

Abstracts.

LARYNX.

Egidi, Prof. F. (Rome).—The Non-surgical Treatment of Malignant Laryngeal Tumours. "Boll. d. Mal. d'Orrech. Gola e Nas.," Florence, January, 1912, p. 1.

The author commences by a declaration of faith in the surgical treatment of suitable cases of malignant disease of the larynx and that he is an enthusiast for laryngectomy in view of the brilliant results obtained by him in many cases. He accordingly limits the adoption of non-surgical methods to those cases in which, though everything is favourable for operation, the patient decisively refuses his consent. Such cases as a rule end miserably after, perhaps, a tardy consent to tracheotomy. Prof. Egidi has had the opportunity of trying the methods suggested by the experiments and conclusions of Fichera on the genesis and treatment of malignant tumours. Those views are now well known, and have been advocated also by such writers as Seitz, Tuffier, Jones, Dising, Wood, Ross and others. Briefly, they are that neoplasms arise at the time when the cell proliferation undergoes a change in subjects in whom there is an oncogenous disequilibrium, that is, in whom the factors which excite development are no longer in proportion to the restrainers, or cytolytic elements. Attempts have been made by those writers to supply the deficient elements by means of organisms (embryonic) in which active increase is held within normal limits by tissues rich in isoferments. The material was prepared by incubating fragments of foetal tissue in physiological solution for from fifteen to twenty days. The injections were given from once to three times a week, and the dose varied from $\frac{1}{2}$ to 3 c.c. according to the effect.

Particulars are given under all reserve of two cases: (1) A man, aged seventy-one, with epithelioma and metastases. After one month's treatment (September, 1909) the lesions completely disappeared and the improvement was maintained at the time of writing. (2) A man, aged fifty-two, with epithelioma of both vocal cords; microscopic confirmation. Serious laryngeal reaction after the first intergluteal injection. Injections continued, however, and rapid disappearance of neoplasm followed. In spite of advice patient, a clergyman, returned to his duties and even resumed preaching. He continued well until two successive attacks of influenza were followed by recurrence of the tumour and grave dyspnoea. Tracheotomy was performed, but the patient died of heart failure two days afterwards.

James Donelan.

NOSE.

Brock, W. (Erlangen).—Papilloma of the Nose. "Archiv. für Laryngol.," vol. xxvi, Part I.

Hopman distinguished two varieties of nasal papilloma, the hard, covered with squamous epithelium, and the soft, covered with cylindrical epithelium. This division cannot, in the author's opinion, be upheld, and has led to some confusion. He considers the variety of the covering epithelium to be more or less a matter of chance, and, indeed, in several of the reported cases both kinds of epithelium have occurred together.

He would divide the growths into the two following groups: (1) Tumours arising near the nasal entrance from the mucous membrane of the septum, the floor of the nose, or the inferior turbinal. (2) Tumours arising chiefly from the middle turbinal and ethmoid. Growths belonging to the first group are scarcely ever larger than a walnut, are usually solitary, and, though they may recur after removal, never attain the size and extent of those of the second group. The latter, on the other hand, often fill the entire nasal cavity, displace the septum, cause absorption of bone and cartilage, and grow into neighbouring cavities. They present in fact a clinical malignity similar to that displayed by naso-pharyngeal fibromata. The case which the writer reports belonged to group 2.

Thomas Guthrie.

Ricardo, Botey (Barcelona).—A Case of Pure Malignant Naso-maxillary Myxoma, with Fronto-orbital and Meningeal Extension; Atypical Resection of the Maxilla and Ethmoid. "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," vol. xxxvii, No. 6.

On August 29, 1910, a man, aged sixty-three, consulted the author for right-sided nasal obstruction of some months' duration, with pain in the jaw radiating to the orbit. The right fossa was occupied by more or less pedunculated growths resembling so-called mucous polypi; on removing some of them the writer was struck by their rose colour, firmness of consistence, and the extent of hæmorrhage. The right frontal and maxillary sinuses were quite dull on transillumination. Trans-canine exploratory puncture, proposed with a view to radical intervention, was refused by the patient. The man disappeared for four months. Seen again in January, 1911, he had on the right side complete nasal obstruction, exophthalmos and absolute blindness with bulging at the inner canthus and canine fossa. Cavum free. Palatine arch and alveolar process normal. Epistaxis frequent. Exploration *viâ* the canine fossa revealed the maxillary antrum filled with tissue similar to that occupying the nasal fossa. The neoplasm examined by Dr. Calleja was pronounced to be pure myxoma.

January 3, 1911: Operation. Anæsthetic, chloroform. With the patient in Rose's position and cæcum plugged, an incision was made from the inner third of the right eyebrow along the inner margin of the orbit and the naso-facial sulcus, terminating by curving around the *alæ nasi*. The soft tissues were then detached from the dorsum of the nose, nasal processes of maxilla and inner wall of the orbit. The growth had destroyed the lachrymal bone, *os planum*, a large portion of the orbital floor, the ethmoidal cells as far as the cribriform plate, and the frontal and sphenoidal sinuses, exposing the dura mater in places. The dorsum of the nose and base of the ascending process were cut away with a chisel and the entire outer wall of the nasal fossa, which had been transformed into neoplastic tissue, was removed. The dura was seen to be red and fungating, and the apex of the orbit was reached after enucleating the eye and infiltrating tissue. The sphenoidal and maxillary sinuses were finally cleared of growth and the operation was concluded by swabbing out the operated cavity and packing with gauze. Skin suturing by Michel's method. The extirpated tissue was again examined by Dr. Calleja and proved to be myxoma. Two weeks later recurrence took place, and death from meningo-encephalitis ensued two and a half months after the intervention. Amongst the author's numerous colleagues communicated with on the subject only Hajek and Chiari had observed

