# Societies' Proceedings

## THE SCOTTISH OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

### ROYAL INFIRMARY, EDINBURGH.

**June 12th, 1920.**

*President*—Dr W. T. GARDINER.

**Notes on a Case of Cavernous Sinus Thrombosis and Meningitis, in all probability Secondary to Suppuration in the Left Tear Sac**—A. LOGAN TURNER, M.D.—Female, aged 19, nurse in a fever hospital, developed a slight cold and suffered from headache and rise of temperature. Swelling on left cheek showed itself first over position of tear sac. Œdema of both eyelids. Left eyeball proptosed; chemosis of lower half of ocular conjunctiva; pupil contracted and apparently immobile; movements of eyeball restricted: no optic neuritis, but veins dilated.

Left antrum proof punctured with a negative result; orbit explored for pus, but none found; ethmoidal cells opened, but free from pus. A few drops of pus escaped from superficial incision in proximity to tear sac. Cerebro-spinal fluid turbid; great increase in polymorphs: numerous organisms. Death.

*Sectio.*—Cavernous sinus thrombosis; meningitis extending from it; all acessory sinuses normal.

**Two Patients with Sarcoma of the Upper Air Passages treated with Radium**—A LOGAN TURNER, M.D.:—

(1) Male, aged 35. Sarcoma of right tonsillar region, lateral wall of pharynx, and base of tongue.

(2) Female, aged 29. Sarcoma of nasopharynx.

In both cases, rapid disappearance of the tumour followed the insertion of the radium tube into the tumour tissue.

**Closed Empyema of the Left Ethmoid with Displacement of the Eyeball**—Dr W. T. GARDINER.—Boy, aged 7. Severe cold in head fourteen days previously; swelling formed above inner canthus, œdema of eyelids and displacement of eyeball outwards and downwards. Œdematous middle turbinated removed and ethmoidal cells opened; pus evacuated. Glairy mucus washed out of left antrum.

**Fixation of Left Cord and Extreme Mobility of Left Arytenoid Eminence**—Dr. W. T. GARDINER.—Female, aged 19, complained of hoarseness of fourteen days' duration, due to a cold. On phonation, left arytenoid cartilage, which flaps across in front of the right arytenoid, hides the left cord from view.

Since early childhood voice has been slightly husky. Wassermann and chest examination negative.



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**Malignant Disease of Nose and Nasopharynx**—Drs W. T. GARDINER and J. M. DARLING.—Female, aged 60, with an irregular mass occupying the vault of the nasopharynx, growing apparently from the basisphenoid and involving the upper and posterior part of the bony septum. Tissue removed for microscope. A severe attack of erysipelas followed; the tumour disappeared.

Case was one of malignant tumour of transitional type.

**Three Cases of Sigmoid Sinus Thrombosis**—Dr J. MALCOLM FARQUHARSON.—Patients aged 10, 14, and 32 years respectively. All suffered from chronic otorrhœa. In one the condition was complicated with a small cerebellar abscess; in one there was osteo-myelitis of the occipital bone, and in the third, the patient developed an attack of malaria, parasites of benign tertian type being found in the blood. In the three cases the internal jugular was ligatured and recovery took place.

**Epithelioma of Right Vocal Cord**—Dr E. P. MATHERS.—Male, aged 46. Hoarseness of 15 months' duration. Warty growth at junction of anterior and middle thirds of R.V.C. Free movement of cord. Laryngo-fissure.

Patient is shown four years after operation with no recurrence.

**Two Cases of Intrinsic Cancer of Larynx**—Dr J. S. FRASER.—(1) Male, aged 76. Hoarseness, 3 months. Irregular growth on middle third of R.V.C. Mobility of cord fairly good. Laryngo-fissure.

No recurrence one year after operation.

(2) Male, aged 69. Hoarseness for 4 months. Irregular red growth occupying nearly whole length of L.V.C. Mobility of cord very good. Laryngo-fissure.

Patient, who had a high blood pressure, died from cerebral hæmorrhage about one month after operation.

**Two Cases of Accessory Sinus Suppuration, with Fatal Complications**—Dr J. S. FRASER.—(1) Male, aged 30. History of nasal polypi. Pus in both nasal cavities. Skiagrams show cloudy appearance of several sinuses. Resection of septum for better access; removal of middle turbinals; both sphenoidal sinuses opened. Empyema of right pleural cavity opened. Hectic temperature; delirium.

*Sectio*—Blood sinuses of skull healthy. Congestion of internal organs. General blood infection.

