in the proportions of patients showing tubercle bacilli in the sputum. Much depended on the method and the degree of thoroughness of the examination. In the returns made from France—in which country the examinations were very thorough—the proportion was very high. If the sputum was injected into animals, the bacilli were found in practically all cases. In cases of tuberculous mastoiditis, no tubercle bacilli would be found, but if inoculations into animals were carried out, such as in guinea-pigs, tubercle bacilli would be found in the glands.

AMERICAN LARYNGOLOGICAL ASSOCIATION

(FIFTY-SEVENTH ANNUAL CONGRESS)

Held at Toronto, Canada, 1936

Chairman—DR. PERRY G. GOLDSMITH (Toronto)

(*Abstract of Proceedings*)

By P. E. IRELAND (Toronto)

THE members of the Society, were entertained at a clinical meeting in the lecture amphitheatre of the Toronto General Hospital. The case history, along with the patient, was presented and the discussion was led by one of the assigned members who had previously had ample opportunity of seeing and familiarizing himself with the particular patient. Owing to the number of cases presented and the large attendance, each member was not permitted to examine the patients. The remainder of those attending had necessarily to accept the presentation as a " Dry Clinic ".

CASES

Carcinoma of the Retro-cricoid Area with modified Trotter Operation and Laryngectomy.—DR. H. WOOKEY.

History.—A female patient, aged 50 years, was admitted with a carcinoma involving the pharynx and the upper end of the œsophagus, with invasion of the posterior wall of the larynx.

Treatment.—A laryngectomy with removal of most of the lower pharynx and a portion of the upper end of the œsophagus was performed. The œsophagus was reconstructed by a tube graft. The procedure was carried out in stages and on discharge from the hospital, healing was complete and the patient was able to take practically any type of food.

Laryngectomy with Œsophageal Voice.

—DR. R. S. PENTECOST.

History.—A male patient, 43 years of age, with symptom of hoarseness for several years, was found on examination to have a

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

cauliflower growth involving the whole of the larynx but confined to it.

Pathological diagnosis.—Basal-celled carcinoma.

Operation.—1922, a total laryngectomy was performed.

Result.—There has been no recurrence after thirteen years and the patient has developed a very useful œsophageal voice. His general condition and outlook on life are excellent.

Laryngo-fissure with good re-formation of Vocal Cord.
—Dr. A. H. Veitch.

History.—The patient complained chiefly of hoarseness of six weeks' duration. On examination a white papillary mass was seen at the junction of the anterior and middle third of the right vocal cord. The point of attachment was in the subglottic area. The remainder of the cord was red and the other side essentially negative. He was placed on vocal rest for three weeks with no improvement. The patient asked for complete removal of the growth and this was performed by laryngo-fissure with no previous biopsy. The entire cord, including the vocal process was excised.

Pathological diagnosis.—Papillary hæmangioma.

Result.—The patient had an excellent voice with an almost normal re-formation of the vocal cord on the side from which it was removed.

Enchondroma of the Larynx (subglottic).
—Dr. Perry G. Goldsmith.

History.—A male patient, aged 29 years, complained of hoarseness of four months' duration. There had been a gradual increase in this symptom. On examination a smooth hard swelling was seen below the anterior commissure in the subglottic area. During an attack of laryngeal catarrh a tuft of mucous membrane would present itself in the apex of the glottis on phonation.

Treatment.—The tumour was exposed by laryngo-fissure and readily shelled from its attachment on the surface of the cricoid.

Bilateral Abductor Paralysis of the Vocal Cords.
—Dr. G. M. Biggs.

History.—Patient had a thyroidectomy four years previously with hoarseness following operation and occasional mild dyspnœa. He was admitted with severe difficulty in breathing that had been increasing for three days. A bilateral abductor paralysis was found and a tracheotomy performed. This case was shown for suggestions regarding future treatment.

Retro-pharyngeal Swelling due to Thyroid Hypertrophy.
—Dr. Gregor McGregor.

History.—The patient had difficulty in swallowing and examination showed a mass in the retro-pharyngeal area. This was

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

apparently localized and extended below the right arytenoid. Both cords showed impaired movements that were mechanical rather than due to a nerve paresis. The thyroid gland showed moderate hypertrophy.

Treatment.—Thyroidectomy was performed and the lateral lobes of the thyroid gland were found to extend around to the prevertebral area. Following operation the swelling in the retro-pharynx immediately disappeared as also did the throat symptoms.

Broncholith.—Dr. Gregor McGregor.

History.—Patient complained chiefly of shortness of breath for two-and-a-half years and cough for eight weeks. He had been in a Sanatorium with a diagnosis of probable pulmonary tuberculosis. For eight weeks previous to bronchoscopy he had been running a high temperature with severe cough and profuse sputum.

