June 7th, 1928.—Block dissection. Cheek reflected. Resection of lower jaw from canine back to and including condyle and coronoid process. Excision of growth, including tonsil, lateral wall of pharynx, anterior pillar of fauces, portion of base of tongue, one-third of soft palate, posterior part of alveolar process of superior maxilla. Reconstruction of mouth and pharynx.

July 22nd, 1928.—Went home. Very well.

Cancer of Right Pillar of Fauces.—Male, aged 60. Extensive disease coming unusually far forward into the tongue, as far as the midline and to opposite bicuspid teeth, down nearly to hyoid bone, adherent to jaw, backwards over tonsil and lateral wall of pharynx, but not so far backwards as usual nor far up on the soft palate. There is a definite lump in the neck behind the angle of the jaw, fixed; either glandular or a direct extension of growth.

December 2nd, 1932.—Block dissection. Reflection of cheek. Resection of lower jaw. Excision of growth. Reconstruction of pharynx. In this case the unusual forward extension of the disease into the tongue necessitated the division of the jaw in the lateral incisor area and a great resection of tongue. Further, as the lump in the neck proved to be a direct extension of the primary growth adherent to the jugular vein, ligature and resection of a segment of the vein was needed.

December 23rd, 1932.—Went home. Quite healed in a fortnight, though fluids came through the wound from about the fourth to the tenth day.

VIENNA RHINO-LARYNGOLOGICAL SOCIETY

Meeting held June 7th, 1932

Abstract of Proceedings. Monatschrift f. Ohrenheilkunde. January, 1933

By A. R. TWEEDIE

CASES

A case of Retro-Pharyngeal Thyroid Gland.—RUDOLPH SINGER.

The patient was a man of 67, who for fifteen years had noticed a swelling in the right side of the throat which had very gradually increased in size, and had occasionally caused some discomfort in swallowing, which discomfort was relieved by gargling. For the last six months he had felt exhausted and suffered from thirst.

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On examination, with the exception of a slight bronchitis and diabetes mellitus, nothing abnormal was found, but a swelling the size of a child's fist was present in the right side of the neck, pushing the large vessels behind the sterno-mastoid muscle and thrusting the larynx and trachea to the left, whilst on the right posterior pharyngeal wall a tumour could be seen which extended from the middle line to the right pyriform sinus. The overlying mucous membrane was intact and the tumour was elastic on palpation.

On further examination by suspension laryngoscopy, the extent and condition of the swelling was confirmed, but an exploratory incision towards the lower end of the tumour resulted in bleeding of such severity that it was necessary to ligature the superior thyroid artery. Incidentally, during this procedure, the tumour was shown to be due to an enlarged right lobe of the thyroid gland. A few days later the tumour had decreased very considerably and as the patient's age, and the presence of diabetes contra-indicated any attempt at extirpation, it was thought advisable to rely on the effect of ligature of the artery, which had been undertaken merely to control the bleeding.

In the discussion which followed, Wessely referred to three similar cases which had come under his notice.

Demonstration of preparation from a case of abscess of the temporo-sphenoidal lobe due to infection from the tonsil.—RUDOLPH SINGER.

These specimens were obtained from a youth aged 18, who, eight days before admission to hospital, had suffered with increasing pain in the throat and a raised temperature.

On examination, the left tonsil was found to be much enlarged and extending beyond the middle line, but with only very slight surrounding inflammation. Apart from carious teeth, nothing abnormal in the mouth, nose or throat was to be found. There was considerable infiltration and injection of the left tympanic membrane, and the corresponding cervical lymph glands were tender and swollen, which swelling extended upwards into the left temporal region over the zygoma. The right ear was normal and nothing abnormal was found on general internal examination.

The day after admission, the morning temperature was 40°C. and the respirations 27. Slight chemosis of the left eye. *Tonsillectomy* and removal of the glands in the neck was carried out, together with ligature of the jugular vein. Lumbar puncture, C.S.F. turbid, numerous leucocytes, but the fluid was sterile. There was a gradual rise in temperature, loss of consciousness, increasing severity of the patient's general condition, and herpes zoster of the eyelids, cheek and mouth ; death occurred three days later.

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At the *post mortem* examination : cellulitis was found to extend from the neighbourhood of the left tonsil to the pterygoid region. Similar conditions also involved the left cavernous sinus, whilst the dura of the middle cranial fossa was found bathed in pus, with an underlying abscess, the size of a small bean, in the cortex of the brain.

Wessely stated that the occurence of herpes in this condition was unknown to him, but for some years he had been studying the connection between similar endocranial complications of tonsillar origin. In one similar case, in which tonsillectomy had been performed a long time previously, a severe left-sided headache occurred, following an attack of influenza. On inspection, an elastic swelling was found in the left epipharynx occluding the opening of the tube and the left choana. Incision resulted in the evacuation of a considerable abscess at the base of the skull. Recovery was rapid and uneventful.

Neumann remarked that herpes as a symptom of intra-dural complications and cerebral abscess was to be found in all text books, and its localisation indicated the side involved.

