

**SOCIETY OF LARYNGOLOGY, OTOTOLOGY, AND  
RHINOLOGY OF PARIS.**

M. LERMOYEZ, *Vice-President, in the chair.*

*Frontal Sinus Transilluminator.*

M. F. FURET showed a lamp furnished with two tube windows for simultaneous application to the two sinuses.

*Insufflator for the Accessory Sinuses.*

M. LICHTWITZ showed a bottle insufflator as commonly used in this country, furnished with suitably curved terminals.

*Laryngeal and Nasal Inhaler.*

M. LACROIX explained that in this instrument air is blown by a bellows through volatile inhalation fluids contained in a test-tube suspended in a vessel containing hot water.

*Tonsillar Infection revealed by Morcellement.*

M. CASTEX related the case of a boy in whom *morcellement* of the tonsils was followed by an immediate attack of urticaria.

Previous to the operation a white pseudo-membrane had been present, but unattended with any symptoms. This had been removed by antiseptics. Both before and after operation staphylococcus and streptococcus were present.

The speaker concluded—

1. That micro-organisms remained latent in apparently sterile tonsils.
2. That operation increased their virulence.
3. That post-operative antisepsis was imperative.

*On Diplacusis.*

M. CASTEX recorded two cases of tympano-labyrinthine sclerosis occurring in aged men, in which the tuning-fork, when held to the meatus, was perceived with a difference of a semitone by the respective ears. When applied to the vertex, a single tone was perceived. In these cases, as in many others, the unequal mobility of the conducting apparatus was responsible for the diplacusis.

M. PIERRE BONNIER very commonly met with such cases, and had observed that many singers gave their notes with varying certainty, according as their right or left ear was nearest to the pianist. The conducting apparatus was at fault, but an exact explanation was not forthcoming.

M. G. GELLÉ FILS had seen an orchestral conductor troubled with diplacusis of this kind. The condition was relieved on the cure of Eustachian catarrh.

M. LERMOYEZ believed that diplacusis was due to middle-ear lesions.

*First Case of Bezold's Mastoiditis observed in the New-born Infant.* M. LERMOYEZ.

Hitherto Bezold's phenomena have not been observed at an age inferior to ten years, and, indeed, the mastoid apophysis and its cells are described as incomplete in formation before the third year. Some specimens of infantile temporal bones do, however, exhibit well-developed mastoid cells, and the case in point is one of such instances of early development.

The patient, an infant of two and a half months, with a history of three weeks' purulent otitis, came to hospital with a purulent collection beneath the sterno-mastoid, pressure on which caused a flow of pus from the meatus. On operation, the suppurating antrum was found to communicate freely with a cavity in the mastoid, which opened into the digastric fossa by a perforation in the inner wall of the apophysis. Cure resulted from operation.

In answer to questions, the speaker stated that it was a true pneumatic mastoid, and that the sinus was not involved. The fistula was evidently secondary to the purulent mastoiditis.

*A Simple Method of Acoumetry.* M. BONNIER.

The common method of estimating the hearing by the length of time a patient can hear a given fork vibrating freely is full of inexactitudes.

In the first place, we should adopt a standard fork; for instance, one giving 100 vibrations (German) a second, made in standard form, size, and material.

In the second place, we must find a zero point which does not involve a standard force of stroke to set the fork in vibration, a matter very difficult to effect in ordinary practice; a zero, moreover, which does not take into account the actual cessation of vibration, a phenomenon always difficult to determine.

Such a convenient and constant zero the author has now discovered in the phenomenon to be described.

When a vibrating fork is made to oscillate through a section of circle by movements of the hand, the fan-like image perceived by the eye is cut up into striæ; in a word, a number of separate images of the fork are seen. As the vibration dies away, this striation disappears, and, as a matter of fact, the change from the striated to the plain fan-like image takes place in a short space of

time, so that the eye has no difficulty in noting the exact passage from striation to non-striation, and a finer judgment can be formed on this point by the eye than by the senses of hearing or touch. When a bright steel needle is affixed to one limb of the fork, the phenomenon will be announced almost simultaneously by a number of observers watching for it. This moment of change from striation to non-striation forms a convenient zero point, and the hearing of a deaf or healthy ear can be measured in seconds either short of or surpassing this zero.