Treatment.—Removal of the broncholith by direct endoscopy. The temperature returned to normal and the physical findings disappeared whilst X-ray examination of the chest showed this to be normal.

Two Cases of Mixed Tumour of the Palate (Salivary Gland type).—Dr. Perry G. Goldsmith.

History.—A female patient, aged 51, had a history of a tumour in the roof of the mouth for twenty years. It was removed surgically in England fifteen years ago with recurrence after a few years. There was a gradual increase in size until the date of admission, when she complained of difficulty in swallowing and obstruction to breathing. The mass at this time was about the size of a small lemon and filled a large part of the oro-pharynx.

Treatment.—The tumour was removed surgically with no radiation.

History.—The next patient was a male, aged 59 years. He complained of a mild sore throat of two weeks' duration. No throat symptoms had been noted before this time. The appearance of the mass resembled a large peritonsillar abscess.

Treatment.—Two courses of telaradium therapy with a 4 gm. bomb were given. The total radiation of 102,000 mg.h. had apparently no effect on the tumour. It was then removed surgically.

Melanotic Sarcoma of the Middle Ear with extension into the Naso-pharynx (through the Eustachian Tube).—Dr. Perry G. Goldsmith.

History.—Patient complained of recurring attacks of unilateral deafness for eighteen months. There was an indefinite history of a serous discharge from the middle ear that lasted only a few weeks. A freely movable black mass the size of a raspberry was found in the naso-pharynx with the pedicle extending from the Eustachian

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

tube. There was a middle-ear type of deafness with the drum membrane bulging from a dark bluish mass in the middle ear. X-ray showed extension into the mastoid cells.

Pathological report.—The greater part of this tissue consists of a malignant tumour growth composed of elongated to almost spindle-shaped cells of mesoblastic character. These cells are growing in interlacing bundles and in some areas the cells tend to be rounded in outline with abundant cytoplasm. Many of these cells contain a brownish pigment which is iron-free. In addition, a considerable amount of hæmosiderin is scattered throughout the section. The free surface is clothed with transitional-celled ciliated epithelium. A considerable amount of hæmorrhage is present in some areas.

Treatment.—Radiation therapy had very little effect on the tumour mass and no regression was noted.

Unilateral Black Mucosa in the Nose.
—Dr. Perry G. Goldsmith.

History.—The patient complained only of post-nasal and nasal discharge with attacks of sneezing over a number of years. Examination showed the nasal mucosa to be very dark in appearance on the left side of the nose. There was no ulceration and no mass was seen. The appearance was like that of argyrol following application to the mucous membrane. The pathological examination showed chronic inflammation only.

Rhinoscleroma.—Dr. P. E. Ireland.

History.—The patient was a male, aged 24, who was born in Poland. He complained of nasal obstruction and post-nasal discharge for four years, and hoarseness of three years' duration. His symptoms had become progressively worse. Tonsils and adenoids were removed four years previously with no improvement. Ethmoidectomy and resection of both middle turbinates a year later gave only temporary relief. He was admitted to the hospital because of severe dyspnœa and a tracheotomy was performed. Pathological and bacteriological investigation confirmed a diagnosis of rhinoscleroma involving the nose, naso-pharynx, larynx and subglottic region.

Treatment.—Radiation therapy was used, combined with iodides and dietetic treatment. Considerable improvement took place.

Osteomyelitis of the Frontal Bone with Frontal Lobe Abscess.—Dr. Perry G. Goldsmith.

History.—The patient complained of pain and swelling about the left eye of four days' duration. He also had a previous history of chronic nasal and post-nasal discharge.

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

Treatment.—The early treatment consisted of incision of the orbital abscess and intra-nasal drainage of the anterior ethmoid cells. Within a week, because of a spreading œdema over the forehead, removal of the frontal bone, well past the mid-line, back to, and including a portion of the parietal bone, was carried out. A frontal lobe abscess was also drained. The patient was treated with staphylococcal antitoxin and toxoid. The incision has closed and he has been able to pass his school examinations very creditably.

Six Cases of Facial Paralysis with Nerve Implantation.
—Dr. Joseph Sullivan.

History.—R.B., aged 22, complete facial paralysis of four months' duration, following mastoid operation *July*, 1933.

Treatment.—9 mm. graft placed in the pyramidal segment.

History.—B.K., aged 20, practically a complete facial paralysis, fourteen years' duration, following mastoid operations 1919 and 1920.

Treatment.—11 mm. graft placed in the gap occupying part of the tympanic and mastoid segment.

History.—W.W., aged 65, a partial facial paralysis of two years' duration, accompanying a chronic purulent otitis media.

Treatment.—Radical mastoid operation on *March 30th*, 1934. No graft—decompression of the nerve only.