or operated for pure nasal myxoma. Hajek's case was one of pure naevoid myxoma arising in the sphenoid, extending thence by infiltration to the roof of the ethmoidal labyrinth and absorbing the cranial base at several points. Blindness and exophthalmos followed. The growth ran a slow course and was unattended with metastasis. Patient died of generalised tuberculosis. Chiari operated on a case of pure nasal myxoma. The growth, the size of a nut and pedunculated, sprang from the septum. The author has failed to find any record of such cases in rhinological literature, but mentions the fact that Cornil and Ranvier cite cases of pure myxoma clinically malignant, occurring in other regions, observed by Virchow, Butlin, Brualt, G. Simon and Raffin. The writer feels justified in concluding that his case is almost unique, and that pure myxoma of the nasal fossa is excessively rare and extremely malignant.

H. Clayton Fox.

Pirie, J. H. Harvey, and Skirving, A. A. Scott.—Intra-nasal Carcinomata. "Edin. Med. Journ.," October, 1911.

Intra-nasal malignant disease is distinctly rare. Sarcoma, endothelioma, and carcinoma all occur. Sarcoma is the commonest of the three forms, and occupies an intermediate position as regards malignancy; endothelioma is the rarest and the least malignant, while carcinoma is the most malignant.

In this paper a full account is given of the history, clinical appearances, and *post-mortem* findings of a case of carcinoma of the nose in a woman, aged forty-three. Symptoms, *i.e.* headache and vomiting, first began in November, 1908, and death occurred in February, 1910. At the *post-mortem* examination the disease was found to be very widespread in the nose and adjacent parts, extending down into the palate and up into the brain, involving accessory cavities, causing ptosis and proptosis of eyes. But in spite of this wide distribution and of the long duration no infection of glands in the neck could be found. This is not uncommon in cases of nasal carcinoma.

For details of the case, photographs of the patient during life, and of sections of the skull showing the position and extent of the tumour, and micro-photographs of the growth, the original paper must be read.

Arthur J. Hutchison.

Audibert (Marseilles).—Ethmoidectomy for Epithelioma. "Rev. Hebdom. de Laryngol., d'Otol. et de Rhinol.," February 24, 1912.

The patient in the case recorded was a man, aged fifty-five. He had always been subject to frequent attacks of cold in the nose. In the intervals between colds the nasal respiration was quite free. For the last six months obstruction of the right side of the nose had been gradually coming on, and for a month the obstruction had been complete. Patient did not suffer from headache or localised pain. There had never been epistaxis. There was no eye trouble on the right side, but he was under treatment for iritis in the left eye. This iritis was found to be quite an independent condition. His general health was excellent. The history of his previous health was satisfactory. He denied syphilis; his family history was also negative.

On examination there was no external deformity of the nose. Anterior rhinoscopy showed the right nasal fossa to be filled by a mass of cauliflower-like granulations, soft, friable, and bleeding easily on being

touched. Posterior rhinoscopy gave similar results. Examination by transillumination was negative. There was no glandular enlargement. On microscopic examination the granulations were found to be epitheliomatous.

Moure's operation was carried out (resection of the ascending process of the superior maxilla, the nasal bone and the nasal spine of the frontal and the tumour removed piecemeal. The middle and superior turbinates were removed and the affected anterior ethmoidal cells cleared out down to the cribriform plate. The posterior portion of the septum was also resected and every suspicious area carefully curetted. Hæmorrhage was profuse, and called for repeated plugging throughout the operation.

The patient made a satisfactory recovery. Fifteen months afterwards there was no recurrence.

Dr. Audibert considers that in these cases the disease is best attacked by this route, giving as it does very free access, and diminishing therefore the chances of recurrence. The operation is, further, a safe one. There is no subsequent deformity of the nose if care is taken to leave a portion of the ascending process of the superior maxilla. The cicatrix is scarcely visible if the incision is made in the fold of skin between the nose and the cheek and if the sutures are inserted with a very small grip of skin and are removed early.

John M. Darling.

EAR.

Roure (Valence).—Some Considerations upon Zünd-Burguet's Method of Treatment in certain Cases of Deafness. "Arch. Internat. de Laryngol., d'Otol. et de Rhinol.," September-October, 1911.

The electrophonic method consists in the stimulation of the auditory apparatus by sounds of various degrees of intensity and pitch, with the expectation of thereby re-educating the ear for various sounds, and in particular for the human voice. It is then a sort of kinetic therapy, but differs from that of Delstanche in being a sonorous massage. Zünd-Burguet's method consists in the application to the ear of sonorous waves produced by metal plates put into vibration by electricity. The instrument has a low, middle and high register, five octaves in all. Each of these registers is constituted by a vibrating reed, the vibrating length of which is regulated by a platinum curseur, which regulates the height of the sound after the manner of the finger on the violin string. The current required to work the apparatus is one of six volts maximum. It would appear that the effect of the instrument is not merely one of mechanical massage, but is one which produces an actual trophic action. The author has seen the return of the cerumenous secretion and habitual diminution of tinnitus and improvement of hearing in cases of otosclerosis upon which massage alone seemed to have had no direct influence. If one concedes that an adhesive catarrh can be influenced by this method one can hardly refuse to allow for some modification due to vascular trophic changes, of true sclerosis. The class of cases benefited thereby are adhesive otitis of nasal origin, post-suppurative adhesive catarrh and primary sclerosis. The author gives clinical notes of such cases where previous treatment along the ordinary lines has been unavailing, but where marked improvement at an earlier or later stage of the treatment has followed as a result of this method. Of these cases some have been completely cured and others greatly benefited.