Chappell, of New York; "Pemphigus of the Larynx," by Dr. J. H. Bryan, of Washington; "The Early Diagnosis of Aneurism of the Aortic Arch," by Dr. William Porter, of St. Louis; "Report of a Case of Abscess of the Frontal, Ethmoidal, and Sphenoidal Sinuses; Meningitis; Death," by Dr. J. H. Bryan, of Washington.

This closed the scientific proceedings of the Congress. The next meeting of the Association will be held at Washington in connection with the Triennial Congress of the Association of American Physicians.

During the executive sessions of the Congress, the following gentlemen were elected to active fellowship: Dr. F. C. Cobb, of Boston; Thesis, "Peritonsillar Abscess." Dr. J. F. McKernon, of New York; Thesis, "A Contribution to the Technique of Modern Uranoplasty." Dr. Max Thorner, of Cincinnati; Thesis, "Direct Examination of the Larynx in Children."

The election of officers for the ensuing year resulted as follows: President, Dr. Samuel Johnston, of Baltimore; First Vice-President, Dr. T. Amory De Blois, of Boston; Second Vice-President, Dr. Moreau Brown, of Chicago; Secretary and Treasurer, Dr. Henry L. Swain, of New Haven; Librarian, Dr. J. H. Bryan, of Washington; Member of Council, Dr. William E. Casselberry, of Chicago.

Abstracts.

NOSE, Etc.

Stewart, W. R. H.—*Case of Double Empyema of the Frontal Sinus with one Infundibulum.* "Lancet," December 10, 1898.

A patient, twenty-nine years of age, consulted the author two years ago for stuffiness of the left side of the nose, with a discharge of some duration, and occasional severe frontal headache. Examination showed polypi with an abundant milky-white discharge on the left side. The right side was apparently normal. There was no bulging or disfigurement of the face. The radical operation was explained to the patient, who, however, would not have it done, preferring the milder mode of treatment. The polypi were therefore removed, together with the anterior ends of the middle turbinates. A free discharge remained, but all sense of stuffiness and headache disappeared. About eight months ago, however, she wished for the major operation, as the discharge continued so profuse. All the symptoms pointing to unilateral disease, the author operated through the brow incision with a small trephine. The bony septum between the sinuses was found to be situated well over to the left side, and was complete with the exception of a small hole posteriorly, through which pus was oozing. The septum was removed, but there was so much granulation tissue in the right sinus

https://doi.org/10.1017/S1755146300193643 Published online by Cambridge University Press

that the incision was continued down the ridge, across the top of the nasal bones (taking care to avoid the spot where the spectacle-frame might rest), and up the other ridge, and the flap was turned up. The bone was then chipped away with forceps until there was space enough to thoroughly clear out the right sinus. The reason why there was no discharge into the right side of the nose was then explained, for with the finest probe no sign of an infundibulum could be found on that side. The sinus discharged through the opening at the back of the septum into the left infundibulum. The usual funnel-shaped indiarubber tube was passed through this into the nose, and the wound was closed. The patient did very well.

The points to be noticed in this case are: (1) The absence of the infundibulum on the right side, which led to the belief that the right sinus was healthy and did not need interference, there being sufficient disease on the left side to cause all symptoms; and (2) the amount of room gained, and the very small apparent scar left by the incision, which the author has since employed with success in more than one case of double empyema. *StClair Thomson.*

Mahu.—*De la Courbure Automatique à Distance des Anses Flexibles.* "Ann. des Mal. de l'Or.," November, 1898.

In seeking for a method of obtaining a suitable curvature of the snare loop for the removal of moriform bodies, the author has devised a very ingenious instrument. The well-known method of pinching the loop into a shallow curved figure before introduction is one which has its limitations, for where the nasal fossæ are at all narrow, it is impossible to give more than a slight inclination to a loop sufficiently large to embrace a full-sized moriform hypertrophy. The ideal to be aimed at is to turn the loop after introduction at a right angle to the snare tube. The author has attacked the problem by applying torsion to the free ends of wire. It is easy to convince one's self by a simple experiment that torsion in opposite directions of the two free ends, as they present at the handle-end of the snare tube, causes the snare loop to leave its original plane for one inclined to the tube at an angle which varies with the degree of torsion. Without going into the mathematics of the matter, one may supply one's self with a simple explanation by dividing the loop in the middle, and noting the manner in which the cut end must move when torsion is applied as before.

