SOCIETIES' PROCEEDINGS

THE NINETY-FIRST MEETING OF THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY WAS HELD ON SATURDAY, 20 NOVEMBER 1965 IN THE EAR, NOSE AND THROAT HOSPITAL, GLASGOW. THE PRESIDENT, DR. J. F. BIRRELL WAS PRESENT AND OCCUPIED THE CHAIR AT THE BUSINESS MEETING AND DISCUSSION ON CLINICAL CASES.

THE patients who had attended were under the care of Dr. E. A. M. Connal, Dr. F. T. Land, Dr. J. B. Hutchison, Dr. D. Glyn Jones, Dr. A. K. Bain, Dr. J. Morgan, Dr. C. E. Gabriel, Dr. W. C. Brown, Dr. I. C. Whyte; in addition there was a demonstration of coloured slides by Dr. J. Morgan of a case of ulceration of the tongue. The Hearing Aid Clinic run by the audiometric staff under the supervision of Dr. Connal was open for inspection by members and demonstrations were given by the audiometricians of speech audiometry, the equipment for testing hearing of young deaf children and of the procedures of making individual insert earpieces for hearing aids.

From the wide variety of interesting clinical material which ranged over almost the whole field of rhinology and laryngology it is difficult to be selective. The following is a summary of some of the cases and the discussion which followed:

Mr. W.B., now aged 85, attended Dr. Connal in 1931 with a carcinoma of the right vocal cord. Dr. Connal carried out the Finsi-Harmer procedure in September of that year, inserting ten radium needles, each of 3 mg. giving a total dosage of 1,765 mg./hours. Apart from fixation of the right vocal cord the laryngeal condition is excellent but the patient is frail and afflicted with chronic bronchitis. Dr. Connal said that few people had survived this length of time with a carcinoma; although present day radiotherapy is more precise he wished to emphasize especially to the younger members how useful the Finsi-Harmer technique had been; it had represented a great step forward from the deep X-ray treatment of that time. Congratulations and agreement, were voiced by several members in particular by Dr. I. M. Farquharson.

Dr. Connal also showed the case of Mr. I.P., aged 55 years, from whose larynx he had removed recurrent red polypoidal material springing apparently from the anterior third of the left vocal cord. Forceps removal at direct laryngoscopy had been required six times between 1949 and 1956 and on each occasion the tissue removed had been reported as "simple angioma partly capillary and partly cavernous with slight super-added infection; no evidence of malignancy". The left cord is thickened but is smooth and functioning adequately, and Dr. Connal proposes to take no further action, especially as the patient has always presented anaesthetic difficulties. Several speakers including Dr. J. Dixon agreed that this was an unusual presentation for an angioma and also that nothing more should be done. Dr. Farquharson thought that X-ray therapy might well have been used, on the analogy with the treatment of angiomatous naevi of the skin.

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Dr. F. T. Land showed the case of a laryngeal cyst in a Mr. D.K., aged 53, who had presented in 1964 with persistent huskiness for 2 months. A large smooth swelling of the left ventricular band was noted and from which it was very difficult to get a biopsy. The tissue obtained showed very hyperplastic squamous mucosa which might have come from the vicinity of a carcinoma. However, a laryngofissure approach was used and on *2 December 1964* a simple cyst dissected submucosally from the ventricular band. The cyst was 2 mm. in thickness and lined partly with respiratory epithelium. The larynx now looks normal.

Mr. J. Thomas recalled four similar cases which had been treated by laryngofissure with similar good results.

Dr. Land also showed a Mrs. I.K., aged 56, who attended in *May 1960* with right-sided nasal obstruction for 1 month. This was found to be caused by a vascular and friable polypus which the pathologist reported as "non-invasive papillary squamous carcinoma". In *June 1960* after operative exploration had determined the disease to be confined to the anterior ethmoid area on the right side X-ray therapy was given—a tumour dose of 5,250–6,400 r. being given in twenty-five sessions over 5 weeks. In December of the same year a recurrence was noted clinically and the tissue found to be essentially similar to that in the original biopsy. On *11 January 1961*, Dr. Land carried out a palatal fenestration operation removing the antro-nasal wall along with the diseased tissue from the anterior two-thirds of the ethmoid, that area being diathermized. A dental prosthesis was fitted and after many months of troublesome crusting the cavity is completely epithelialized. Dr. Land said he showed this case to demonstrate the good access which removal of the half hard palate gave both for treatment and subsequent inspection.

Dr. J. Fulton Christie said that he preferred a lateral rhinotomy approach to such cases and he advocated surgery as the primary mode of treatment leaving radiotherapy in reserve for any recurrence.

