SOCIETIES' PROCEEDINGS

THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY

THE SIXTY-SECOND MEETING of the Society was held in conjunction with the Sections of Laryngology and Otology of the Royal Society of Medicine, in the Ear, Nose and Throat Department of the Royal Infirmary, Edinburgh, on Saturday, June 16th, 1951.

DR. CHARLES MACARTNEY, *President of the Scottish Otolaryngological Society*, was in the Chair.

In opening the Meeting Dr. Macartney said he would like, on behalf of the Scottish Otolaryngological Society, to say how pleased they were to have the Members of the Sections of Otology and Laryngology of the Royal Society of Medicine, London, with them.

During the course of the afternoon a number of films were shown :

Laryngectomy—a colour film—Mr. R. G. Macbeth.

Œsophageal Speech following Laryngectomy—a sound film—Mr. Tom O. Howie.

The Fenestration Operation—a colour film—Mr. G. E. Shambaugh.

DR. C. E. SCOTT.

Eosinophilic Granuloma of the Zygoma.

Case 1. (James P., age 3.) R.M.T. obscured by mass of granulations, sero-sanguineous discharge. Discrete, circular fluctuating swelling over zygoma. Mastoid operation. Pathological report of granulations—eosinophilic granuloma.

DR. I. SIMSON HALL.

Chondroma of Maxillary Sinus.

Case 2. (Miss M., age 71.) (Case previous shown to Scottish Society, *26.8.49.*) Bilateral antrostomy, radiotherapy.

9.5.50. Perforation of hard palate now diagnosed as chondroma ; diathermy ; large obturator including teeth fitted.

Carcinoma of Epiglottis.

Case 3. (C.McP., age 59.) Transhyoid epiglottidectomy.

Case 4. (Mrs. B.W., age 65.) Chronic osteomyelitis of sphenoid.

Plasmacytoma of Subglottis.

Case 5. (Stanley F., age 35.) (Case previously shown to Scottish Society on two occasions.) Originally diagnosed by Air Commodore Dickson. Teleradium, tracheotomy, X-ray therapy over prolonged period, laryngo-fissure, a nitrogen mustard compound with marked improvement ; recurrence in larynx elsewhere ; further nitrogen mustard compound and X-ray treatment.

DR. A. BROWNLIE SMITH.

Plasmacytoma of the Maxilla.

Case 6. (C.M.) Caldwell-Luc, radical course radiotherapy. Widespread

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metastases, oral nitrogen mustard ; further metastases, urethane 1 gm. T.D.S. commenced.

Four cases of Perceptive Deafness, probably due to vascular lesions.

Cases 7-10. These cases all had unilateral gross or absolute deafness of sudden onset, and there had been no recovery of hearing. Giddiness had been slight or absent in all but one case.

An interesting discussion followed and the possibility of virus infection was mentioned by some speakers.

Carcinoma of the Larynx.

Case 11. (Mr. F.F., age 57.) *9.7.46.* Small piece of tissue removed from L.C.V. Pathological report—moderately differentiated squamous carcinoma, complicated by an infiltration of the related tissues with chronic inflammatory cells. When patient reported for treatment, laryngeal appearance so much improved that another biopsy was done. Pathological report—chronic inflammatory.

June, 1947. Further biopsy, pathological report—chronic inflammatory. Case shown as an instance of care which must be taken with a histological report.

DR. R. B. LUMSDEN.

Laryngeal Case for Diagnosis.

Case 12. (Miss J. M., age 47.) ? Laryngocele.

MR. D. RITCHIE PATERSON.

Bilateral Ankylosis of Crico-Arytenoid Joints associated with Generalized Joint Pains and Stiffness.

Case 13. (Mrs. Elizabeth M., age 44.) Tracheotomy. Cortisone, with no improvement.

DR. I. M. FARQUHARSON.

Tuberculosis of Nasal Bones.

Case 14. (Mrs. Sarah T., age 60.) Firm swelling over right nasal bone and granulation tissue in right nasal cavity. Operation, general ultra-violet light. Dihydrostreptomycin gm. 1 b.d. for three weeks. Direct ultra-violet light to nasal cavities—improvement. Calciferol was suggested if patient did not continue to respond to light treatment.

DR. G. D. MCDOWALL.

Ménière's disease, anomalies in conservative treatment.

