PROCEEDINGS OF THE SCOTTISH OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

Meeting in the Western Infirmary, Glasgow, June 6, 1914.

DR. WALKER DOWNIE *in the Chair.*

(*Continued from vol. xxix, p.* 541.)

Temporo-sphenoidal Abscess; Mastoid Operation with Exposure of Dura of Tegmen Antri; Absence of Pressure Symptoms; Spontaneous Rupture of Dura; Operation for Drainage; Recovery.—J. Kerr Love.—Female, aged twenty-nine, was admitted on April 1, 1914, to the Glasgow Royal Infirmary. Patient complained of pain, and there was great swelling in the soft parts above and in front of, but only slightly behind, the right ear, of a weeks' duration. When patient was a young girl she had attacks of discharge from both ears. These attacks subsided and she was not troubled with them until three months ago, when she became very dull of hearing, and had a constant discharge. She syringed the ears, her hearing returned, and the discharge ceased until the present attack. This came on quite suddenly a week ago, and pain and swelling have remained practically continuous since. Temperature on admission 99·2° F. April 2: Evacuation of pus by curved incision. April 3: Radical operation disclosed dura exposed by previous necrosis of bone. About 11 p.m. patient had two seizures of a convulsive nature, commencing with rigidity of the left hand, then involving the eye. The seizure after a little time became general and then passed off. April 4: Temperature rose at night to 101·2° F.; pulse 120. April 6: Ophthalmoscopic examination showed fundi normal. During the past two days the temperature has oscillated between 98° in the morning and 101·4° at midnight. April 7: Wound dressed and the swelling in front of and above ear in the post-malar region explored again and found to contain pus. Contents therefore drained. Temperature at 12 noon 99° F., a change in four hours from 101·2° F.; pulse 96. April 8: Wound dressed; two drainage openings made in skin, high up on right side of head, in temporo-parietal region. Exploration with sinus forceps exposed the temporal muscle and fascia infiltrated with pus. Area of bare bone found about an inch and a half above zygoma. Temperature: Minimum, 100·2°F.; maximum, 103·2° F.; pulse 100. Culture from pus: *Streptococcus* and *Staphylococcus albus.* Examination from swab: *Streptococcus salivarius.* April 10: Epileptiform seizure. April 15: Temperature 101° F; pulse, 76; respirations 24. April 18: Temperature 98·5°; pulse 72; respirations 24; discharge less in amount. April 22: Temperature has remained about 98·5° since last note; pulse 80; respirations 22. Abscess opened up in temporo-sphenoidal lobe with sinus forceps, an already existing sinus in the dura being used. A large quantity of pus was obtained. Drainage tube inserted. The brain abscess had ruptured spontaneously at a date unknown. Progress thereafter was well maintained and the patient recovered.

Endothelioma of the Mastoid.—W. S. Syme.—Male, aged fifty-six, came to the Glasgow Ear, Nose, and Throat Hospital in June, 1913, complaining of pain in and behind the left ear, particularly severe at night. Examination showed slight swelling over the region of the antrum, tender on deep pressure. The tympanic membrane was red, but

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there was no bulging, perforation, or discharge. At the middle of September he returned. The pain was much more severe, the swelling over the antrum had increased, and he looked ill. There was still no discharge from the ear. The case was looked upon as probably malignant disease of the mastoid, with superadded suppuration. On incising the soft parts pus escaped. An opening was found in the bone leading into the antrum. Through this opening a firm growth protruded, and invaded the surface of the bone in the neighbourhood. It was, as far as could be seen, completely removed with the adjacent bone. The region of the aditus appeared unaffected, and the tympanic cavity was not opened. The pathologist reported that the growth was undoubtedly malignant, of the nature of endothelioma. Three weeks later there appeared to be a recurrence, the piece removed being again reported malignant, though its exact nature was not decided. A more extensive operation was performed, bone being freely removed, exposing the dura in large part. The middle ear was opened up, and an elliptical portion of skin removed. The incision was prolonged into the neck, and the glands removed. One or two of these were about the size of a bean and firm, but on examination were pronounced simple. There has been, so far, no recurrence.

