Vienna Laryngo-Rhinological Society

In *April*, 1934, pains occurred on the right side of the chest and at the same time the right choana of the nose was found to be occupied by a necrotic mass. X-ray examination showed lesions in the ninth rib, on the right side, and in the left iliac bone. These lesions, like the others, responded to a course of X-ray treatment.

Since the end of *April* severe epistaxis occurred, for which marked septal irregularity had to be resected in order to reach the bleeding point for purposes of applying a pack to control the hæmorrhage. Unfortunately, a severe erysipelas developed two weeks after this operation, with high fever, to which the patient succumbed.

The speaker drew attention to the fact that the primary lesion was a carcinoma of the epipharynx which at first was not evident and the case had been believed to begin with a primary infection of the cervical glands. Such a primary lesion and such extensive metastases in the bone were extremely rare. He also raised the question as to whether these metastases were in any way related to the intensive X-ray therapy, as the radiologist had suggested might possibly be the case.

VIENNA LARYNGO-RHINOLOGICAL SOCIETY

Meeting May 8th, 1934

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, October, 1934

By A. R. TWEEDIE

CASES

Carcinoma of the Right Ary-epiglottic Fold. X-ray treatment by Coutard's Method. Local Recovery.

—F. HUTTER.

A man, aged 50, when first seen at the end of *January*, 1933, was found to have a large ulcerated lesion in the area of the right ary-epiglottic fold. The lymphatic glands were not involved and the Wassermann reaction was negative but biopsy revealed squamous-celled carcinoma. In view of the favourable experience with this form of treatment and, as the patient declined operation, deep X-ray therapy was undertaken, with the result that examination now showed an almost normal appearance at the site of the original lesion. The treatment had been continued over a period from *February 12th* to *March 22nd* last year, twenty-six treatments in all; fourteen applications being made from the right and twelve from the left side, with a duration on each occasion of about fifty-five minutes, and with a total dosage calculated about 4,000 r. Considerable local reaction occurred both internally and externally,

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beginning with the seventh treatment but subsiding towards the end of the course. In spite of this reaction, it is to be noted that he was treated throughout as an out-patient, a method which was possible when the patient was, as in this instance, otherwise in sufficiently good general health. The patient, however, had of course been warned of the possibility of sudden dyspnœa and was instructed to report at once on the slightest suspicion of such symptoms ; whilst, in addition, every second day, a careful examination of the local condition was made, and he was questioned as to any symptoms of difficulty in swallowing or irritation of the throat.

In the light of past experiences a second prophylactic treatment might be contemplated.

Aphthous-like Ulceration of the Buccal Mucous Membrane. Recovery with the use of Lemon Juice.

—F. J. MAYER.

A woman, aged 33, was shown, who had suffered from a purulent gingivitis for some six weeks. When she was first seen a lesion was found on the adjacent cheek and on the gums opposite the posterior molars, appearing as an ulcerating granulating inflammatory condition coated with a fibrinous mucus. This area was treated with applications of Pyoktanin and a 5 per cent. solution of caustic. Although some response resulted, no real tendency to healing occurred after three weeks, when she was seen by Professor Kren who regarded the condition as an unspecified inflammation, and recommended the liberal use of fresh lemon juice. With this the lesion had completely healed in a few hours.

Gangrenous Periostitis of the Right Superior Maxilla following Tooth Extraction.—F. J. MAYER.

A man, aged 67, from whom the teeth of the right upper jaw had been extracted, returned again to the dentist, complaining of suppuration in the tooth sockets. As a purulent condition with a fistulous opening on the corresponding alveolar surface was now found, the dentist curetted the tooth sockets involved but without entering the maxillary antrum. At the same time he (the dentist) had noted a chronic rhinitis, but did not suggest a rhinological examination. As, however, nasal respiration became much impaired the patient had applied to the Exhibitor.

