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Abstracted by ALEX. R. TWEEDIE, F.R.C.S.

Four Cases of Gold-Stomatitis—A. HEINDLE.—These cases were demonstrated in conjunction with Dr. Luttenberger (Dermatologist). The conclusions were based on observations made in the treatment of some 50 cases of lues with Solganal B, an organic gold compound.

About one-third of these cases exhibited a transient erythema of the skin, whilst some weeks after commencement of the treatment a stomatitis occurred lasting about five days. The condition was characterised by a general "milky" appearance of the mucous membrane, which in places became silvery or opalescent, notably in such areas as were already affected by specific infiltration; whilst on those portions of the lips or cheeks where the mucous membrane lies in folds, there was considerable œdema, with even a tendency to formation of pemphiginous vesicles. The affected areas, however, were not bounded by any pigmented border such as occurs in stomatitis resulting from mercury, copper or bismuth, nor were the gums affected as so often occurs in other forms of stomatitis.

Case of Struma of the Tongue. Sub-hyoid Pharyngotomy—OTTO MAYER.—A woman, aged 30, was admitted to hospital under care of exhibitor in December 1929, complaining of a swelling in the throat and altered condition of the speech. At the age of 18 she had undergone an operation on the neck for some swelling in the mid-line over the larynx, which was reported as containing thyroid gland tissue. On examination, a tumour the size of a hen's egg, red but covered with normal mucous membrane, through which enlarged veins could be seen, was found in the throat. It was partially moveable, of elastic consistency, semi-sessile and attached to the base of the tongue.

Although it was of such large size as to prevent inspection of the larynx, there was no dyspnœa. Externally, a vertical scar was to be seen between the hyoid bone and thyroid cartilage.

Since no thyroid gland could be felt in the neck and since the histological report at the original operation showed that a tumour containing thyroid tissue had been removed, the diagnosis was made of an aberrant thyroid. As treatment with thyroid tablets caused no

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effect on the size of the tumour, and as the patient was anxious to have it removed, operation was performed on the 15th February 1930. After ligature of both lingual arteries, a tracheotomy was performed, the trachea packed off, and the pharynx opened in a mid-line. The hyoid bone was then divided 1 cm. each side from the mid-line and the portion thus detached pulled forwards. The tumour was then easily approachable, and was enucleated from the lingual musculature without difficulty.

After replacement of the parts concerned, the deep and superficial portions of the wound were completely closed with sutures.

Convalescence was uneventful and the tracheotomy tube was removed on the second day. Histological examinations revealed that the tissue removed consisted only partly of characteristic thyroid follicles.

Carcinoma of the Base of the Tongue and Epiglottis—OTTO MAYER.—A man, aged 56, was exhibited complaining of pain on swallowing for the last three months. Examination showed an extensive growth situated between the base of the tongue and epiglottis. Apparently no lymphatic glands were involved. The Wassermann reaction was negative. Histological report on a portion of the tumour removed was: Epithelioma.

The only operation that could be offered was laryngectomy together with removal of the base of the tongue; the glands in the neck had already been removed (when only the submental glands were reported as carcinomatous) and tracheotomy had been performed.

The patient had stood this interference badly and opinions were requested as to further procedure. The advice was to the effect that radical operation should not be attempted.

Case of Sarcoma of the Tonsil during Radium Treatment—E. WESSELY.—A man, aged 57, was admitted to the hospital for treatment of the right tonsil. Histological examination showed spindle-cell sarcoma.

By means of the introduction of needles a single application was made of 860 mgrm. radium hours, whilst in addition the glands in the neck were treated by an application of 3000 mgrm. radium hours. Now, ten days later, the tumour and the swelling of the glands were already smaller but an irritable condition of the mucous membrane of the pharynx could now be seen.

The exhibitor drew attention to the fact that such irritation as the result of radium was a usual experience with him—that it lasted for two or three weeks, but ultimately disappeared without any permanent damage to the mucous membrane.

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Societies' Proceedings

Case of Destruction of the Skin in Association with Treatment by Electric High Frequency Current — E. WESSELY.—Man, aged 48, had been under treatment for six years on account of keratosis of the right vocal cord. The lesion had been repeatedly removed but had always recurred without alteration.

Recently, the condition had obviously suggested malignant degeneration and was associated with subglottic swelling—a thickening of the ventricular band and loss of mobility of that side of the larynx. Operation was therefore recommended.

Six months previously the patient was admitted to the clinic for this purpose but would not consent to operation. He had, however, on non-professional advice bought himself a high frequency apparatus, and according to his report had treated himself therewith on three successive days by an application of the high frequency current to the front of his neck. A few days later a circumscribed redness had developed over the neck, which reached from the sternum to the middle of the larynx and extended outwards to the border of each sterno-mastoid muscle.

In the centre of this redness further developed a necrosis with considerable pain, on account of which he was again admitted to the clinic where he remained under treatment.

Œdema of the Larynx in connection with Suppurative Otitis Media—L. FORSCHNER.—A specimen was shown of a larynx from a man aged 66, who eight weeks previously had been under the care of the exhibitor for a profuse otorrhœa, but who would not accept admission as he felt so well.

On the 17th March he had to be admitted with a temperature of 39.4, severe dyspnœa, cyanosis, dysphagia and great tenderness over the larynx, whilst the profuse left-sided otorrhœa still persisted.

As the condition did not improve during the night tracheotomy was performed the following morning, but death occurred in a few hours.

At the post-mortem examination phlegmonous infiltration was found extending from the base of the tongue to and including the larynx.

The exhibitor suggested that this pharyngeal infection was due to the long-standing profuse otorrhœa.

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