SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY

May 2, 1919.

President—Dr JAMES DONELAN.

Sarcoma of the Tonsil—Mr G. W. DAWSON.—A man, aged 38, who had been treated by operation and subsequent application of radium.

Pituitary Tumour treated by Sellar Decompression—Mr H. L. WHALE.—The symptoms were increasing lethargy and persistent headache. A wide and deep pituitary fossa could be seen in radiogram. Optic atrophy and bitemporal hemianopia were present. Access was obtained by Moure's incision. Some endotheliomatous tissue was removed. The patient improved; the lethargy and headache had disappeared.

Mr TILLEY approved of the method of approach by lateral rhinotomy.

Adhesions and Contraction of the Faucial Pillars, following Complete Enucleation of the Tonsils—Dr IRWIN MOORE.—There was no damage to the pillars at the operation, but subsequent contraction and adhesions have prevented the patient from singing, as she is unable to take high notes.

Mr CYRIL HORSFORD thought that the trouble could be cured by a sound method of voice training.

Dr MOORE suggested that singing lessons should be resumed after enucleation of the tonsils, so as to exercise the palate muscles and thus prevent contraction.

Paralysis of the Left Vocal Cord—Dr JAMES DONELAN.—Woman, aged 49, suffered from dysphagia and weakness of voice. The left cord was in the cadaveric position.

Drs DE HAVILLAND HALL and DUNDAS GRANT regarded the case as one of mediastinal growth.

Dr DONELAN thought that it was a case of aneurism.

(Since the Meeting the patient died and *post mortem* revealed cancer of the œsophagus.)

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Two Cases of Epithelioma of the Pharynx successfully treated by Diathermy—Mr NORMAN PATTERSON.

Mr TILLEY remarked that the results were excellent and that there was less shock and loss of blood than with ordinary surgical methods.

Tumour of the Base of the Tongue—Mr DAWSON.—There was a hard lobulated swelling, and the symptoms were difficulty of swallowing and alteration of the voice.

Dr DUNDAS GRANT thought that the growth was a mild form of endothelioma and that it was too irregular to be an ordinary thyroid tumour.

Mr DAWSON regarded it as an aberrant thyroid.

Mr E. D. D. DAVIS referred to a similar, though more advanced case, in which there was complete double ophthalmoplegia and blindness.

Dr JOBSON HORNE said that these growths were not malignant as ordinarily understood, in that they did not kill by metastasis but by direct extension.

Discussing radium treatment, Mr TILLEY said that he had never seen it cure epitheliomata, but that the nearer a malignant growth approached to embryonic tissue, the better was the result to be obtained from radium.

Several members mentioned their experiences with colloidal copper, but the balance of opinion was unfavourable.

Sarcoma of the Tonsil—Mr W. M. MOLLISON.—A. W., aged 22, complained for nine months of neuralgia of the upper jaw and swelling of the neck. In the right tonsil region is a tense swelling, the naso-pharynx is blocked, and there is a mass of enlarged glands about the angle of the jaw. Wassermann reaction is positive, but no improvement has followed a dose of novarsenobillon.

Mr STUART-LOW suggested diathermy, and Mr DAWSON spoke of a case treated by excision and radium. Mr MOLLISON said that in spite of the positive Wassermann he regarded the case as malignant.

Extensive Lupus—Mr E. D. D. DAVIS.—The disease had commenced in the larynx and had spread to the nose and later to the alveolus and palate.

Chronic Osteomyelitis of the Maxilla of Dental Origin—Mr G. W. DAWSON.—A large sequestrum of the right alveolus had been removed, and a Caldwell-Luc operation performed.

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Tuberculous Laryngitis—Mr T. B. LAYTON.—The exhibitor wished the opinion of members regarding local treatment.

Dr JOBSON HORNE said that the larynx should be left absolutely alone, and the man treated by silence, in suitable surroundings.

Painless Swelling of the Floor of the Mouth and Submaxillary Region, probably Actinomycosis—Dr JEWELL.—A male, aged 59. There were no enlarged glands. The Wassermann reaction was negative.

A Case of Delayed Breaking of the Voice in a Youth of 18—Dr JOBSON HORNE.

Several members suggested that the condition was allied to functional aphonia and could be cured by adopting a correct method of voice production.

A Tongue Case for Diagnosis—Mr HARMER.—The patient had difficulty in articulating. The tongue is shrunken and cannot be protruded. No glandular enlargement. Wassermann reaction negative.

The general opinion was that the disease was epithelioma.

Dr IRWIN MOORE demonstrated the normal histology of the vocal cord and ventricle of the larynx, in connection with the development of adenomata (see *Journal of Laryngology*, March 1920, p. 65).

