# Royal Society of Medicine

## ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY AND SECTION OF OTOLOGY

(JOINT MEETING IN ASSOCIATION WITH THE SCOTTISH SOCIETY OF OTO-LARYNGOLOGY)

**June 2nd, 1933**

*President*—MUSGRAVE WOODMAN, M.S.

**Progressive Lethal Granulomatous Ulceration of the Nose.**—J. P. STEWART (Edinburgh).

This paper is published in Vol. XLVIII, No. 10, pp. 657-701.

### Malignant Disease of the Bronchus

The opening paper read by Mr. F. C. ORMEROD is published in this issue of the *Journal of Laryngology and Otology*, Vol. XLVIII, No. 11, pp. 738-42.

DISCUSSION.

THE PRESIDENT: With regard to this important subject there are two main points of interest. In the first place malignant disease of the lungs is increasing and is becoming more and more a menace to life in the towns, and therefore better methods must be designed to cope with it. The second point is that at the present moment encroachment is taking place on a sphere which, to a large extent, should be in the hands of the laryngologists.

We have to consider the limits and values of the different methods of treatment available at the present time, and make suggestions for the future. We have to consider the question of deep X-ray therapy which at present seems to have very little effect.

Then there is the question of radon. It seems to me that the present technique of putting a large quantity of radon in a tubal cavity is retrograde. Some years ago we discovered that the introduction of a large mass of radium in one spot rather tends to cause necrosis just around that area and, possibly, an actual increase in the rate of growth in the periphery. Anyhow we find that whenever we can space out our emanation centre over a growth we get a very much better result. Personally I cannot see that diathermy has much future except in very localised cases. Then comes the question of surgery, and great advances have been made in that direction. That is hardly within our sphere, but still it is for us to collaborate with the general surgeon and often we can help by bronchoscopy.

Mr. HAROLD KISCH: Most of the cases which have been referred to me at University College Hospital have been advanced cases and



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our results have been correspondingly poor. The earliest sign is an unproductive cough occurring in a middle-aged man, and I think we ought to try and urge our medical colleagues to refer such cases for examination. I have had only one case in which I have been able to obtain any good result and that was a very early case. Radon seeds were implanted. I had no difficulty in centering the radium over a large area in that particular case.

F. J. CLEMINSON: I have encountered a case of this type recently. The patient was a middle-aged man of alcoholic habits, who had on the right anterior pillar a papilloma about half the size of a little finger nail, which was thought to be becoming malignant. It was decided that this should be removed. Meanwhile, however, he complained of so much pain in the region of the left shoulder that his chest was X-rayed and a shadow, such as Mr. Ormerod has shown on the screen, was found in the left upper lobe. This lobe was removed by Mr. Tudor Edwards and the patient recovered from the operation and did very well, so that after a month I was able to remove by diathermy the growth from the right anterior pillar, with a zone of surrounding tissue. The sections showed that the base of the papilloma was infiltrated, but that the deeper tissues were in every direction free from any spread and that the growth in the lung was the carcinoma. Three or four days after the lobectomy the patient lost his voice and on examination this was found to be due to a paralysed left vocal cord. The paralysis may have been caused by some pressure produced as a result of the operation, or by involvement of the recurrent laryngeal nerve by a secondary gland in the arch of the aorta.

Mr. ORMEROD (in reply): The typical case is that of a patient aged about 50 or 55 who has had a cough for two years, who says that for a year he coughed up a little blood but that that has ceased, and that he now has an ache or pain in the centre of his chest which has come on recently, also that he is losing weight. These are the symptoms which, at the age of about 55, are of importance. Very often the trouble is only bronchiectasis.

## CASES

**Malignant Growth of the Bronchus.**—F. C. ORMEROD.*

Male, aged 36, fish porter.

Cough and pain in right side since *June*, 1932. Temperature from *July* to *November*, 1932, often up to 104° in evening. Losing weight. No sputum nor hæmoptysis. Wassermann reaction positive.

* Shown at the meeting of the Section of Laryngology held on May 5th, 1933.



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X-ray examination showed opaque area in right lower lobe. Lipiodol examination showed stenosis of right descending bronchus.

*December 15th*, 1932. Bronchoscopy—Right main descending bronchus blocked by tumour, which was partly pedunculated, at $2\frac{1}{2}$ in. from the carina.

Tumour removed and examined microscopically—undifferentiated type of oat-celled carcinoma.

*December 29th*, 1932. Bronchoscopy—Bronchus still blocked by granular mass. Radon container, with seeds representing 18 millicuries of radon inserted. Coughed up after four days, but improvement after the treatment.

*February 10th*, 1933.—Patient back at work and feeling well. Bronchoscopy showed stenosis of bronchus, but no sign of growth.

*April 25th*, 1933.—Still well.

**Malignant Granuloma of the Hard Palate.**
—Ion Simson Hall (introduced by Dr. Logan Turner).

Patient, a young married woman, was a multipara, with healthy children. Family history revealed no abnormality. Previous medical history, negative.

The disease began as a nodule which ulcerated and quickly perforated the hard palate.

Early diagnosis was syphilis. Treated as such in spite of negative findings. Successively diagnosed as tuberculosis or malignant disease ; no evidence obtained of these.

Patient's general condition was good for a considerable period ; there were no glandular enlargements. Later there was a swinging temperature. Finally, apparently miliary spread took place, and patient died after a period of semi-coma. Death was hastened by debility, owing to anæmia from secondary hæmorrhages.

*Report on post mortem examination.*—Secondary involvement of kidneys, liver and lung. Death was also due to basal meningitis caused by direct spread of disease through base of skull.

Difficulties in histological diagnosis. Apparently malignant disease, but not carcinoma and not sarcoma. Prevailing type of cell appears to be primitive. Collateral types of disease exist.

Cases have been recorded which bear close resemblance to this form of disease.



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