(2) Male, aged 45. Recent acute nasal catarrh followed by swelling at upper and inner angle of left orbit, and subsequently development of signs characteristic of cavernous sinus thrombosis. No pus in the nose. Intranasal operation on left ethmoidal cells with negative result. External operation on left frontal sinus and orbital



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cavity, but no pus found. Distinct improvement in local condition. Patient's mental and general condition justified exploration of anterior cranial fossa. No extra or subdural abscess found; no frontal lobe abscess. At post-mortem diagnosis of cavernous sinus thrombosis confirmed, with suppuration in left sphenoidal and antral cavities; slight basal meningitis.

**Chronic Middle-Ear Suppuration (right) of Traumatic (?) Origin. Radical Mastoid Operation followed by Labyrinthitis, Meningitis, and Death**—Dr J. S. FRASER.—Male, aged 23, suffered from fracture of the base in January 1919. Examined in April on account of discharge from right ear associated with a very narrow meatus. Conservative treatment tried; later radical mastoid operation performed; labyrinthitis, basal meningitis, death.

*Post-mortem* showed old fracture of base passing through roof of right tympanum.

**Case of Streptococcus Mucosus Otitis Media, followed after long interval by Septicæmia, Meningitis, and Death**—Dr J. S. FRASER.—Male, aged 43, seen on 5th May 1920, with history that five or six weeks before, the patient had a severe cold, followed by earache but no discharge. Earache and headache disappeared. On 1st May recurrence of headache; on 5th May signs of meningitis; mastoid operation and lumbar puncture; antrum contained pus; cerebro-spinal fluid and the blood contained streptococcus mucosus capsulatus.

**Case of Cerebellar Hernia, following on Radical Mastoid Operation — Perisinus Abscess — Sinus Thrombosis — Cerebellar Abscess**—Dr G. EWART MARTIN.—Male, aged 10. Various attempts were made to reduce the hernia cerebelli; applications of 40 per cent. formalin, ligation, repeated lumbar punctures; persistence of hernia.

**An Unusual Injury of the Ear (Penetration by Wire Fence), involving the Facial Nerve**—Dr DOUGLAS GUTHRIE.—Male, aged 15. When pulling up a piece of wire fence, the end suddenly became loose and entered his right auditory meatus. Giddiness, sickness, and vomiting: facial paralysis was first noticed three days after the accident. Pus from ear three weeks later. The facial paralysis almost entirely disappeared.

**Traumatic Nasal Deformity treated by Transplantation of Costal Cartilage**—Dr DOUGLAS GUTHRIE.—Female, aged 20. A piece of seventh costal cartilage transplanted to form new nasal bridge.

**Notes of Four Cases of Brain Abscess**—Dr T. RITCHIE RODGER. — (1) Male, aged 19. Chronic suppuration right ear; sigmoid sinus thrombosis and temporo-sphenoidal abscess. Recovery.



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(2) Female, aged 15. Chronic suppuration, bilateral; serous meningitis; left cerebellar abscess. Death.

(3) Male, aged 18. Acute suppuration right ear; temporo-sphenoidal abscess; meningitis. Death.

(4) Female, aged 32. Chronic suppuration left ear; temporo-sphenoidal abscess; inflammatory œdema of brain. Death.

# ABSTRACTS

## EAR.

*Latent Mastoiditis.* H. Luc. (*Presse Medicale*, 19th January 1921.)

Involvement of the mastoid antrum and cells may occur in the course of a middle-ear suppuration without producing any symptom or sign other than a discharge of pus so profuse and so resistant to treatment that it must clearly be derived from an area more extensive and more inaccessible than the walls of the middle ear alone. Two cases are quoted. In the first, a man of 30, operation was delayed, owing to the patient's reluctance, until it was made imperative seven weeks after the original paracentesis, by the sudden onset of rigors and high fever. The dura and lateral sinus were found healthy, but death ensued three days later from septicæmia. After this experience the author determined not to wait in such cases for more than four weeks, following the expiration of which full responsibility must be borne by the patient if he refuses operation.

The second case illustrates the importance of this principle. A male diabetic of 60 was operated on under local anæsthesia seven weeks after the onset of a profuse and persistent right-sided otorrhœa, the delay in operating being again due to the great reluctance of the patient to submit himself to an operation for an ailment which caused him no inconvenience or discomfort beyond that due to the abundant discharge of pus from his ear. The mastoid process was found to be completely disorganised. The lateral sinus was bathed in pus and covered with granulations. The discharge ceased on the second day after operation, and the wound had completely healed in twenty-six days. In each case the aditus was found to be exceptionally large.

F. J. Cleminson.

*Case of Oriental Sore of Lobe of Ear.* S. E. Dore. (*Proc. Roy. Soc. Med.*, Sect. of Dermatology, March 1921, p. 43.)

The patient, male, aged 20, developed a hard swelling in lobe of left ear, on board ship sailing from Aleppo. No history of insect bite or direct infection. When seen by exhibitor, there was an inflammatory



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