Dr JOBSON HORNE remarked that the possibility of adenomatous growth of the vocal cords depended upon what tissue was included in the term "vocal cord." If the vocal cord is only that part which is covered with squamous epithelium, then adenoma cannot arise from it. But if the gland-bearing area be regarded as part of the vocal cord, there is no reason why adenomata should not be found here. An exact knowledge of the histology of the larynx is most important for the correct understanding of laryngeal diseases.

June 6, 1919.

Large Submucous Lipoma of Palate and Pharynx—Mr HERBERT TILLEY.—Tumour removed from a girl aged 15. The appearance recalled a large quinsy, though the mucosa was normal. It was tense and semi-solid, and displaced the tonsil downwards. The technique of removal was that of enucleation of the tonsil by dissection after laryngotomy. Hæmorrhage was slight. The tumour measured $2\frac{1}{2}$ inches in diameter.

Dr JOBSON HORNE recalled a similar case, and Mr NORMAN PATTERSON had seen a retropharyngeal lipoma which had been mistaken for retropharyngeal abscess.

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Dr IRWIN MOORE said that Professor Shattock read a paper on submucous lipomata before the Pathological Section in 1909. The present case was almost unique.

A Suppurating Dermoid Cyst—Mr TILLEY.—Cyst removed from the lower central region of the forehead.

Cyst of the Larynx, and Carcinoma of the Right Antrum and Orbit—Mr NORMAN PATTERSON.—The latter was treated by excision, radium, and X-rays.

A Specimen of Cyst of the Larynx was exhibited by Dr JOBSON HORNE.

Mr STUART-LOW recommended galvano-cautery as the best treatment.

Several members suggested that this might be a thyroglossal cyst.

November 7, 1919.

President—Mr E. B. WAGGETT, D.S.O.

Prolonged and Obstinate Functional Aphonia—Dr DAN MACKENZIE.—A young woman cured by hypnotism, after failure of the usual methods.

Dr BURNETT RAE described his method of hypnosis in this and similar cases.

Mr STUART-LOW said that the patient had been anæsthetised, and that this may have had more to do with the recovery of the voice than the hypnotic treatment.

Intra-tracheal Tumour removed by Peroral Tracheoscopy (*Journal of Laryngology*, Jan. 1920, p. 1)—Mr HERBERT TILLEY.—After being "gassed" in 1918, the man, aged 34, suffered from increasing dyspnœa, and lately from cough and hæmoptysis. The growth could be seen by laryngoscopy, when the Killian position was assumed. It grew from the junction of the trachea with the left bronchus, and was pedunculated.

Professor SHATTOCK regarded the tumour as papillary granuloma, probably growing on the site of an ulcer of the tracheal mucosa, caused by the mustard-gas.

Dr JOBSON HORNE regarded the tumour as a papilloma which had been present before the gassing took place.

Dr IRWIN MOORE said the bleeding made the operation very difficult, but the blood was prevented from entering the lungs by

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the use of intra-tracheal anæsthesia by Kelly's apparatus, the catheter being passed beyond the growth. Primary growths of the tracheal bifurcation are very rare, and only nine benign growths of this region are recorded in literature.

In reply to Dr Horne, Professor SHATTOCK stated that before the gassing the patient had no history of any tracheal obstruction.

Mr SYDNEY SCOTT and Dr IRWIN MOORE demonstrated instruments for suturing the faucial pillars in cases of hæmorrhage after tonsillectomy.

Epithelioma of the Tongue, with Secondary Glandular Deposits, treated by Amino-propionate of Copper — Dr JAMES DONELAN.—The patient, a man aged 65, suffered from a large inoperable cancer. He was treated by injections of amino-propionate or alanin of copper, as suggested by Dr Shaw Mackenzie, and the improvement has been remarkable. The exhibitor suggested that this was due to a diminution of the inflammatory zone surrounding the cancerous tissue.

Dr IRWIN MOORE had seen improvement in similar cases from the use of colloidal copper.

Dr DONELAN gave further details regarding the drug, so that members might try it for themselves.

Statistics bearing upon the Sex and Age Incidence of Carcinoma of the Post-cricoid Area—Dr A. LOGAN TURNER (see *Journal of Laryngology*, Feb. 1920, p. 34).

Case of Latent Double Frontal Sinus Suppuration with expansion of the sinuses, following a bullet wound received three years previously—Mr W. M. MOLLISON.

Mr HOWARTH suggested that the latency (absence of nasal symptoms) was due to the fact that the fronto-nasal duct was blocked by scar tissue. A mucocele or pyocele of the frontal sinus was thereby produced, as in the present case.

December 5, 1919.

Fibroma of the Aryepiglottic Fold removed with the Aid of Suspension Laryngoscopy—Mr W. M. MOLLISON.—Male, aged 40. Large, smooth, globular swelling covered by somewhat pale mucosa. Voice thick: occasional slight suffocative attacks. Tumour dissected out after some difficulty: size of a pigeon's egg: microscopically, a hyaline necrotic fibroma.

