SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

January 17, 1919.

President—Dr Hugh E. Jones.

Deafness Associated with the Stigmata of Degeneration.

The President.—I suggest that there is a form of deafness due to inborn degeneration of one or more sets of the neurons which connect the ganglion spinale with the brain cortex, and that this degeneration is associated with degeneration of other more or less remote epithelial tracts. An example of the latter is seen in defects of the auricle. Amongst the general public, such defects are observed in 20 per cent. of individuals. In the Out-patient Department of an Ear Hospital, 64 per cent. of the patients showed auricular defects such as are associated with degeneracy. In cases of chronic tympanic catarrh and otosclerosis, the percentage of defective auricles was as high as 84. In a case with loss of bone conduction, I observed a cleft helix, an attached lobule and Darwin's tubercle. I believe that degeneration is the underlying condition and predisposing cause of many diseases both of the middle and internal ear; it makes the auditory organ more vulnerable and less amenable to treatment.

While the insane and the criminal have more deaf individuals among them than has the ordinary population, I do not imply that all or even many individuals exhibiting minor defects of the auricle have criminal tendencies or defective mental powers. My suggestion is that such defects are associated mainly with localised *actual* or *potential* degeneration of the auditory nerve tract. The aim of treatment should be to influence the nutrition of the child from its conception, and its nutrition and environment from its birth. It takes into its scope not only the child, but the health and habits of the parent.

Mr W. Stuart-Low, Dr H. J. Banks-Davis, Mr T. Guthrie, Dr Kelson, Dr Somerville Hastings, and Dr W. M. Mollison took part in the discussion.

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Royal Society of Medicine

February 21, 1919.

The Radical and Modified Radical Mastoid Operations: Their Indications, Technique, and Results.—J. S. FRASER and W. T. GARRETSON.

This paper appeared in full in the *Journal of Laryngology, Rhinology, and Otology*, Vol. xxxiv., October, November, and December 1919.

DISCUSSION.

Mr ARTHUR CHEATLE commented upon the large number of cases of chronic middle-ear suppuration seen in school children and on the number of men rejected for the Royal Air Force on account of the same disability. He regarded the modified radical operation as bad and unscientific in acute and subacute cases, and as inefficient in chronic middle-ear suppuration.

Dr KERR LOVE considered that there was a tendency to operate on too many cases of chronic ear discharge. He found that the condition in many school children yielded to conservative treatment, and when he operated he found the modified radical suitable.

Mr CHARLES J. HEATH said that when the aural discharge following the exanthemata did not cease after a few months of treatment, the conservative operation was performed by him. He could not agree with Mr Cheatle that this form of operation was undesirable in acute cases.

Dr WILLIAM HILL thought that the communication between the external meatus and the antrum, which the Heath operation produced, was disadvantageous.

Mr W. STUART-LOW divided his ear cases into two groups—those curable by the Schwartze operation, and those that were not. On the latter he performed the complete operation.

Dr DUNDAS GRANT commented upon the undesirableness of removing the posterior meatal wall as practised by Heath; he had had to convert the conservative operation into the radical in a number of cases which he had seen.

Mr SOMERVILLE HASTINGS preferred the modified radical to the Schwartze operation.

Sir CHARLES BALLANCE said that the surgeon should adapt his operation to the case according to what he found.

Mr J. S. FRASER, in reply, pointed out that one great objection which he had to performing the modified radical operation in acute cases was based on the fact that the tip of the mastoid process lay

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below the level of the external meatus and consequently efficient drainage into the meatus was not possible. In cases of chronic suppuration in which the hearing in the ear to be operated upon is less than "conversation voice at four feet," it is not worth while performing the modified radical operation, granted that the other ear is normal. On the other hand, if the hearing in the "non-operation" ear is bad, then it is worth while doing the modified operation on the affected ear. Until Mr Heath published his results we could not get much further forward in the controversy. He could not agree with Mr Heath's pathology, as he had not found that the antrum was the source of the discharge in every case of chronic otorrhœa.

Septic Infection of the Lateral Sinus accidentally injured during the Operation of Mastoidectomy.—Mr HUNTER TOD.

Theoretically, accidental injuries of the sinus should not occur. Nevertheless the majority of those who have performed a large number of mastoid operations have injured the sinus wall on more than one occasion. Fortunately subsequent septic infection rarely takes place. Injuries may be divided into two groups: (1) A clean cut through the wall of the sinus with profuse hæmorrhage, necessitating obliteration of the lumen in order to arrest bleeding. In these cases I have never observed subsequent infection of the sinus. (2) Grazing of the outer layer or puncturing of the sinus wall.

Conclusions.—(1) Whenever the lateral sinus is exposed during the mastoid operation, careful inspection should be made to see if it has been injured.

(2) If the sinus wall has been injured, the wisest procedure is to expose it freely and obliterate its lumen completely by means of gauze packing, well beyond the affected area.