Abscess of the frontal lobe following an acute suppuration of the frontal sinus. Operation. Recovery.
—Otto Mayer.

A man, aged 30, was admitted to hospital on *October 9th*, 1931, with the history that he had suffered from a cold the previous May, with which an acute inflammation of all the accessory sinuses developed, but which responded to irrigation of the maxillary antra and light baths after a fortnight's treatment.

On admission, the patient was semi-conscious ; there was a right-sided facial paralysis ; Babinski (right) indefinite, (left) negative. Papillitis on both sides, more marked on the left. Lumbar puncture was followed by transient apnœa and cyanosis. C.S.F. clear. Pandy, positive. 32 polynuclear leucocytes to the c.cm. Pulse rate 78 to 54.

Examination of the nose after application of cocaine : no secretion was to be seen and the hiatus was unobstructed on each side. X-ray examination showed an extremely large frontal sinus with an ærial content.

With these data, it was obvious that an abscess of the frontal lobe existed, but whether on the right or the left side, was not definite. As however, the headache was chiefly left-sided, the left frontal sinus was opened first, when, apart from a slight swelling of the mucous membrane, nothing abnormal was found. On further investigation of the wall of the sinus an extensive cellular condition was found in the median angle of the sinus, which, on being explored, yielded pus under pressure. These findings therefore explained the cause of the

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symptoms and the absence of the secretion in the nose. The dura was found to be exposed and covered with granulations: and as puncture of the brain in this situation was negative, the dura was still further exposed towards the middle line, when repeated exploration revealed the presence of an abscess the size of a hen's egg. After evacuation of the pus, the cavity was packed with iodoform gauze, and healing occurred in some two months' time.

As, however, the mucous membrane of the frontal sinus, in spite of treatment, did not become healthy, the radical Killian operation was undertaken on *January 20th*, 1932, and after incision of its attachment, the middle turbinal was displaced outwardly, so as to ensure free drainage.

A case of Pemphigus of the Mucous Membrane.—E. GLAS.

An old woman was shown, who for many months had complained of pain in the mouth in various places.

Examination revealed the presence of irregularly placed vesicles with surrounding injection. A similar condition involved the epiglottis and ary-epiglottic folds.

The exhibitor had obtained considerable relief in these cases with the use of anti-virus, insufflations of orthoform and gargles of tincture of opium.

Secondary Syphilis of the Buccal Mucous Membrane.—E. GLAS.

In this case a localised swelling at the base of the uvula, of irregular outline and covered with a yellow deposit, was to be seen from which a pure culture of bacillus fusiformis and spirochæta refringens was obtained.

The case was shown as demonstrating the importance of not overlooking the fact that the picture of a Plaut-Vincent sore throat or of ulcerative stomatitis might also be associated with a luetic factor since, in this instance, the Wassermann reaction was positive.

In the discussion which followed, the speakers also laid emphasis on their own experience of this association of infections.

An unusual accident during the application of a local anæsthetic for tonsillectomy.—H. NEUMANN.

The exhibitor reported that he was in the habit of using a needle with a curved point for this operation. On this occasion, he had already anæsthetised one side but, whilst making the injection on the opposite side, he noted that the point of the needle had broken off. Although he at once applied his finger to the point of injection, the broken off point was swallowed whilst he was picking up the pair of forceps. Immediate examination with X-rays failed to localise

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the broken point ; but a further examination later, showed it to be lying in the stomach.

Fortunately, in thirty-six hours' time, the needle was passed without difficulty *per vias naturales*.

That such an accident was possible could of course be well understood, but the exhibitor had at once urged the instrument makers to take steps to obviate such an occurence in the future.

The point, however, which he wished to raise at present, was whether under such circumstances it were better to perform the tonsillectomy as the anæsthetisation was already commenced, or, to postpone such an undertaking.

He himself wished to state very definitely that such operation should be postponed, if only for the simple reason that the best line of treatment for such foreign bodies was the usual diet of cabbage, potatoes, etc., and which of course it was impossible to give after a recent tonsillectomy.

ABSTRACTS

EAR

Tinnitus on an Allergic Basis. ELSE LEVY. (*Z. Laryng.*, 1932, xxiii., 410.)

The patient, a woman aged 49, had suffered from tinnitus for over thirty years. There was a strong family history of allergic diseases. The patient herself was sensitive to various articles of food, but more particularly to dogs' hair. After removing dogs from the house and all traces of dogs' hair, the tinnitus promptly ceased. The author discusses other cases from the literature, also the relation between the Ménière syndrome and vasomotor disturbances of an allergic type.

J. A. KEEN.

Paralysis of a Vocal Cord as the first sign of a true Cholesteatoma in the Temporal Bone. H. TAEGEN. (*Z. Laryng.*, 1932, xxiii., 432.)

The patient, aged 56, had a history of double otitis in childhood but the ears had been dry for twenty years and the otitis was not connected with the later developments. In 1908 there was a period of illness with hoarseness, dysphagia and severe headache. An atrophy of the left sterno-mastoid and trapezius muscles was found, and pressure on the ninth, tenth and eleventh cranial nerves was suggested as a cause. These symptoms gradually cleared up.

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