The author has not only worked out the theory in a scientific manner, but has devised an instrument (built on the general lines of a Blake's snare) which provides the necessary torsion by automatic means.

The actual device will be more readily understood by reference to the figures given; suffice it to say that the torsion is produced after the manner of an Archimedean drill by the passage of one half of the sliding carriage along two cylindrical clamps, in the form of right and left handed screws, which grip the proximal ends of the snare wire.

One may describe the action in a few words by saying that the sliding carriage is divided into a front and back portion. The back portion holds the two screw-like clamps, while the front portion is provided with finger-loops. When the front portion is drawn back, it commences by causing an axial rotation of the clamps and torsion of the wire; having reached the back part of the carriage, the latter is unlocked automatically, and drawn home in the usual manner. A

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description which leaves nothing to be supplied by the imagination would be too lengthy for these columns. A glance at the figure in the original will make the instrument and its working easily understood.

Waggett.

LARYNX.

Lodge, Samuel, Junr.—*Bilateral Paralysis of the Laryngeal Abductors successfully treated by the Removal of the Isthmus of a Bronchocele.* "Lancet," February 4, 1899.

The patient was a schoolboy, aged fourteen, with a seven years' history of difficulty of breathing. He was found to have double abductor paralysis, which by exclusion was referred to enlargement of the thyroid gland. Iodide of potassium and thyroid extract were both given without affecting the size of the goitre. The isthmus of the thyroid gland was therefore removed. There was no immediate improvement, and even six months afterwards the boy was reported to be in the same condition. Shortly afterwards, however, it was noticed that the stridor during sleep had ceased. The boy was then able to run as well as his schoolmates, and ten months after the operation the larynx was found to be quite normal; the goitre had disappeared, and, in spite of his being a year older, the patient's neck only measured 13 inches, instead of the 14 inches it measured before the operation.

The only case recorded in British medical literature which the author has been able to discover on almost all fours with this one is related shortly in the late Sir Morell Mackenzie's classical work.* The patient, "aged fifteen years—a tall lad—when perfectly quiet could breathe fairly well, but on the slightest exertion he experienced great dyspnœa, and during sleep made a loud noise in his breathing. On examining the neck, a moderate-sized but very hard bilateral goitre was perceived, and on using the laryngoscope, the abductors of the vocal cords were found to be paralyzed on both sides. The adductors did not seem to be at all affected, and the voice was perfectly normal. By varied treatment extending over several months, the bronchocele was cured and the action of the vocal cords became natural." In this case the isthmus of the thyroid does not appear to have been large. Sir Duncan Gibb was first led to suggest the feasibility of removal of the isthmus by observing "several cases of enlargement of the thyroid gland affecting one or both of the lateral lobes and implicating the isthmus."† In 1870 a post-mortem examination on a young man enabled him to prove that in some cases, "if not relieved by treatment, the lateral lobes, which in their enlargement sometimes spring from the isthmus itself, may extend on either side of the trachea itself and completely encircle it. The consequence of this is that the tube is compressed laterally and its form becomes oval, with a very narrow passage to breathe through, which sooner or later ends fatally." In 1874 Mr. Holthouse operated on two females for Sir Duncan Gibb with the happiest results. In each case the trachea was greatly compressed, and relief was speedily manifested. In 1883 Mr. Sydney Jones reported in the *Lancet* a case of "enlargement of thyroid gland in a male producing pressure on the trachea and serious attacks of dyspnœa;

* "Diseases of the Throat and Nose," vol. i., 1880, p. 444.

† The *Lancet*, January 23, 1875, p. 120.

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