The author in actual practice makes use of the sound conducted from the foot of the fork through the column of air in a rubber tube inserted into the meatus. The foot of the fork being also used for perception by bone-conduction, he is able to represent air and bone-conduction in ratio, which is more satisfactory than the ordinary Rinne test.

[The author does not mention the rapidity with which he oscillates the fork, nor the length, etc., of the rubber tube.—E. B. W.]

M. COURTADE found the simplest method to be the use of his own ear as a control.

M. BONNIER thought it unwise to introduce the personal element into such a test.

M. G. GELLÉ FILS thought the suggestion of standard forks of 100, 150, 200, etc., vibrations an excellent one. The musical notes of the different countries varied considerably in the number of vibrations per second.

*Iodoform Spray for Chronic Periostitis.*

M. MÉNIÈRE related a case in which a somewhat rebellious purulent periostitis of the surface of the mastoid yielded to a spray of iodoform in ipsilene.

*Foreign Body (Pin) in the Larynx.* M. EGGER.

Extracted without cocaine in a tolerant subject.

*Detection of Simulated Unilateral Deafness by a Deep-toned Fork.*

M. COURTADE finds that it is much more difficult for a listener to determine through which ear he is hearing a deep-toned fork than if a high-pitched instrument is used. He makes use of this difficulty to deceive the malingerer.

A three-way tube is used, one terminal passing to each ear and one attached to the vibrating fork. The patient is to announce the cessation of sound perception, and the operator, unobserved, pinches the rubber tube leading to the sound ear. The malingerer, not readily lateralizing the sound conveyed only to the alleged deaf

ear, is caught unawares, and fails to make his signal until a considerable (and incriminating) interval of time has elapsed.

*Fusiform Bacillus of Vincent in a Case of Ulcerous Tonsillitis, and in Two Cases of Peribuccal Ulceration.*

MM. LICHTWITZ and SABRAZÈS reported an instance of this condition in which the false membrane contained the fusiform bacilli almost in pure culture. They lay stress on the torpid, apyretic nature of the tonsillitis, and on other clinical and morphological points. The bacillus has also been found in a case of antral empyema and one of perilaryngeal abscess. It is not, therefore, confined to the production of the special form of angina described.

*Statistical Table of 169 Autopsies of the Accessory Sinuses.—The Relation between Empyema and General Diseases.* Dr. LAPALLE.

Following the method described by Harke ("Virch. Arch.," vol. cxxv., p. 140), the speaker had examined the sinuses of 169 persons dead of general diseases. Empyema was found in 55 cases (32·54 per cent.), the women (56) furnishing 12 instances (21·43 per cent.), and the men (113) furnishing 43 (38·04 per cent.).

Seventeen cases of acute lung disease gave 7, or 52·94 per cent.

Fifty-nine cases of tubercular lung disease gave 19, or 32·20 per cent.

Sixteen cases of cancer, chiefly abdominal, gave 5, or 31·25 per cent.

Sixteen cases of cardiac disease gave 5, or 31·25 per cent.

Nineteen cases of brain disease gave 5, or 26·31 per cent.

Thirteen cases of kidney disease gave 3, or 23·07 per cent.

Among the 55 cases of empyema,

The antrum was affected in 48 instances;

The sphenoidal sinus was affected in 19 instances;

The ethmoidal cells were affected in 6 instances;

The frontal sinus was affected in 5 instances.

Further figures are given bearing on uni- or bi-laterality, and the anatomical combinations found.

The total percentage of empyema (32·54 per cent.) in this considerable number of unpicked cases is significant. The speaker was inclined to look upon the empyema as the cause rather than the result of the general maladies.

ERNEST WAGGETT.

(From the report, "Arch. Inter. de Lar.," May-June, 1899.)