(3) There may be no evidence of infection until about the tenth day after the mastoid operation, when a sudden rigor may be the first symptom. As a rule, for one or two days previous to this there is pyrexia with increased pulse-rate.

(4) If hæmorrhage occurs from the mastoid wound a few days after the operation, the bone should be removed from the sinus wall above and below the affected area, and gauze plugging inserted, the sinus slit up and explored. Further surgical treatment depends on what is found.

(5) The internal jugular vein should always be ligated in cases of septic infection of the sinus in which hæmorrhage has occurred.

The following members took part in the discussion:—The President, Dr Dan M'Kenzie, Dr H. J. Banks-Davis, Mr Stuart-Low, Mr W. M. Mollison, Mr Charles Heath.

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Royal Society of Medicine

SECTION OF LARYNGOLOGY

February 7, 1919.

President—Dr James Donelan.

Cases of Malignant Disease of the Throat, Larynx, and Maxillary Sinus were shown by Drs Andrew Wylie, W. Stuart-Low, W. S. Syme and Gay French.—Dr Wylie's patient, a female, aged 56, suffered from endothelioma of the tonsil. It was removed mainly by snaring five months before, and the patient had increased in weight since the operation.

In the discussion, Mr Dawson referred to a similar case treated in the same way, the patient being well six months later. Dr William Hill referred to the value of diathermy in this situation, and Mr Norman Patterson emphasised the use of radium in tumours of mesoblastic origin.

Dermoid Fistula of Nose, by W. Stuart-Low.—A woman with a minute fistula over the middle of the dorsum of the nose.

In the discussion the speakers pointed out the difficulty in curing many of such cases. It was not always easy to remove the whole lining membrane of the cyst, unless great care was exercised; consequently, the fistula might remain in spite of operation.

Recurring Spheno-Choanal Polypus in a Child, by Irwin Moore.—Child, aged 8, shown at the meeting, 2nd February 1917. The condition was rare in so young a patient. The original polypus coming from the left sphenoidal sinus was a soft fibroma. The recurrence consisted of two polypi on separate pedicles.

Case of Long Frænum Linguæ, by Irwin Moore.—A boy, aged 13, was able to roll the tip of his tongue backwards and insert it into his nasopharynx.

A Fork accidentally swallowed and impacted in the Pylorus, by William Hill and K. A. Lees.—A young woman, aged 25, in attempting by means of a fork to dislodge food which had stuck in her throat, lost her grip of the fork, which disappeared. She had held the fork by the prongs. The X-rays showed the fork in the pylorus. It was removed by Mr Lees through a small incision in the epigastric region.

Cases, Casts, Photographs, and Diagrams illustrating some methods of Repair of Wounds of the Nasal Cavities and Nasal Accessory Sinuses were shown by Mr G. Seccombe Hett.—These cases must be studied in the original text as they cannot be satisfactorily abstracted.

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Societies' Proceedings

March 7, 1919.

Three cases of simple tumour of the larynx were shown:—**Adenoma of the Left Vocal Cord**, by Dr A. L. MACLEOD; **Angeioma of the Left Arytenoid**, by Dr G. W. DAWSON; **Polypus of the Anterior Commissure**, by Dr DUNDAS GRANT.

In the discussion on the first case, exception was taken by Dr Andrew Wylie to the term, adenoma of the vocal cord, as there is no glandular tissue in that structure. The glands lay on the outer or ventricular side of the cord.

Choanal Polypi in Children: (1) a boy, aged 9; (2) a girl, aged 12, by Dr DOUGLAS GUTHRIE.—In both cases the antrum was opened; in the first, an intranasal operation was done; in the second, the cavity was opened through the canine fossa.

In the discussion it was pointed out by several speakers that the removal of the polypus without interference with the antrum, especially in young people, was, in the first instance, sufficient.

Two Cases of Pharyngeal Pouch, by Dr WILLIAM HILL and Dr DUNDAS GRANT.—Dr Hill's case shown at the meeting of the Section on 7th December 1917. Both cases were treated by freeing the pouch, sewing it up and anchoring it by stitches under the sterno-mastoid muscle (diverticulo-pexy). If the results are not found to be satisfactory, a second operation can be done and the pouch removed. In the interval adhesions have formed, the mediastinum is shut off, and with that, the risk of mediastinitis.

Epithelioma of the Epiglottis, treated by Diathermy, by Dr R. A. WORTHINGTON. Healing was rapid and dysphagia was completely relieved. Four months had elapsed since the operation.

Foreign Body removed from the Nose after Thirteen Years, by Dr R. A. WORTHINGTON. A piece of stick with bark on it did not show evidence of disintegration.

Dr JOBSON HORNE related a case of rhinolith, the nucleus of which was a piece of cotton wool which had been inserted thirty years previously.

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