Killian's Frontal Sinus Operation: Some Unusual Features.—W. S. Syme.—Female, aged twenty-four. Two years ago had operations on the antral and sphenoidal cavities. Since then intra-nasal treatment had been carried out for the frontal sinus disease, but without diminishing the discharge. She complained of frontal pain, and there was tenderness especially over the left frontal sinus. Killian's operation was performed on April 28, on the left side. A large sinus was found, extending almost half way to the external angle, well across the middle line above the right sinus, and fairly deeply. It was full of soft œdematous tissue and purulent material. Beneath the floor of the sinus, and extending further outwards than this, practically to the external angle, was a large fronto-ethmoidal cell, also full of *débris*. The fronto-nasal opening was enlarged, and a large-sized drainage-tube passed into the nose. The wound was stitched in its entirety. The tube was removed in three days and not reintroduced. With the exception of a cellulitis of the eyelid, which lasted two or three days, the patient went on well for a fortnight. She had then a shivering attack, not amounting to a rigor, and the temperature rose irregularly, reaching 102·8° F. There was slight œdema, reaching up to the hair margin, and there was decided tenderness over left side of the forehead. In two days, however, the œdema and tenderness disappeared, and the temperature became normal. Three days later there was another short rise of temperature to 101° F., but otherwise the progress has been satisfactory. Had we here a mild attack of osteomyelitis? The condition had not the appearance of a cellulitis.

Dr. Logan Turner remarked that the wound had been stitched at the operation. Killian, he understood, did not suture at once. Possibly this accounted for the symptoms (temperature, shivering, œdema). He looked upon it as a cellulitis, and not an osteomyelitis. With regard to the fronto-ethmoidal cell, he asked if Dr. Syme had had an X-ray photograph at the outset, and if this showed this cell. It was evident that with such a cell intra-nasal treatment was bound to fail.

Dr. Syme replied that as the symptoms referred to arose a fortnight after operation, during which time the patient's progress was quite satis-

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factory, it could hardly have made any difference whether the wound had been closed at once or after two or three days, as he believed Killian did. He (Dr. Syme) always sutured the wound at once. He was inclined to think the patient had had a mild osteomyelitis.

Carcinoma of Ethmoid and Antrum; Operation; No Recurrence after five years.—W. S. Syme.—Female, aged forty, first seen in March, 1909. She then complained of nasal obstruction, discharge from left nostril, severe pain over left side of face, and headaches (from which she had suffered for years) had latterly become much worse. On examination the left nasal fossa was seen to be filled with a pinkish mass bathed in purulent material. On puncturing the antral wall by way of the inferior meatus only a small amount of discharge was, however, washed out. The antrum was opened under chloroform by way of the canine fossa. It was found to be full of a firm growth, which appeared to grow from the nasal wall (probably it began in the ethmoid). The nasal wall was completely removed, the ethmoid thoroughly curetted, and the sphenoidal sinus opened up. The pathologist reported that the growth was actively growing carcinoma. Subsequently on several occasions œdematous tissue was removed, but this proved to be non-malignant. There has been no sign of recurrence for three years or more, and the patient is in good health.

Myxomatous Disease of the Maxillary Antrum.—W. S. Syme.—Female, aged twenty-eight. The history was that of ordinary antral disease with recurring nasal polypi. Frontal headache, nasal discharge, asthma. On lavage of the antral cavities there was only a very small amount of purulent discharge evacuated. On operation both antral cavities were found to be filled with a pearly, exceedingly sticky, elastic material. The cavities were cleared out with difficulty. The external wall of the left antrum was found to be deficient in two places. The pathologist reported that the material was very difficult to examine, but was probably pure myxoma.

