In view of this it was decided to explore the left temporo-sphenoidal lobe, and the mastoid wound was accordingly re-opened the same day. The tegmen antri was normal, its removal exposing inflamed dura. The radical operation was rapidly performed and the tegmen tympani, which was necrotic, was removed, uncovering thickened dura adherent to the brain cortex. Sufficient squama was then removed to give adequate exposure, the dura incised and the temporo-sphenoidal lobe explored with a wide bore needle and syringe, pus being found at a depth of $\frac{1}{4}$ in. from the surface, 20 cc. being eventually withdrawn. Pathological report on the pus: "Films and cultures show a pure growth of Streptococcus hæmolyticus." The brain cortex was incised and the opening enlarged to admit a rubber tracheotomy tube, the shield of which was sutured to the skin. Carrell Dakin tubes were inserted into the mastoid cavity for continuous irrigation.

1.7.32.—Restless and semi-comatose. Lumbar puncture.

3.7.32.—Quiet. Daily lumbar puncture. Continuous irrigation of mastoid cavity continued.

5.7.32.—Mental condition much improved. External rectus palsy has cleared up. Aphasia still present.

10.7.32.—No aphasia. No drainage from the tube.

14.7.32.—Shortened tube removed.

28.8.32.—Discharged cured, having made steady progress.

Since his discharge, the boy has been kept under regular observation. There has been no sign of any recurrence of any of the symptoms and he is well and strong with the radical cavity healed and epithelialised (11.1.33).

The occurrence of the Gradenigo syndrome in the course of this case is probably to be accounted for by the presence of a serous basal meningitis.

I am indebted to Dr. Davey, Pathologist to the Gloucestershire Royal Infirmary, for the pathological investigations on the pus and cerebrospinal fluid.

TWO UNUSUAL TUMOURS

By ROBERT M. GLYNN (Adelaide)

CASE I—F.K., male, age 58. Was first attended by Dr. Rice in an attack of dyspnœa on April 12th. Attack lasted half an hour. He had another attack the next day lasting about three quarters of an hour, after which I saw him.

Three weeks previously he had a little shortness of breath when he first started to play tennis. This had gradually worn off after playing for a short while. His voice has been getting a little husky for the past twelve months and the family complained

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that he made a slight noise on swallowing. Thinks he has lost weight. Says he has always been liable to colds in his throat and similar complaints.

On examination.—A smooth and firm looking mass filling up the whole of the right side of the pharynx and larynx as far as, but not overlapping, the left aryepiglottic fold. Apparently not attached to the pharyngeal wall laterally or posteriorly—œdematous. On hooking the mass aside after swabbing with cocaine, the glottis could be seen pushed over to the left but apparently normal. I could not determine if the mass originated in the pyriform fossa or the right aryepiglottic fold, or whether the latter was involved or merely overlapped it.

Externally, the thyroid cartilage was rotated to the left and forwards. No glands on palpation. It was decided to do Trotter's trans-thyroid pharyngotomy.

Operation.—Avertin was given half an hour before by Dr. Gilbert Brown. Tracheotomy and skin incision for glands made before ether was necessary—ether was then given through the tracheotomy tube. Deep cervical glands were enlarged but subsequent inspection showed them to be normal. The sternomastoid was sutured to the prevertebral muscles, the ala of the thyroid and the great cornu of the hyoid were removed, and the pharynx opened. A mass the size of a hen's egg was found in the pyriform fossa overlapping the aryepiglottic fold and pushing the larynx over to left. It was covered with pharyngeal mucosa except at its attachment below. It apparently originated from the cricoid cartilage internal to the cricothyroid joint—being extra-pharyngeal in origin. It had then invaginated the pharyngeal mucosa and filled up the pyriform fossa. Some of the fibres of the cricoarytenoideus lateralis and the oblique fibres of the cricothyroideus were damaged in removing it.

Sections show a fibro-sarcoma.

The tumour possesses a capsule in some parts but there does not, however, appear to be any definite invasion of normal tissues, the tumour pushing them aside rather than invading them. There are areas of degeneration and sclerosis, and in the cellular areas mitotic figures are rarely to be seen.

The feeding tube was removed on the twelfth day and the tracheotomy tube on the thirteenth day. Convalescence was uneventful except for some coughing with his earlier feeds after removal of the tube.

When the wound was sufficiently healed Dr. S. Verco administered deep X-ray therapy through 0·75 mm. of copper and 1 mm. of aluminium at 200 k.v. sufficient to produce definite redness of the skin around the throat and back of the neck, followed by definite desquamation.

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Case I.

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To-day, eight months later, he is perfectly free from symptoms except for some slight hoarseness due to weakness of adduction of the corresponding cord.

The accompanying illustrations show the natural size appearance of the tumour.

CASE II—E. J., female, aged 54. First seen on April 11th, 1931. Six months previously developed a dry hard cough which has gradually got worse. One month ago a lump appeared in the mid-line of front of neck and about the same time the patient began to get some difficulty in breathing.

On examination.—Marked difficulty in breathing accompanied by stridor. A hard lump the size of a walnut was present in the isthmus of the thyroid gland. On laryngoscopy a reddish lump was seen on the posterior wall of the trachea.

Three days later the larynx and trachea were examined by the direct method. The whole of the trachea was filled up by a firm pinkish swelling except for a narrow antero-posterior slit. This was almost immediately below the cords at about the second ring of the trachea. It was considered unsafe to remove any of the growth as the patient was under an anæsthetic. Subsequently she gave a positive Wassermann reaction. She was then put on antisyphilitic treatment (neo-salvarsan, bismuth and potassium iodide) and made rapid improvement.

One month later a second direct examination was made. The trachea then showed only a small mass in front. A portion was removed and its microscopical appearance corresponded with that of a gumma.

She gradually improved and three months after she was first seen, was quite free from symptoms. The lump in her neck had got considerably smaller and was then about the size of a chestnut.

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