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Enlarged Diseased Tonsils of Cryptic Type, destroyed by Applications of Escharotic Paste (London Paste)—Dr IRWIN MOORE.—Female, aged 22. Underwent five applications during three months. Remarkable shrinkage of tonsils without occlusion of the crypts and formation of cicatricial tissue.

Mr H. J. BANKS-DAVIS, Mr W. STUART-LOW, and Dr WALKER DOWNIE did not approve of the method as a routine procedure.

Multiple Polypi (Œdematous Fibromata) of the Middle Third of the Œsophagus—Dr WILLIAM HILL.—Male, aged 26. Dysphagia, May 1919. Stenosis due to large swelling of right wall of middle third of gullet. Microscopic examination of tissue showed normal structure of gullet and signs of inflammation. Sarcoma of mediastinum suspected on account of continuance of pain. Radium bromide emanations used without improvement. Progressive loss of weight. In September 1919, original neoplastic swelling larger and beneath it three large fleshy-looking polypi and some smaller mucous polypi visible. Masses removed showed structure of ordinary nasal polypi. The exhibitor wished advice as to further treatment.

The discussion turned largely upon the advisability of performing gastrostomy, or upon the introduction of Symond's or Hill's œsophageal feeding-tubes. Gastrostomy was approved of only when performed early in the history of the disease (Mr MUSGRAVE WOODMAN, Mr E. D. D. DAVIS). The unsatisfactory results of a late gastrostomy was emphasised by Sir ST CLAIR THOMSON, Mr LIONEL COLLEDGE, and Mr W. M. HOPE. Dr IRWIN MOORE and Mr WILLIAM HILL recommended the use of Symond's and Hill's tubes.

Impacted Foreign Bodies. Fish Bone perforating the Inferior Constrictor and leaving Fatal Posterior Mediastinal Abscess—Dr WILLIAM HILL.—Woman, aged 38, examined three weeks after impaction of the bone. Large peri-pharyngeal and posterior mediastinal abscesses, opened during endoscopic examination. Death from septicæmia and heart failure. A perforation was found in the posterior wall of the deep pharynx.

Mutton Bone impacted in Larynx requiring Removal by Crico-tracheotomy—Dr DOUGLAS GUTHRIE.—Boy, aged 10. While attempting removal under suspension, respiration became so embarrassed that tracheotomy was necessary. Two days later, the wound was enlarged upwards through the cricoid cartilage and the bone removed; no stenosis resulted.

Mr HOPE, Mr LAWSON WHALE, and Mr SOMERVILLE HASTINGS recorded cases of foreign bodies producing pharyngeal and mediastinal abscesses.

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Societies' Proceedings

Supernumerary Nostril and Nasal Cavity on the Right Side—Mr H. Bell Tawse. Female infant, one of twins, the other twin being anencephalous.

Spontaneous Cicatrisation of Well-marked Tuberculosis of Larynx, with General Treatment only—Sir St Clair Thomson.—Female, aged 42, had ulcerating infiltration in the inter-arytenoid region in April 1918. She had tuberculosis of the lung with bacilli in sputum seven years ago. The larynx completely healed with silence.

The discussion dealt with the treatment of laryngeal tubercle by silence alone or combined with galvano-puncture in suitable cases. Opinions differed as to the value of the electric cautery.

Naso-pharyngeal Angeio-fibroma—Mr G. W. Dawson.—Boy, aged 13½. The tumour which bulged the left cheek, presented at the left nostril and projected downwards into the pharynx, was removed through the nose and mouth, after preliminary laryngotomy. Recurrence after nine months, and was treated by two insertions of radium. The applications had no beneficial effect. An external operation was performed; most of the superior maxilla had disappeared. Recovery.

Congenital Occlusion of Left Choana—Dr J. Dundas Grant. A girl. The obstruction was mainly osseous, but the central portion was fibrous. The channel was restored by removing the posterior part of the septum nasi and by chiselling away the bone.

Papilloma at the Bifurcation of the Trachea (Specimen)—Dr W. Jobson Horne.

Intrinsic Cancer of Larynx in a Woman aged 33—Mr G. A. Carter, Mr C. W. M. Hope, and Sir St Clair Thomson.—The disease involved the entire right vocal cord; hoarseness had been present for four years; the cord was freely movable.

Dr Jobson Horne pointed out that the microscopical sections, from the manner in which they had been cut, were not conclusive of carcinoma.

Melanotic Sarcoma of the Nose—Mr W. M. Mollison.—Woman, aged 43. Tumour of a dark purple appearance occupied the left nasal cavity. Portion removed proved to be melanotic sarcoma. Lateral rhinotomy through Moure's incision. Recovery.

Extensive Papilloma of the Hard Palate—Mr Nourse and Mr Archer Ryland.—Male, aged 55. The tumour was attached to the buccal surface of the hard palate on the right side.

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