Dr. Brown Kelly said he had seen the antrum full of very tough mucus.

Dr. Syme replied that that had occurred to him, but it was not like mucus. The striking point was that the wall of one antrum was partially destroyed, which was not at all common, in his experience, in association with ordinary antral disease. In myxoma it might occur. The pathologist thought it was pure myxoma, but a myxoma was a very difficult thing to get sections of.

Tuberculous Glands in the Anterior Mediastinum; Operation.—T. K. Dalziel—The sternum was removed, a small portion of the upper part being left to maintain the shoulder girdle. The base of the heart and the large blood-vessels were exposed and a large tuberculous abscess found beneath the arch of the aorta. Tuberculous material to the amount of about half a pint was removed to the great relief of the patient, who appeared previously to be *in extremis*. Exhibitor referred to two other similar cases on whom he had operated with satisfactory results.

Squamous Epithelioma of the Hypopharynx.—H. Whitehouse.—The patient, a woman, aged thirty-nine, has an irregular ulcerated mass behind the larynx. The cords are fixed and the ulceration is spreading to the anterior region. The pathologist reported on piece removed that it was a squamous-celled epithelioma. The glands are involved on the left side.

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Dislocation of the Arytænoid, probably Congenital.—W. S. Syme.—Dr. SYME demonstrated this case by means of suspension laryngoscopy. The patient is a woman. On exertion she makes a crowing noise, and she has always done so as far as she recollects. The right cord is fixed outside the middle line and the arytænoid is tilted so that the soft tissue above it lies across the opening into the larynx. On phonation the left cord crosses the middle line to meet the right, and the left arytænoid eminence goes behind the overhanging portion of the right. The voice is not affected.

Specimens, etc.

J. Walker Downie.—(1) Specimen and photograph of epithelioma of auricle from a man, aged seventy-six. (2) Specimen showing extensive epitheliomatous ulceration of the larynx of a man, aged forty-seven. (3) Pedunculated growth from right tonsil in a woman, aged twenty-five, which gave rise to considerable pharyngeal irritation and distress. The histological report by Dr. Shaw Dunn is: "The tumour has the structure of a somewhat œdematous simple fibroma."

J. Galbraith Connal.—Microscopical section of soft papilloma from external auditory canal. The growth was removed from the meatus of a man, aged forty-three. It was attached at the junction of the floor and posterior wall. His only complaint was dulness of hearing. Pathologist's report (Dr. Haswell Wilson): "This is an extremely cellular soft papilloma. There is no evidence of malignancy."

W. S. Syme.—(1) Papilloma removed from posterior end of nasal septum. (2) Antro-choanal polypus still attached to antral lining membrane to show the mechanism of production. (3) Wall (partly bony and partly cartilaginous) of large cyst of middle turbinate which completely filled one nasal fossa, causing marked expansion of it and atrophy of adjacent ethmoidal cells.

Abstracts.

PHARYNX AND NASO-PHARYNX.

Bryant, W. S. (New York).—The Involution of the Naso-pharynx and its Clinical Importance. "Amer. Journ. Med. Sci.," July, 1914.

The author looks upon the naso-pharynx as the "gateway of almost all human diseases" and attributes its vulnerability to three causes: Man's assumption of the upright position, the growth and development of the brain, and the retrograde metamorphosis of the nose, face, and teeth of man.

The assumption by man of the erect attitude has rendered necessary a change in the attachment of the vertebral column from the posterior to the inferior aspect of the skull. This, together with alteration of the base of the skull due to the increase of the brain and diminished development of the facial bones, has so affected the relations of the parts, that while in quadrupeds they form a straight continuous tube, in man the naso-pharynx is bent to a right angle. This angle is a "dead" space and is left unprotected because of its configuration. "Since the vertebral column has pushed forward and the hard palate has pushed backward, the naso-pharynx has lost the power which it had in quadrupeds of contracting and clearing itself by peristaltic action." Moreover,

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