Dr. Land showed a case of carcinoma of the oesophagus in a Mrs. A.L., aged 63, who had presented in *September 1958* with dysphagia of 5 months duration. A fungating mass was found in the cervical oesophagus at the entrance to thorax, the upper edge being at 19 cm. from the front teeth. Biopsy showed a moderately differentiated squamous carcinoma with numerous mitoses and aberrant nuclei. Conventional deep X-ray therapy was given with 250 k.v. apparatus in four fields giving a total dosage of 1,640 r. Treatment was given in the course of 4 days. Within 2 months she was swallowing without difficulty and has remained well ever since. Dr. Land said he could not explain this unexpectedly good result and Mr. R. S. Venters expressed some doubt of the original diagnosis and suggested that further oesophagoscopies should have been carried out. Dr. G. C. McKinlay, however, recalled an exactly similar case in a man of 43 who in 1949 had a proven carcinoma at 20 cm. treated in Edinburgh on the linear accelerator. Dr. McKinlay had followed this patient with occasional oesophagoscopies for 5 years after treatment and had found nothing more than minimal scarring at the site of the original disease.

Among Dr. J. B. Hutchison's cases was a Mr. N.McQ., aged 57, who had had a fleshy mass excised from the left posterior tonsillar pillar in *May 1965*, which had proved to be a solitary plasmacytoma. The patient did not in fact attend

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but Mr. Alan Gibb showed coloured slides of three cases he had encountered where multiple plasmacytoma masses had recurred in the pharynx but the condition had not progressed to generalized myelomatosis.

Dr. Hutchison also showed a case of proven carcinoma of the nasopharynx in a Mr. W.M., now aged 19, who as a boy of 11 years had first been noted to have an enlarged gland in the neck; on removal it was found to be anaplastic carcinoma and subsequent investigation had led to a fungating nasopharyngeal tumour of similar histology. Radiotherapy was given at the Western Infirmary, Glasgow with rapid regression of the primary and related glands. He had now remained free from recurrence for 8 years. The histological slides were on view. Dr. Hutchison added that the original growth was massive and he was agreeably surprised at the good result. Dr. Whyte and Dr. Dixon both recalled cases in which abducent nerve palsies had been the presenting features of cases of nasopharyngeal carcinoma and in both cases not only had radiotherapy apparently cured the primary disease but the palsies had recovered.

Dr. Hutchison also showed a case of Wegener's Granuloma in a Mr. T.M., aged 53, who first presented in *January 1965* with left-sided nasal obstruction following a nasal injury a week previously. At first the disease was localized to the left ethmoid area and biopsy showed necrotic tissue with a striking degree of endarteritis—the appearances being consistent with Wegener's Granulomatosis. Prednisolone treatment was begun and continued until the patient now has a well-developed "moon-face" appearance. Radiotherapy was in *August 1965* given for painful ulceration of the pharynx and had produced some benefit. The disease was progressing locally but had not yet shown signs of involvement of the lungs or kidneys.

Dr. D. Glyn Jones showed two cases of hyperkeratosis of the larynx which he had been following for some years. The first was Mr. J.G., aged 46, who originally reported in 1960 with hoarseness for 4 months. He continued to smoke twenty cigarettes daily. He was originally found to have a fleshy thickening at the posterior end of the right vocal cord; several biopsies had shown "irregular keratinization and variation in nuclear size" also hyperplasia of the squamous epithelium with variation in cell and nuclear size. Over 2 years the condition gradually improved.

The other case was a Mr. T.P., aged 66, who had been followed since *October 1964* and also appeared to be improving. Mr. J. Dixon and Dr. Farquharson agreed that such cases should be kept under observation and advised to give up smoking. Radiotherapy should only be given if malignant change is definitely demonstrated.

Among Dr. A. K. Bain's cases was a child of 9 years with mental retardation, thyroid deficiency and perceptive deafness. The child had been investigated at the Royal Hospital for Sick Children and the original cause found to be congenital toxoplasmosis presenting the features of Pendred's syndrome. Management was complicated by the fact that the child's parents are illiterate and speak only Urdu whereas at school the child is being taught in English.

Dr. Bain also showed a Mr. H.M., aged 61, who had originally reported to the Eye Infirmary with a small cyst-like swelling in the right upper eyelid. As the appearance had resembled a rodent ulcer an attempt was made to excise it and this revealed a fistula leading to the frontal bone. Dr. Bain investigated the

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condition and found a chronic frontal sinusitis. Operation had cleared the condition—the material removed from the fistula and sinus revealing simple non-specific granulation tissue.

Dr. J. Morgan showed two cases of multiple calculi with chronic sialo-adenitis of the submandibular gland, both of which had been treated by excision of the gland with entirely satisfactory results.

Dr. W. C. Brown showed a case of extensive supra-glottic carcinoma in a Mrs. M.S., aged 49, who had presented in 1963 with hoarseness for 3 months and swelling in the neck for 6 weeks. Treatment had been by radiotherapy and when active tumour was still present 2 months later a partial laryngectomy with right block dissection of neck was carried out by the Ogura technique. The patient had made a good recovery being able to speak and swallow well, and remained well to date.

Dr. I. C. Whyte showed a Mr. J.H., aged 61, with carcinoma of the right side of the tongue successfully treated with local radium needles and a block dissection of neck glands.

As many cases had been shown discussion had had to be of necessity, rather brief.

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