SOCIETIES' PROCEEDINGS

THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY

THE seventy-seventh meeting of the Society was held on Saturday, November 22nd, 1958, in the Royal Infirmary, Dundee. The President, Dr. F. T. Land was in the Chair.

Dr. M. J. Gibson was indisposed, and nine cases which he had intended showing himself were presented instead by Dr. A. G. Gibb, Dr. J. E. D. Mitchell and Dr. J. Mowat. In addition nine cases were shown by Dr. Gibb, thirteen by Dr. Mitchell and four by Dr. Mowat, while the case histories of three patients with malignant disease who had died were presented for discussion. From a selection of great interest and variety the following cases were of special interest.

CASES 7-9. *Nasopharyngeal cysts.* These three cases, in patients aged 30, 44 and 66 years, were from a series of seven which Dr. Mitchell had seen over a period of three years, and he had not seen any before or since. He showed them to illustrate the differential diagnosis of cases of carcinoma and fibroma which were also demonstrated. The first case was explored by Wilson's transpalatal route, but Dr. Mitchell felt that this was making a mountain out of a molehill and the other six were examined under a short anæsthetic with Yankauer's speculum and a piece was punched out of the cyst to allow the thick tenacious fluid to escape. Only one of these had recurred. The question was raised whether these were simple retention custs, pharyngeal bursæ or branchiogenic in origin, but he emphasized that simple drainage appeared to be a satisfactory form of treatment.

In the discussion that followed Dr. A. Brownlie Smith expressed the opinion that these cysts were probably fairly common though undiagnosed when they gave rise to no symptoms, and agreed that the method of treatment advocated was probably the best.

CASES 12-14. *Mucous membrane pemphigus.* Three cases of pemphigus involving the mouth and throat were shown by Dr. Gibb, one a case of pemphigus vulgaris and the others ocular pemphigus. He pointed out that in the latter type the bullae lie deeper, being below the epidermis and leading to deeper scarring which may lead to pharyngeal stricture later (Gibb, A. G. (1958) *J. Laryng.*, **72**, 799).

CASES 15-17. *Hypernasality after tonsil and adenoid removal.* Three cases were shown by Dr. Gibb to illustrate the occurrence of hypernasality of speech following removal of tonsils and adenoids (Gibb, A. G. (1958) *J. Laryng.*, **72**, 433). All were associated with short palates and two of them showed bifid uvulas. A keen discussion ensued to which many members contributed. Dr. Thomson demonstrated some X-rays taken with a contrast medium in the nasopharynx to show the action of the soft palate, and described the technique used in obtaining them. He also discussed possible pharyngoplastic measures which

https://doi.org/10.1017/S0022215100055298 Published online by Cambridge University Press

could be tried, favouring the implantation of a piece of rib cartilage just above the arch of the atlas to take the place of the missing adenoids. The question of whether such patients would develop rhinolalia at puberty in any case when the adenoids atrophied was discussed by Dr. Gibb, and he thought that some predisposing factor was necessary and that the short palate was not the whole answer. Dr. Fulton Christie drew attention to the association of the condition with mental defect which he thought important.

CASE 22. *Disseminated sclerosis presenting with giddiness and deafness.* A woman aged 30 was referred because of left-sided deafness and tinnitus of three years' duration which were of sudden onset and accompanied by vertigo. Two years later she suddenly lost her sense of smell and taste and more recently developed some dysphagia and hoarseness. There was complete left-sided deafness and absence of caloric reaction, and also paralysis of the left vocal cord. A diagnosis of disseminated sclerosis was finally made.

Dr. Mowat pointed out that vertigo was common in disseminated sclerosis but that total deafness was not. He also drew attention to the state of the larynx, and the fact that in addition to complete paralysis of the left cord the right cord did not move normally. This was not functional in nature as the action was the same on coughing and appeared to be in the nature of an ataxia.

Mr. Howie thought that there was a singer's node present and that the type of movement did suggest a functional element.

https://doi.org/10.1017/S0022215100055298 Published online by Cambridge University Press