**SOCIETY OF LARYNGOLOGY, OTOLOGY, AND  
RHINOLOGY OF PARIS.**

M. LUBET BARTON, *President, in the chair.*

*Nasal and Aural Speculum-holder.*

M. COURTADE exhibited a steel head-band and adjuncts for holding specula in position.

*Modifications of the Counter-pressure Tongue-depressor.*

An addition which renders the instrument self-retaining.

M. COURTADE also described his chart for registering minute by minute the number of milliampères employed in electrolysis, and of obtaining by its use a curve recording the electrical events of each sitting.

*Two Cases of Accidental Cauterization of the Larynx by Caustic Poisons.*

M. COURTADE described the recent appearance in the cases respectively of corrosive sublimate and sal ammoniac poisoning. Figures are appended to the report ("Arch. Inter.").

*Sequestration of Bone around the Lumen of the Canal formed by drilling the Alveolus in Antral Disease.* M. LICHTWITZ.

The author has observed that in five cases where the floor of the antrum has been thick (*e.g.*, .75 to 1.0 centimetre) and an electric motor with bur or trephine has been used, the patient has complained of severe after-pain, and after some weeks has rejected a tubular sequestrum representing the wall of the operative canal.

The explanation is easy to find in the high temperature to which the instrument rises when operation lasts for an appreciably long time and the bone is eburnated.

He now makes use of a special helicoid bur, and takes care to interrupt the drilling frequently to permit of cooling of the instrument.

*Direct Fracture of the Larynx; Stenosis; Dilatation; Cure.*

M. BOULAI related the case of a boy of fifteen who, after a serious fall upon the region of the larynx, developed, during the course of six weeks, marked dyspnoea, the result of stenosis, due to fixation of the arytenoids and cicatrization. After tracheotomy and dilatation with Schrötter's tubes, an excellent result was obtained.

*Report of Committee appointed to examine into the Results of the Operation, as practised by M. Malherbe, of clearing out the Mastoid in Sclerotic Otitis Media.*

The committee appointed in January, 1898, had twice been summoned by M. Malherbe. In the first case an accident had prevented the operator from performing the operation under the usual conditions. The committee desired to be dissolved, having no material on which to base an opinion. The correspondence connected with this matter was then read in *comité secret*.

ERNEST WAGGETT.

(From "Arch. Inter. de Lar.," 1899.)

## Abstracts.

### DIPHTHERIA, Etc.

**Glover, Jules.**—*On the Presence of the Short Variety of Löffler's Bacillus in the Exudate of Ulcero- or Eroso-membranous Tonsillitis following Operation.* "Arch. Inter. de Lar.," January-February, 1899.

The motive of this communication is to add further evidence of the benign character of the short bacillus of Löffler. In seven out of eleven cases of the membranous angina, so often seen after the removal of adenoids and tonsils, this bacillus was found associated with saprophytic organisms. In all these cases there was, as usual, an absence of any serious symptoms, and the usual rapid resolution took place. In no case was there a history of previous diphtheria or association with diphtheritics. In each operation the instruments were above suspicion, being taken direct from the sterilizer. In three out of five cases examined *ad hoc*, the bacillus was detected in the throat previous to operation.

Waggett.

**Millard, C. Killick.**—*A Case of Membranous Angina and Membranous Vaginitis of a Doubtfully Diphtheritic Nature occurring in a Patient convalescing from Scarlet Fever, and associated with an Unusual Erythematous Eruption.* "Lancet," November 11, 1899.

The questions of the nature of the rash observed in the case recorded, and the origin of the membranous exudation which occurred at the same time, are of the greatest interest. As to the membrane on the fauces, it is certain that in some cases of scarlet fever a membranous inflammation of the fauces occurs, not diphtheritic in nature. The case appears to be sufficiently interesting to justify recording. The clinical symptoms, apart from the peculiar erythema, were exactly those of faucial diphtheria following scarlet fever, with auto-infection of the vulva and vagina, and the improvement following the administration of the antitoxin and the subsequent albuminuria both help to confirm this diagnosis. On the other hand, it was certainly remarkable, if the case really was diphtheria, that no Löffler's bacilli could be found. The method followed in searching for them was the usual one,