SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

May 20, 1921.

President—Sir CHARLES BALLANCE, K.C.M.G.

Discussion on Mr F. J. Cleminson's Paper: Sinusitis in Children (see p. 505).

THE PRESIDENT said that most of the symptoms which the author mentioned as associated with pus, or with secretion in the antrum of Highmore, were those which were commonly regarded as due to adenoids and enlarged tonsils; but there was at any rate one symptom mentioned by the author which was not present with adenoids and enlarged tonsils, namely, supra-orbital headache or neuralgia. John Hunter described supra-orbital neuralgia as a symptom of pus in the antrum of Highmore. That was the most striking feature which occurred to him in Mr Cleminson's paper; it indicated also pus in the other accessory sinuses of the nose. When pus existed in the antrum of Highmore, he, the President, thought puncture would not cure it. Puncture did not cure pus in any part of the body, except in very rare instances; and very seldom, he thought, chronic collections in the antrum.

Mr SYDNEY SCOTT said he had seen cases which gave support to Mr Cleminson's views, and he cited instances of a number of children whom he had seen for symptoms not directly referable to the accessory nasal sinuses, but in whom the routine nasal examination disclosed evidence of acute or chronic suppurative sinusitis.

Mr VLASTO drew attention to the fact that Mr Cleminson had made no mention of the approach to the antrum by the middle meatus. By this route he had washed out the antrum of a child who was suffering from severe nasal discharge over a long period after removal of adenoids and tonsils. One lavage effected a complete cure.

Mr E. WATSON-WILLIAMS said that at Dr P. Watson-Williams' clinic at Bristol they had for several years examined, as a routine, the sinuses of almost all children who were in-patients, using the suction syringe method. It was surprising how many had sinusitis.

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They did not employ local anæsthesia for children under fourteen. He agreed that puncture and lavage would often clear up an acute but not a chronic sinusitis in a child.

Mr LAWSON WHALE remarked that the author referred to influenza as a cause of sinusitis in children. Last year he had been occupied with a research on influenza and its results on the upper respiratory passages, and he had noticed that in young people the ethmoid cells were fully formed, but synostosis of the nasal bones had not yet occurred; there was widening of the bridge of the nose. Many cases of sinusitis in children were due to influenza, and the sign he had mentioned was worth looking for.

SECTION OF LARYNGOLOGY

May 6, 1921.

President—Dr W. JOBSON HORNE.

Bilateral Abductor Paralysis in Exophthalmic Goitre—Mr T. B. LAYTON, M.S.—Patient, a female, had been under treatment for exophthalmic goitre since 1895: the thyroid swelling had disappeared, but the exophthalmos was still present. No operation had been performed on the thyroid gland.

The case illustrated the possibility that, in some of the cases at any rate, in which paralysis of the vocal cord had been attributed to surgical interference upon the gland, the condition might have been present, undetected, before the operation.

Two Cases of Frontal and Ethmoidal Suppuration Complicating Scarlet Fever—Mr T. B. LAYTON, M.S., and Mr J. F. O'MALLEY, F.R.C.S.—The patients, aged 12 and 19 respectively, developed sub-periosteal abscesses and œdema of the eyelids secondary to suppuration in the ethmoidal cells. Both cases were treated by external operation and free drainage into the nasal cavity.

Mr O'Malley expressed the view that in those cases in which ethmoidal and frontal suppuration complicated scarlet fever, there existed an anatomical obstruction in the region of the middle turbinals prior to the infection. The particular virulence of the organisms associated with the scarlet fever produced an active inflammatory process causing denudation of the epithelium. Adhesions were produced, drainage was interfered with, and the pus being locked in found an outflow in another direction.

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Excision of Pharyngeal Pouch: Development of Carcinoma at the Site of Operation—Dr W. H. KELSON.—Male, aged 78, had had a pharyngeal pouch removed seven years ago. A malignant growth developed at the situation of the pouch. [See *Proceedings*, 1921, xxv. (Sect. Laryngol. Roy. Soc. Med.), p. 44.]

Case of Pachydermia of the Vocal Cord—Dr E. D. D. DAVIS, F.R.C.S.—A Canadian, aged 46, complained of hoarseness and inability to sing. Both vocal cords were red and injected with patches of pachydermia upon the right. Wassermann negative: lungs and sputum negative to tubercle: treatment, including potassium iodide, had proved useless. Mr Davis regarded the case as one of chronic laryngitis due to improper and over-use of the voice.

Papillomata of Larynx—Mr G. W. DAWSON, F.R.C.S.I.—Female, aged 30, had suffered from hoarseness for six years. Irregular growths were present on both vocal cords and in the inter-arytenoid space.

June 3, 1921.

President—Dr W. JOBSON HORNE.

Collar Stud in the Œsophagus of an Infant, causing Spinal Osteomyelitis and Death—Dr DOUGLAS GUTHRIE.—(See *Journal of Laryngology*, 1921, p. 491.)

Three Cases of Laryngeal Tuberculosis treated with the Galvano-Cautery—Sir ST CLAIR THOMSON, M.D.:—

1. Miss A. C. had eighteen applications of the cautery between August 1912 and May 1917. Her larynx had remained healed for four years. The lesion was an ulcerated infiltration of the inter-arytenoid fold and both vocal processes.
2. Mr R. F. H. had had eight applications, commencing in May 1920. Bacilli are still present in the sputum.
3. Male, still under treatment for ulceration of right vocal cord. Since October 1920 he had had six applications.

Sir St Clair Thomson pointed out that local cauterisation was contra-indicated unless the general disease was either arrested or improving. It was applicable to only a few of the cases of laryngeal tubercle, because disease in that situation implied either a more acute infection than the average, or a specially low resistance.

Intrinsic Epithelioma of the Larynx—Sir ST CLAIR THOMSON.—Woman, aged 35, on whom laryngo-fissure had been performed in October 1920. The growth infiltrated the whole length of the left

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vocal cord, which moved freely. Of fifty cases of laryngo-fissure performed by the exhibitor, only six had been done on females.

Extensive Malignant Endothelioma of Nasal Cavity—Dr DAN M'KENZIE.—The tumour, which had existed for six months, occupied the whole of the left ethmoidal labyrinth and the left antrum, and had extended into the orbit, onto the face near the inner canthus and had broken through into the mouth. The growth was removed and the raw surfaces were methodically treated by diathermy.

Sarcoma of Antrum and Ethmoid—Dr ARTHUR HUTCHISON. Male, aged 59, with a long history of nasal obstruction, polypi, and suppuration. In October 1919, removal of polypi and radical operation on right antrum. In April 1920, swelling of right cheek and displacement of eyeball: Moure's operation performed: no malignancy detected. X-rays applied. December 1920, further operation and cartilage-like tissue removed from right orbit, and the sinuses on the same side. March 1921, enlargement of sub-maxillary glands; application of radium; improvement temporary; extension of disease again noted.

Case of Acromegaly—Dr ELEANOR LOWRY.—Female, aged 39, with enlargement of face and hands and cystic enlargement of thyroid. Enlarged pituitary fossa with thickened floor and incomplete posterior wall.

Thyro-Glossal Cyst—Dr W. H. JEWELL.—Male, aged 22, with a painless, fluctuating swelling on a level with the larynx immediately to the right of the mid-line of the neck.

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