers."

Prof. Moure, in the *Revue Hebdomadaire de Laryngologie*, says:

"Our English *confères* were hospitable without stint, and they may con-

gratulate themselves upon having satisfied the most captious. Every member of the Congress has carried away from London a most delightful and enduring memory."

In *Le Larynx* the writer on the Congress remarks, *inter alia*, that—

"The Sections of Otology and Rhino-Laryngology may defy, in many respects, the most exacting criticisms. . . . No communication was made the pretext for rowdy demonstrations, and throughout the whole course of the meetings law and order held continual sway. For this we are indebted to the brilliant presidencies of Sir StClair Thomson and Mr. A. Cheattle."

It will be deeply gratifying to the officials and councils of the two Sections to hear their work and its results so highly praised. But we must not allow ourselves, in the midst of these laudatory pæans, to ignore the still small voice of criticism, particularly as it may be of benefit to future congress arrangements to discuss one or two of the critical points that have been raised.

Perhaps the most unexpected of these is an objection—very kindly expressed, be it said—which has been made to the maintenance of the division of otology and rhino-laryngology in two separate sections—an objection which seems to have sprung from the impossibility of any congressist, unlike Sir Boyle Roche's famous bird, being in two different places at the one time. But it may truly be said that any attempt to combine the two Sections into one at the London Congress would only have ended in confusion and disaster. Future congresses, no doubt, will decide the question in their own way, but on this occasion the variety and amount of work necessarily included in both of the sectional programmes could only have been accomplished by the two sections sitting separate. At the same time it should be remembered that the vast majority of specialists have a foot in either camp, and are, indeed, never quite happy in the one because of the fear that they may be missing something of interest in the other. Perhaps at future Congresses arrangements might be made to alternate the *séances* of the two Sections, although even this proposal, if carried into effect, would not be altogether free from difficulty.

More to the point is the regret that all the "rapports" were not in the hands of the members prior to the debates. For this deficiency, however, the "rapporteurs" were themselves partly responsible, inasmuch as many of them had delayed sending in their "rapports" until too late. The other party to the omission was the Central Committee of the Congress, which found itself unable to vote the funds necessary for this purpose.

The many social events seem to have left with our visitors

nothing but pleasant memories, as there is no sign of the awful shadow of the *Katzenjammer* in any of the accounts we have read.

On the whole, then, we may say that the executive officers and councils can look back upon their prolonged and anxious labours with considerable satisfaction.

With regard to the proceedings of the Sections, we hope at an early date to proceed to their publication in abstract in the columns of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.

CEREBRO-SPINAL RHINORRHOEA WITH SUBSEQUENT ETHMOIDITIS AND FRONTAL SINUS SUPPURATION.

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THE case here described and illustrated is probably an exceedingly rare instance of cerebro-spinal rhinorrhœa, complicated by an intercurrent of pansinusitis, and affords an example of an unforeseen contingency which led to a fatal result following a frontal sinus operation. It will be observed that the cerebro-spinal rhinorrhœa was diagnosed by inference, but the author feels that the evidence for its existence is sufficiently complete to make it a fair presumption.

S. H—, male, aged forty-two, plasterer, was admitted to my ward at the Royal Infirmary, January 22, 1913. He had complained of double vision for about four months, but for nearly five years had complained that his sight was "curious." For two years was liable to walk sideways, and for about two years had noticed a swelling in the upper internal angle of the right orbit. He had suffered from recurrent headache for many years, but much more severely for the previous two weeks, chiefly vertical, and once, a day or two before admission, he had vomited. Temperature 99° F., pulse 84. Both nasal passages were completely occluded by œdematous polypus but no purulent discharge was seen. The right eye was displaced downwards and outwards, there was definite exophthalmos and movements were somewhat restricted. Pupils reacted normally to light. The swelling at the inner angle of the orbit was soft and fluctuating. On the day of admission there was a copious clear watery discharge from the nose for about an hour and a half and the orbital swelling almost disappeared. He states that this had occurred on several occasions before. The diplopia, proptosis, and displacement of the bulb very much decreased, also the headache.

January 26: The orbital swelling is returning, together with recurrence of bulbar displacement, double vision and headache. On January 24 his temperature rose to 99·8° F. owing to a small furuncle in the right auditory meatus, but it had remained subnormal since that day. The patient's general condition very satisfactory, able to be about and to get out in the garden.

The diagnosis was nasal polypus with consequent occlusion of ethmoid cells, and as a result of distension an ethmoidal mucocele was supposed to have arisen,