History.—M.P., aged 17, complete facial paralysis of thirteen years' duration, following a mastoid operation, 1921.

Treatment.—20 mm. graft placed in position—proximal end laid against the geniculate ganglion—distal end sutured outside foramen.

History.—Mrs. M., aged 35, practically a complete facial paralysis of two-and-a-half years' duration, following a mastoid operation in *March*, 1932.

Treatment.—18 mm. graft placed in gap occupying the tympanic and mastoid segments.

History.—V.Y., age 18, practically a complete facial paralysis of six years' duration, following a mastoid operation in 1928.

Treatment.—7 mm. graft placed in mastoid segment, middle-ear structures preserved.

History.—N.B., aged 25, complete facial paralysis of one year's duration, following a mastoid operation in *December*, 1933.

Treatment.—15 mm. graft placed in gap occupying tympanic and mastoid segment.

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

History.—W.G., aged 40, complete facial paralysis of one month's duration following a radical mastoid operation on *January 26th*, 1935.

Treatment.—Decompression of the facial nerve, removal of two bony spicules, in mastoid and tympanic segments.

History.—W.T., aged 22, practically a complete facial paralysis of five years' duration, following a simple mastoid operation in *December*, 1933.

Treatment.—A previous splicing of nerve had occurred just distal to horizontal semi-circular canal—two ends freshened and approximated—spicule in tympanum, no graft. A moving picture was shown illustrating definite improvement in each patient.

Two cases with Resection of the Vestibular Division of the VIIIth Nerve for Ménière's Disease.

—Dr. K. G. McKenzie.

History.—The patient complained of attacks of dizziness for one year. There had been on five occasions during the two weeks previous to admission severe vertigo accompanied by nausea and tinnitus in the right ear. He was quite terrified by these and unable to work. Examination showed both labyrinths to react about normally but with the right slightly hypotonic. His hearing showed roughly a whisper heard in the right ear at 3 ft. and in the left ear at 8 ft.

Operation.—Through a cerebellar approach the VIIIth nerve was exposed at the internal auditory meatus and the vestibular fibres resected.

Results.—There were no further attacks of dizziness and the tinnitus disappeared. The caloric test in the operated ear showed no reaction, and the hearing showed slight improvement.

History.—The patient complained of attacks of dizziness with increasing unilateral deafness and tinnitus over a period of years. The attacks of vertigo had been increasing in frequency and he was unable to carry on his occupation that required driving a motor car and climbing ladders. The examination showed complete loss of vestibular function on the affected side but with some hearing still present.

Operation.—The cerebellar approach was used and the vestibular division of the VIIIth nerve resected.

Results.—There have been no attacks since the operation. The hearing has improved slightly and the tinnitus, while greatly reduced, is still present.

Four Plastic Cases.—Dr. Fulton Risdon.

History.—C.M., a soldier was suffering from a partial VIIth nerve paralysis in right eye only.

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press

Operation.—Correction by fascia lata, to elevate the lower eyelid. Fascia attached to periosteum of the inner canthus, and drawn taut, and then attached to outer canthus.

History.—N.F., a male, aged 22, was suffering with apparent VIIth nerve paralysis to the left angle of the mouth, apparently of long standing and the paralysis appeared to be complete before operation, but this was rather doubtful.

Operation.—Fascia lata was suspended from temporal position to the left angle of the mouth.

Result.—Patient appears to have good function of the left external angle of the mouth.

History.—W.A., a soldier, aged 56, was suffering from rodent ulcer involving the nose and most of the cheek on the left side. He had been treated with radium and high frequency.

Operation.—Repair of nose and cheek by use of pedicle flaps from chest to make the cheek was accomplished five years later, and the remaining pedicle from the cheek was used to make a nose.

History.—B.J., a boy, aged 10, was suffering from a thick hairy mole occupying the position of one-half of the right nares.

Operation.—This was interesting because a full-thickness graft under pressure was used to reconstruct the inferior border of the nares and one-half of the external surface.

PARIS HOSPITALS—SOCIETY OF LARYNGOLOGY

(*Abstracted from "Les Annales d'Otolaryngologie"*)

By DR. RAOUL CAUSSÉ (Paris)

CASES

November 18th, 1935

Osteomyelitis of Superior Maxilla in Nurslings.
—A. BLOCH, LOROQUE and CH. GRUBER.

The writers had under observation a six months old child suffering from osteomyelitis of the superior maxilla, of dental origin. In addition, the blood culture showed the presence in the blood of staphylococci. Very serious general condition. Local operation on the maxillary sinus, which was curetted. A specimen taken at this time showed that staphylococcus aureus was also present. Injections of Ramon's anti-staphylococcal anatoxin were

https://doi.org/10.1017/S0022215100043498 Published online by Cambridge University Press