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BRITISH MEDICAL ASSOCIATION AT SHEFFIELD.

OUR expectations with regard to the success of the work in connection with our special departments at this meeting have been fully realised, as will be seen from the abstract report of the proceedings in the Section of Laryngology and Otology, which we produce in our present number, as well as from various papers of special interest to our readers, read and discussed in some of the other Sections, to which we propose drawing further attention in subsequent issues. The papers by Drs. Ball and McBride on the subject of "Chronic Pharyngitis" contained necessarily, for the sake of completeness, a good deal of material which was familiar to most, but which was well worth the consideration of all. The various remarks on the importance of physical exercise and the limitations of the usefulness of vigorous breathing exercises in the presence of nasal obstruction were of particular interest. Dr. McBride's recommendation of general exercise will no doubt receive universal endorsement, but it will be generally agreed that it must not be made a fetich. It has been somewhat sarcastically said that the happiest people in the world are those who could not run half a mile to save their lives, and that the most miserable are those who have continually to practise physical exercises in order to keep themselves in health. There is no doubt in this a large amount of falsehood, but it contains a germ of truth which is worthy of consideration. Dr. Scanes Spicer's vigorous condemnation of violent breathing exercises in

the presence of nasal obstruction, in support of which Dr. Dundas Grant also offered some arguments, is still of importance, though we venture to think that the public is less warm in its zeal for these exercises than was formerly the case. Mr. Mark Hovell's insistence upon the removal of the posterior ends of the inferior turbinals as a routine proceeding in all operations for adenoids, met with considerable opposition, the feeling of the meeting being to the effect that this addition to the operation was not, by any means, called for in all cases, but only in a moderate proportion. It may be suggested that when the patient is anæsthetised in the recumbent posture, the posterior extremities of the turbinals are probably in an exceptional state of vascularity as compared with their condition when the patient is sitting.

The selection of Mr. Ballance and Mr. Whitehead to introduce the discussion on "The Intra-cranial Complications of Middle-ear Suppuration" could not have been improved upon. Mr. Ballance's pioneer work in regard to the diagnosis and treatment of these conditions has received wide-world recognition, and in this JOURNAL, as well as elsewhere, the masterly studies of the actual pathological material of the Leeds Hospital made by Mr. Whitehead have been widely read. The general *resumé* of the subject can be read with profit, but most interest will attach to the references to what we call the "modern" methods, such as the examination of the blood for leucocytosis, differential counts for the proportion of polymorphonuclears and micro-organisms, also the application of Barany's "caloric nystagmus" tests for the integrity of the labyrinth. On the whole Mr. Ballance looked on the "modern" tests as of value chiefly in corroboration of other evidence. Mr. Whitehead drew particular attention to paralysis of the naming centre as a sign of temporo-sphenoidal abscess. The President deprecated too early exploration, and insisted upon full weight being given to general rather than local symptoms before operation. Dr. Stoddart Barr, in his paper on "Paralysis of the Sixth Nerve consequent upon Chronic Purulent Middle-ear Disease," drew attention to Gradenigo's investigations, which showed that the nerve was often involved when suppuration occurred in certain cells near the apex of the petrous bone.

The methods of dealing with suppuration in the maxillary antrum afforded material for another interesting discussion introduced by Dr. StClair Thomson. Dr. Logan Turner discussed the value of cytological and bacteriological examination. The swing of the pendulum in favour of intra-nasal treatment and away from

alveolar puncture is in the right direction, but surely too pronounced. Each has its field of usefulness.

Among other items of novelty were the communications by Dr. Brown-Kelly and Mr. Waggett on bronchoscopy and œsophagoscopy.

These discussions may be looked upon as reviews of the present position of our knowledge of the utmost importance, even if the subjects chosen have already received considerable attention under similar circumstances.

We hope to make some reference in our next issue to the discussions in the sections of ophthalmology and odontology, which dealt with certain important relations existing between diseases of the nose and those of the orbit and dental apparatus respectively. They might well have been held in joint meetings to the great advantage of everybody concerned.

In all respects the Association Meeting at Sheffield was a thorough success, and the Section of Laryngology and Otology as presided over by Mr. Wilkinson was no exception to this.

ACTUAL RESULTS OF ŒSOPHAGOSCOPY: (1) EXTRACTION OF SEVERAL FOREIGN BODIES OF IRREGULAR SHAPE (DENTAL PLATES); (2) SPASM OF THE CARDIA (CARDIOSPASM) OF SEVERE NATURE (DIAGNOSIS AND TREATMENT).

By Dr. Guisez,
Senior Oto-laryngologist at the Hotel Dieu in Paris.

Translated by K. Dickson.

We wish, in this paper, to report several results of œsophagoscopy in the extraction of foreign bodies of irregular shape (dental plates). We wish also to relate a case of severe spasm of the œsophagus, and in this connection we wish to dwell on all the resources which œsophagoscopy offers us, from the diagnostic and therapeutic points of view, in cases of stenosis of the œsophagus.

Dental Plate extracted from the Œsophagus by Œsophagoscopy; Recovery.

Case 1.—The patient, Ch. V——, living at Commentry (Allier), was referred to us by M. Infroid, of la Salpetrière, who, by means of radiography, had detected the presence of a dark spot towards the middle third of the œsophagus.