SOCIETIES' PROCEEDINGS

THE NINETY-THIRD MEETING OF THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY WAS HELD ON SATURDAY, 19 NOVEMBER 1966 AT THE ROYAL INFIRMARY, ABERDEEN. THE PRESIDENT, MR. I. P. J. MACNAUGHTON, WAS IN THE CHAIR.

AFTER the Business meeting, Dr. G. A. Dixon read his paper on "Lump in the Throat". The aetiology and investigation of this symptom and the management of these cases were discussed by the members.

MR. E. G. COLLINS presented four clinical cases. The first was a woman of 24 years who developed sudden deafness 28 months after a stapedectomy and he suggested that this was due to a thrombotic lesion of the cochlear vessels. Dr. R. B. Lumsden compared this hearing loss with that occurring after fenestration, while Mr. A. G. Gibb described three cases in which difficult removal of the footplate had been followed at a later date by inner ear loss.

DR. K. MCLAY thought that cases of late inner ear loss were a warning against operating on the second ear and described loss of vestibular function after stapedectomy without cochlear loss. Dr. I. M. Farquharson suggested that his usual rule of waiting 2 years before operating on the second ear might require revision in the light of this case. Dr. R. A. McNeil stressed the importance of obtaining temporal bones in such cases.

After showing a case of multiple neurofibromatosis with a large tumour in the pharynx and a case of lupus of the nasal vestibule, Mr. Collins then presented a case of sequestrating osteitis of the bony external auditory meatus following otitis externa. This had only cleared up after local treatment had been replaced by parenteral antibiotics. Dr. Farquharson compared these cases to the dry tooth socket where lack of granulations seemed to destroy the periosteum leading to sequestration of the underlying bone. Dr. Lumsden warned that this condition might be secondary to mastoiditis, while Dr. McLay had seen this condition accompanied by marked perceptive deafness.

MR. I. P. J. MACNAUGHTON showed a case of a glomus tumour of the middle ear and a girl of 18 with micrognathus and moderate conductive deafness in whom the face and jaw defects were to be filled with wax silicone rubber implants, and a case of tuberculosis of the larynx involving the epiglottis. Mr. Gibb suggested that the laryngeal lesion might be due to sarcoidosis while Dr. Lumsden considered the condition might be a destructive granuloma.

MR. MACNAUGHTON'S fourth case was presented jointly with Professor Malcolm and Mr. W. Martin Nicholls. He was a man of 41 with severe bilateral perceptive deafness who had had an electrode placed in the auditory nerve. This was connected to a coil under the scalp. With an external receiver and induction coil behind the ear, it had been possible to produce sensations of change of pitch with variations of voltage. The process of education and assessment were still proceeding.

MR. J. S. THOMSON'S first case was a baby of 8 months who had had bilateral

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abductor laryngeal palsy since birth and still required the tracheostomy. His second case was a child of 5 with bilateral congenital deformity of the external auditory meatus and middle ear. The ossicles were present at operation, but a fixed malleus had to be removed, and the meatus was reconstructed with a skin pouch.

DR. J. F. BIRRELL agreed on the value of tomography in congenital abnormalities but reminded members that the mobility of the ossicles could not be demonstrated in this way.

MR. THOMSON'S third case was a boy of 10 with a nasopharyngeal fibroma. This had been reduced to a third of its size by radiotherapy and transpalatal excision was being considered. His fourth case was an anaplastic carcinoma of the ethmoid which had originally presented as chronic sinusitis. No evidence of malignancy had been seen in the original biopsies.

MR. C. D. WEIR presented cases of fractured stapedial crura resulting from a head injury, a carcinoma of the epiglottis removed by diathermy through a lateral pharyngotomy and a case of bilateral vocal cord paresis treated by arytenoidectomy through a transthyroid approach. His fourth case was plasmacytoma of the larynx; the rubbery swelling on the inner aspect of the left aryepiglottic fold was removed endoscopically. This was followed by radiotherapy. Mr. Weir's fifth case was oesophageal replacement by transplantation of the stomach where stricture and fistula formation had complicated pharyngolaryngectomy for post cricoid carcinoma. Although she subsequently developed local recurrence it is of note that her swallowing was excellent and she had developed speech.

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