On examination, the whole nose and its adjacent portions, especially on the right side, was the seat of a marked œdematous condition, which also extended to the eyelids. Both vestibules were completely obstructed whilst, in addition, a perforation from which pus issued was found in the septum. In the alveolus of the right upper jaw was a fistula, some 3 cm. in diameter, surrounded and occupied by necrotic, purulent, offensive granulating tissue. The

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probe showed that this fistula communicated with the nose and at the same time indicated a loose-lying nasal process of the maxilla, but no communication could be found with the maxillary antrum. The condition did not suggest osteomyelitis. The Wassermann reaction was negative.

Treatment consisted in irrigation of the affected cavity, and this palliative measure resulted, in eight days, in cleansing the fistula, although there was still a purulent discharge from the nose. Two weeks later, following the expulsion of a bony sequestrum, the alveolar fistula healed and, in a further two weeks, the nasal condition had also recovered, with the exception of a small perforation of the anterior part of the septum.

The case was shown as representing an unusual complication following dental extraction.

Septicæmia following Tonsillitis. Operation. Death. —F. J. MAYER.

A specimen was shown, taken from a man aged 22 who suffered from a left-sided sore throat on *April 1st*, from which he recovered uneventfully, but which was followed by an affection of the right tonsil. Clinically the condition was due to a Plaut-Vincent infection which was confirmed by bacteriological examination. For this he had been under treatment for eight days, but one and a half days before admission to hospital a severe hæmorrhage had occurred from the right tonsil. With a temperature of 39·8° C., a pulse rate of 154, and a feeling of shivering (although no actual rigor had occurred). He presented the picture of a severe septic condition.

The site of the right tonsil was occupied with a greyish clot reaching almost to the middle line, whilst the corresponding lymphatic glands were involved and tender.

The local appearance and the general severity of his condition made it imperative that, as a last resource, resection of the jugular vein and extirpation of the right tonsil should be undertaken. A blood transfusion was given previously, but on incision of the skin death occurred on the table from failure of both respiratory and cardiac action, and all attempts at restoration failed.

Subsequent direct examination of the blood and also attempt at culture proved negative.

At the *post mortem* examination the site of the right tonsil, the pyriform fossa and pharyngeal wall were found to be occupied by necrotic tissue, whilst an erosion of the wall of the internal jugular vein, in direct communication with this necrotic area, was also discovered.

In the discussion which followed, similar cases were quoted and it was pointed out that the report of a Plaut-Vincent infection in such cases did not necessarily exclude other concomitant septic

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infection, which probably contributed towards the fatal termination of the case.

Œdema of the Larynx, associated with Chronic Nephritis.—E. RUTTIN.

A woman, aged 49, fell ill with a sore throat on *March 20th*, 1933, and on *April 7th* had a further relapse with fever, hoarseness and joint pains for which she was treated for seven weeks in Hospital.

In *August* subcutaneous hæmorrhages occurred in the arms and legs. On *December 13th*, 1933, she was admitted to the Medical Wards, where examination revealed a chronic nephritis. On *January 26th*, 1934, she was first seen by the Exhibitor complaining of hoarseness. An œdematous condition was found in the left ventricular band and the corresponding arytenoid area but the remainder of the larynx and epiglottis were quite normal in appearance. The glands in the right side of the neck were swollen and were later incised on account of suppuration. The condition of the larynx had proved unresponsive to all treatment. On *February 19th*, 1934, she died.

The *post mortem* examination revealed septicæmia, chronic nephritis, general œdema, etc. The Exhibitor reported the case as representing an unusual localized laryngeal lesion, doubtless due to a nephritis, which latter was presumably the result of sepsis beginning with a sore throat.

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

May 3rd, 1935

President—E. A. PETERS, F.R.C.S.

The Treatment of Otosclerotic and Similiar Types of Deafness by the Local Application of Thyroxine.

The opening paper read by MR. A. GRAY is published in this issue of the *Journal of Laryngology and Otology*, Vol. L, No. 10, pp. 729-751.

DISCUSSION

THE PRESIDENT said that otosclerosis had been the greatest bugbear of the specialty. He had been struck by the fact that in the drums of the patients exhibited there were no signs of inflammation. The treatment should be used extensively in these cases.

MR. ALEXANDER TWEEDIE said he would like to have Dr. Gray's opinion as to the way in which the thyroxine acted. Did it depend

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