Cases 15-18. In addition to showing the four illustrative cases, Dr. McDowall read a short paper founded on experience in Dr. Simson Hall's Department between September, 1946, and June, 1950. Histamine skin tests were done in almost all the cases. Treatment was by histamine injections or the administration of nicotinic acid and riboflavine. Eighty-three patients were treated, 12 per cent. of whom required operation. Fewer patients were now requiring operation than formerly. The psychological value of regular follow-up attendance was stressed. It was found that a histamine positive reaction is not always a contra-indication to the giving of nicotinic acid or a negative reaction to the giving of histamine. Relief of vertigo was determined in 49 cases (59 per cent.) improvement in 24 (29 per cent.) and 10 cases (12 per

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cent.) were not relieved by conservative treatment. Tinnitus was relieved in 4 cases and improved in 7. Deafness was not relieved in any case but was subjectively improved in 7.

Exhibits.

1. X-rays showing the use of procaine penicillin in oil in acute and subacute maxillary sinusitis by instillation into the antrum.—Dr. I. Simson Hall.

2. Malignant melanoma of right anterior ethmoid : (*a*) Three microscopic slides ; (*b*) X-ray films of nasal sinuses ; (*c*) Maxillary obturator.—Dr. Ritchie Paterson.

3. Photograph of a case of congenitally bifid nose.—Dr. J. F. Birrell. (Shown by courtesy of Mr. A. B. Wallace.)

THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY

THE SIXTY-THIRD MEETING of the Society was held on Saturday, November 17th, 1951, in the Nurses' Home of the Victoria Infirmary, Glasgow.

At the close of the Business, Dr. E. G. Collins, the newly elected President, took the Chair.

PAPER :

MR. R. S. VENTERS, Carlisle :

"The Endaural Transmeatal Mastoid Operation for the Cure of Chronic Suppurative Otitis Media."

A Revision and Critical Assessment of 150 Cases.

MR. R. S. VENTERS.

Endaural Transmeatal Mastoid Operation for Chronic Suppurative Otitis Media.

Cases 1-3. Three illustrative cases.

MR. TOM O. HOWIE and MR. I. C. SIMPSON.

Group of Cases showing Endaural Approach to the Mastoid and Middle Ear.

Cases 4-12. For discussion.

Mr. Howie said that most of the cases shown today had improvement in hearing.

Mr. Simpson had been using this approach in children and found that it gave ample room and an excellent view of the middle ear and antrum.

Mr. Gibb found the approach satisfactory and he took 15 to 20 minutes less than when using the post-aural approach.

Mr. Thorburn stressed that Lempert's endaural technic enabled the surgeon working with suitable instruments under brilliant illumination and magnification to restrict the operative excision to the minimum and so conserve function. Where the incus was found to be destroyed or had to be removed he thought it better to remove the whole malleus. The conserved drum could be laid in to cover the medial tympanic wall. He noticed that in cases which healed in this way hearing was sometimes surprisingly good.

Dr. Birrell and Dr. Collins also spoke and Mr. Venters replied.

MR. H. D. BROWN KELLY.

Three cases illustrating the Fenestration Operation.

Cases 13-15. In the course of the discussion which followed the question of the discharging ear after fenestration was introduced.

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Dr. Lumsden thought that most of the trouble was due to a penicillin-resistant staphylococcus.

Mr. Thorburn favoured the " no touch " technique for dressings during the first four weeks and said that there should be no disturbance of the deeper part of the cavity.

Dr. Collins thought that continuation of the discharge was really due to a skin infection, with the formation of flabby granulations forming just inside the entrance to the meatus. He removed the granulations with a curette and painted the surface with Castellani carbol-fuchsin paint.

MR. TOM O. HOWIE.

Frontal Osteomyelitis.

Case 16. (Miss A.W., age 22.) Frontal sinusitis, extra-dural abscess and frontal osteomyelitis.

Case 17. (Miss M.M., age 22.) Repeated operations before sepsis controlled.

Osteoma of Ethmoid invading Anterior Fossa of Skull.

Case 18. (H.E., age 27.) Operation, *15.10.42.* Nose entered by lateral rhinotomy and osteoma removed.

Osteoma of Ethmoid.

