SOCIETIES' PROCEEDINGS

SCOTTISH OTOLARYNGOLOGICAL SOCIETY

THE seventy-ninth meeting of the Society was held in the Western Infirmary, Glasgow on *Saturday, 28th November, 1959*, the President, Mr. T. O. Howie being in the Chair.

In the morning a Demonstration was held in the Regional Physics Department by Dr. J. M. A. Lenihan, the Regional Physicist, illustrating some of the acoustical work done by the Department for hospitals, school and Local Authorities throughout Scotland. The exhibits aroused much interest among members and included different types of audiometer, methods of audiometric testing of children, loop hearing aids, speech training units and a group training unit. Experimental work on the comparison of hearing aids and the calibration of audiometers was also illustrated.

Before the clinical meeting Dr. Lenihan read a short paper on the recent work of his Department, with special reference to some problems arising over maintenance and supply of apparatus.

Members were shown an instructive film made in the Department of Surgery illustrating the technique of screw implant of the pituitary with yttrium.

Among several cases of nasal disease with unusual features Dr. Fulton Christie showed one with antral infection which presented with a sinus under the right eye which discharged during exacerbations. At operation a fairly large sequestrum was removed from the antral cavity, and the indications were that this had been a septum in the antrum which had become infected and died.

Dr. Christie also showed a case of what was thought to be a plexiform neuroma of the antrum which first simulated malignant disease. At operation a small defect was found in the bone of the canine fossa. The antrum was full of thick tenaceous brown fluid and the antro-nasal bony wall was largely absent. Tissue from the cheek removed for examination was found to contain small bundles of nerve fibres, and there had been some difficulty in coming to a conclusion about the histological findings.

A case of a congenital encephalocele was shown by Drs. Christie and R. J. Watson which had presented as what appeared to be a bleeding polyp of the septum in a child of 12 years who had been subject to "fits" since the age of 3. A biopsy from this led to intermittent rhinorrhœa and two attacks of meningitis, and the herniation of brain tissue was removed in the Neuro-Surgical Unit and a temporal fascial graft inserted. The boy had complete anosmia though the right olfactory bulb was not touched during the operation.

Dr. M. Joels and Dr. G. C. McKinlay presented a case of carcinoma of the nasal septum with a positive biopsy from each side. Rouge's rhinotomy was

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used to gain exposure for the application of radium. The case was shown because of its unusual nature, and the patient remained well two years later apart from some tendency to nasal crusting.

Two cases involving the discovery of a dead labyrinth as a result of chronic otitis media, coupled with two of Ménière's disease, led to a lively discussion on labyrinthine testing and labyrinthotomy to which many members contributed. The danger of performing caloric tests in the presence of a fistula was discussed, Dr. Simson Hall favouring the use of cold air rather than water. Dr. McNaughton advocated relying on directional preponderance elicited from the opposite side, while Dr. McKinlay expressed doubt as to whether this sign was constantly reliable. In reply to a question on the real necessity for performing labyrinthotomy, Dr. McKinlay described the finding of pus when the labyrinth was opened in both the infected cases, and stated that in one it emerged under considerable pressure, comparing it to the opening of a tin of condensed milk. Dr. Gavin Young thereupon pointed out that it was so unusual for Dr. McKinlay to indulge in exaggeration and verbal hyperbole that his description should be particularly noted by the meeting.

The cases of Ménière's disease were used by Drs. McKinlay and W. G. Hood to illustrate the use of Cawthorne's and Schuknecht's methods of labyrinthotomy respectively. Dr. Lumsden, discussing his experience with ultrasonic therapy, considered that surgical procedures for destruction of the labyrinth still had a place. The difficulty of explaining the persistence of vertiginous attacks after an apparently adequate labyrinthotomy was debated at some length, and several members subscribed to having had this experience.

A case of laryngo-pharyngectomy for carcinoma of the hypopharynx shown by Dr. McKinlay gave rise to an interesting discussion on the choice of techniques. Dr. McNaughton described the method which he had been using recently, entailing leaving the anterior half of the larynx and pharynx to take part in the reconstruction laid over a Shaw-Ormerod tube. He had found this most satisfactory.

Various other unusual cases of interest were shown, including two of respiratory tract allergy by Dr. Hood. One of these illustrated occupational allergy to flower bulbs, and the other multiple animal allergy arising from contact with dogs, cats, horses, cows, sheep and monkeys. Dr. R. W. Baillie showed a case of the Waardenburgh-Fisch syndrome of hereditary deafness. This was one of four such cases seen at the St. Vincent School for the Deaf, and was selected because it illustrated all the classical features of different coloured eyes, the eyelid deformity giving the illusion of a wide nasal bridge, a white forelock, severe nerve deafness and a flattened nose.

A demonstration of the Pinkerton Cuirass was given. Drs. Gavin Young, Fulton Christie, Harper and others bore witness to how it had greatly facilitated the performance of bronchoscopies and laryngoscopies and eliminated the element of hurry previously involved in these procedures under general anæsthesia.

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