

Abstracts.

LARYNX.

Killian, G. (Berlin).—Suspension Laryngoscopy. "Archiv. für Laryngol.," vol. xxvi, Part II.

Prof. Killian has been engaged for a period of over two years in perfecting this new method of laryngeal examination. He describes in this important paper the process of development through which the instruments employed have passed before reaching their present form. His attention was first directed to the matter in the winter of 1909-10, when he attempted, using a Kirstein spatula, to provide for his artist a good view of the hypopharynx and interior of the larynx of a *post-mortem* room body. It was then found that if, after introduction of the spatula, its handle were slung from a cross-bar fixed by uprights above the table, the head could be suspended free of the table, and a very good direct view of the pharynx and larynx obtained. It appeared to the author that a similar method might be applicable to the living, and he has since then devoted much time and thought to overcoming the numerous minor difficulties which presented themselves. The principal advantages of the method seem to be that in suitable cases a very good direct view of the pharynx, hypopharynx and larynx (excepting as a rule the anterior commissure) is secured, and that, once the instrument is introduced and the patient fixed in position, this view is obtained without any effort on the part of the examiner, who has, in addition, both hands free and is therefore able to carry out with comparative ease the most delicate operative procedures.

Apart from numerous experimental trials the author has employed the method in about fifty cases mainly of laryngeal tuberculosis as well as a few of papilloma of the larynx. By its means he has been able with great ease to very thoroughly curette ulcers and remove infiltrations or treat them with galvano-caustic puncture. He finds it best in a majority of the cases to employ the semi-anæsthesia produced by scopolamine-morphine injection, and this gave rise to no untoward effect even on consumptives in the third stage of the disease. Only occasionally is a light chloroform anæsthesia required in addition.

Thomas Guthrie.

NOSE.

Gore, W. Ringrose.—Caries of Frontal Bone and Intra-Cranial Abscess due to Bacillus Typhosus eleven years after attack of Typhoid Fever. "Proc. Roy. Soc. Med.," December, 1911 (Surgical Section).

The patient contracted typhoid in South Africa in 1900. He had been inoculated on board ship five months previously. The attack of typhoid was a very severe one and patient was unconscious for five weeks. Five years ago he was found to have albuminuria and a year later an abscess formed in the right femur, probably due to the *Bacillus typhosus*. A year ago patient had his appendix removed. Last winter he had three attacks, each of a week's duration, during which there were headaches, rigors, profuse sweating, and a temperature of 105° F. Mr. Gore found a small swelling in the scalp over the frontal bone in the middle line, and on puncture withdrew pus which yielded a pure culture of the typhoid

bacillus. The abscess was opened and found to be intra-cranial and extra-dural in origin, there being a hole about the size of a sixpence in the frontal bone. It is suggested that in this case the habitat of the bacillus was the interior of the gall-bladder. The case is being treated by vaccine therapy.

J. S. Fraser.

Polyak, L. (Budapest).—Simultaneous Bilateral Nasal Operations, and their After-treatment. "Zeitschr. f. Laryngol.," Bd. iv, Heft 3.,

This paper is concerned not only with resection of the inferior and middle turbinals, but also with endo-nasal operation on the ethmoidal maxillary, sphenoidal and frontal sinuses.

Polyak's dictum is as follows: "No operations on out-patients and no nasal plugging if it can be avoided." Of his last 220 nasal operations 331 were bilateral. With regard to bleeding, in 80 per cent. of the cases there was no real hæmorrhage; in 15 per cent. a spray of supral-renal gland extract was sufficient; 5 per cent. of cases required anterior or posterior plugging. The writer calls attention to rubber sponge-tissue, and also to thin rubber bags, which are inflated after insertion in the nasal cavity. He disinfects the patient's face before operation with iodo-benzine 1:1000, and covers the head and face of the patient with a sterile mask.

J. S. Fraser.

Spieß, Gustav.—A Tumour of the Pituitary Region Successfully Removed via the Endonasal Route. "Münch. med. Wochenschr.," November 21, 1911, p. 2503.

The patient had suffered for three months from dull pain in the interior of the head and increasing blurring of sight with diminution of the field of vision (of the character of a bitemporal hemianopsia). The Wassermann reaction was negative, whilst the tuberculin reaction was positive. In the absence of other than the above-mentioned symptoms it was assumed that the hypophysis cerebri itself was not involved, but that the lesion was in its immediate neighbourhood, and this received corroboration from an X-ray photograph, which suggested an enlargement of the sella turcica in a downward and forward direction into the sphenoidal sinus. It was resolved to approach the sella turcica by the endonasal route as recommended by Hirsch of Vienna. Under local anaesthesia the septum nasi was resected (submucous) as far back as the anterior wall of the sphenoid, which was bared of its muco-periosteum and then removed along with the septum dividing the two sphenoidal sinuses. A good view of the interior of the sphenoid was thus obtained, and it was then seen that, in place of the posterior bony wall of the sphenoid, there was a somewhat tense, smooth membrane of a whitish colour, and on probing suggesting the wall of a cyst. After an interval of two days an endeavour was made to shell out what was believed to be a cyst by making a cross-incision through the tense white membrane (*dura mater*) forming the posterior boundary of the sphenoidal cavity. This was not possible, so the cyst was opened and emptied of masses of tenacious mucus and its wall carefully removed by means of a sharp spoon. The size of the cyst was found to be about that of a hazelnut. The ultimate result was most gratifying: the headache entirely ceased, and the visual acuity, as also the field of vision, returned to normal within seventeen days.

Prof. Fischer, who examined the tissues removed, reported that it was an extremely rare form of tumour having its origin from the notochord.

J. Stoddart Barr.