Case 19. (Mr. C.C., age 17.) Operation. Lateral rhinotomy, antrum entered. Tumour removed to level near cribriform plate establishing good airway.

Osteoma of Maxilla.

Case 20. (Mr. N.M., age 20.) Operation. Partial excision of osteoma, piecemeal, after ligating left external carotid artery.

DR. FORBES M. WALKER.

Osteoma of Frontal Sinus.

Case 21. (Mr. R.W., age 41.)

Case 22. (Male, age 17.)

Two cases illustrating a method of removing large osteomas of the frontal sinus which obviates either a physical scar or a bony deformity.

Operative method. Corneal incision 1 cm. behind the hair line. Forehead turned down as far as upper end lateral border of sinuses. Anterior sinus plate chiselled along the entire upper and lateral margin and fractured downwards still firmly attached to the forehead flap. The osteoma is exposed and can be removed by the appropriate method, rocking or piecemeal. All mucosa removed down to fronto-nasal duct. Anterior plate replaced with forehead flap and protected with plaster of paris splint for three weeks.

MR. H. D. BROWN KELLY.

Congenital Posterior Choanal Occlusion.

Case 23. (Miss L.C., age 15.) Complete occlusion right posterior naris. Intranasal operation.

Mr. Brown Kelly thought that the trans-palatal route described by Mr. Paul Wilson was " probably the answer " in dealing with this type of case. Both Mr. Brown Kelly and Dr. Brownlie Smith pointed out how easy it was to miss the unilateral case. Mr. Gibb described a case of bilateral occlusion of the posterior nares in an infant one day old. By forcing eustachian catheters

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down both sides of the nose into the nasopharynx he kept the baby alive. At the age of three months he operated using the trans-palatine approach employed by Ruddy.

DR. GAVIN YOUNG.

Case of Laryngeal Vertigo.

Case 24. (Mr. A.B., age 21.) Attacks occur once monthly on an average. There was a soft cough clearing something in the lower pharynx and then immediate unconsciousness for the moment. Slight pharyngitis, not complained of, otherwise nose, throat and larynx healthy. Tonsils and adenoids have been removed. X-ray of sinuses clear. Patient smokes little. Attack on three occasions after one gin and Italian.

Case of Nasal Allergy, Suppurative Antritis and Parosmia.

Case 25. (Miss J.G., age. 45.) Dr. Gavin Young thought it reasonable that parosmia might be caused in the mentally unstable allergic and Dr. Collins said that in his view there was usually a functional psychological basis.

MR. TOM O. HOWIE.

Post-cricoid Carcinoma.

Case 26. (Mrs. P., age 64.) Seen in 1938 by Mr. G. B. Brand (private case). Condition proven by biopsy. Treated by deep therapy—11 years cure. Case withdrawn as Mr. Howie unable to get the biopsy report.

Post-cricoid Tubercular Ulceration Resembling Carcinoma.

Case 27. (Mrs. W., age 35.)

Fibro-Adenoma of Left Main Bronchus.

Case 28. (Mrs. M.G., age 55.) Massive collapse of left lower and lingular lobes. Removal—aeration of lung restored forthwith.

MR. TOM O. HOWIE and MR. I. C. SIMPSON.

A Problem Case Clinically and Pathologically Suggestion of Scleroma.

Case 29. (Mrs. B., age 57.)

A Case of Double Recurrent Paralysis following Neck Traction and Complete Spinal Plaster for Fractured Odontoid Process and Fourth Lumbar Vertebra.

Case 30. (Mr. J.McC., age 29.)

Four Cases of Œsophago-pharyngeal Pouch.

Case 31. (Mr. F., age 75.)
Case 32. (Mr. McL., age 79.) } Treated by slinging of Sac.

Case 33. (Mr. S.F., age 50.)
Case 34. (Miss M., age 55.) } Treated by excision of Sac.

Exhibits.

MR. H. D. BROWN KELLY.

1. X-ray pictures of a case of congenital choanal occlusion.

MR. TOM O. HOWIE and MR. I. C. SIMPSON.

2. Museum specimen. Carcinoma of œsophagus, showing marked kinking of œsophagus around growth with false passage re-establishing a lumen and allowing resumption of swallowing.

DR. K. BLUM, introduced by MR. TOM O. HOWIE.

3. Radiological demonstration of non-malignant lower œsophageal lesion.

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