SOCIETIES' PROCEEDINGS

THE SCOTTISH OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

ROYAL INFIRMARY, GLASGOW.

December 11, 1920.

President—Dr A. A. Gray.

Paralysis of Palate following Non-Diphtheritic Sore Throat—Dr W. S. Syme.—Female, aged 17. No albuminuria; negative diphtheria; streptococci and staphylococci only. Later, paralysis of the palate and vision affected, but still no diphtheria bacilli. Opinions of members differed as to whether this was or was not a case of post-diphtheritic paralysis.

Left Antral Disease associated with Severe Trigeminal Neuralgia, and with Great Increase of Bone in External Antral Wall and Floor, and in Malar Region—Dr W. S. Syme.—Male, aged 69. Left trigeminal neuralgia for ten years. Resection of infra-orbital nerve, alcohol injections, and Gasserian ganglion resection produced only temporary relief. When seen by exhibitor, both antral cavities foul. Radical antral operation on both sides a month ago. Since operation patient has been free from severe pain.

Clonic Spasm of Palate—Dr W. S. Syme.—Female, aged 24. Following a severe fright, patient became affected with spasm of palate. The soft palate contracts forcibly and regularly at the rate of 168 a minute: clicking sound audible to the patient, and a loud booming sound heard through auscultating tube. No other evidence of a nervous affection.

A New Method of performing the Operation of Partial Thyroidectomy without Ligation of any Arteries, with Cases shown—Dr James Harper (published in *Journal of Laryngology*, March 1921).

Cyst of Epiglottis—Dr John L. Howie.—Female, aged 14, shows a typical cyst, situated on the right upper surface of the epiglottis.

Case of Pulsating Vessel in Pharynx—Dr James Donald.

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Otological and Laryngological Society

Nystagmus produced by Inflation—Dr JAMES ADAM.—Male, aged 50, complaining of increasing deafness for a year or two, and recently of giddiness, especially on stooping and on exertion. Admits chronic suppuration of left ear in childhood. Blood-pressure has varied from 140 to 160: repeatedly after inflation of left ear there has been violent nystagmus, rotatory to left, and severe giddiness lasting about thirty seconds.

Trout Fly, with Fishing Gut attached, removed from the Laryngeal Pharynx by the Indirect Method—Dr A. LOGAN TURNER.

Tumour involving Right Antrum and Post-nasal Space—For Diagnosis—Dr G. B. BRAND.—Male, aged 45. Nasal obstruction for three years: swelling of right cheek, intermittent epistaxis: pressure on cheek causes flow of pus from nostril. In right anterior nares fairly firm growth, bleeding when touched. Cauliflower growth blocking choana. Right antrum, no illumination. X-ray, no blurring of antra. Tumour probably malignant.

Sublingual Dermoid Cyst—Dr ALEX. STRANG.—Girl, aged 20. A soft swelling about the size of a hen's egg on buccal floor; the tongue is seen to be pushed somewhat towards the roof of the mouth.

Nystagmus of Pharynx and Larynx—Dr A. BROWN KELLY. —The posterior pharyngeal wall is twitched to the left, while the left posterior faucial pillar and left lateral wall are twitched to the right, so that the two movements converge; twitchings of the uvula and lower part of the left half of the soft palate in an upward direction. The left vocal cord during expiration is swung towards the middle line by six slight jerks; the nystagmoid movements in the pharynx and larynx are synchronous and number 115 per minute, while the pulse is 76.

Hypersecretion of Left Half of Soft Palate associated with Paresis and Hypæsthesia of the Face and Palate on the Same Side—Dr A. BROWN KELLY. — Male, aged 28, had influenza and pneumonia, and afterwards abscess in left parotid region. Incision was followed by left facial paralysis and left-sided deafness. The greater part of the left side of face and the left half of palate were paretic and hypæsthetic: the left half of the palate produced large drops of secretion. At a later date the patient also presented sweating of left cheek. The pareses have almost disappeared, but the localised sweating continues.

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Societies' Proceedings

THIRTEENTH MEETING, ROYAL INFIRMARY, EDINBURGH.

June 11, 1921.

President—Dr HENRY PETERKIN.

A Case of Aphonia with Spastic Element—Dr P. M'BRIDE.—Male, aged 66, was aphonic save only when he assumed the forward flexed position. The exhibitor considered that there must be some physical condition which thus facilitated voice production, but after the patient's recovery, the explanation was found to be psychological. On one occasion while bending forward to tie his bootlace with his foot balanced on a stool, he slipped and swore. He then discovered that he could speak in the stooping posture.

Rhinosporidium Kinealyi—Dr A. LOGAN TURNER and Prof. J. A. ASHWORTH.—Medical student, male aged 31, native of India, suffered from left nasal obstruction for twelve years, with much viscid secretion and occasional bleeding: the abnormal tissue presented a pinkish appearance, studded with yellowish-white dots, friable and bleeding readily. Prof. Ashworth demonstrated the spores in various stages of development and gave a brief history of the subject.

A Case of Yeast-Fungus of the Pharynx—Dr A. LOGAN TURNER and Dr W. R. LOGAN.—Female, aged 65, had suffered for one year from a feeling of discomfort in the throat, otherwise her health was good. The posterior wall of the pharynx was covered with a thick white, tenacious, felted material which extended on to the upper aperture of the larynx; the underlying mucosa was somewhat thickened, but microscopic examination of this on two occasions revealed only inflammatory changes. Wassermann negative: no Vincent, diphtheria or actinomyces; films and cultures showed a large number of yeast organisms. Subcutaneous inoculation of a mouse was followed by death in one month with similar material and yeast organisms in the pelvis of the left kidney. Dr Logan is experimenting further.

Osteoma of Left Frontal Sinus—Dr A. LOGAN TURNER.—Male, aged 35, for seven years suffered from a gradual forward, downward and outward displacement of the left eyeball—painless course: normal vision: no nasal history. X-ray showed dense shadow in left frontal sinus area. Operation showed cavity almost completely filled with a bony growth.

Cranial Osteomyelitis following Sinus Suppuration—Dr NEIL MACLAY.—Published *Journal of Laryngology*, October 1921.

Specimen of Trachea and Bronchial Tree — Dr NEIL

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MACLAY. — The specimen from a child showed the diphtheritic membrane extending into the smaller bronchioles.

Cyst of the Left Ventricle of Morgagni—Dr T. RITCHIE RODGER.—Male, aged 67, hoarseness of four years' duration: no dyspnœa: a rounded, greyish swelling, size of a bean, with small vessels on its surface springing from mucosa between the left true and false cords, rested on the anterior half of the true cords on phonation. The cyst, which burst on removal, contained yellow, tenacious mucus. Normal voice and larynx one year later.

Skiagrams of a Case of Leontiasis Ossea—Dr T. RITCHIE RODGER.—Female, aged 50, had enlargement of the bones of the face when eight years old, now has external deformity, complete nasal obstruction, foul smelling discharge from nose and into mouth, a number of rhinoliths and great thickening of the bones.

Collar-stud in the Œsophagus of an Infant aged 9 months, causing Spinal Osteomyelitis and death—Dr DOUGLAS GUTHRIE. —The child had been under medical treatment for six weeks: no history of foreign body and no difficulty in swallowing. Radiogram showed dense shadow close to tracheal bifurcation; sudden death. Sectio showed base of stud in œsophagus, while the head, perforating gullet-wall, projected into an abscess occupying the body of the 3rd dorsal vertebra.

Two Cases of Cerebellar Hernia following Operation for Cerebellar Abscess — Shown by Drs D. WATSON and EWART MARTIN.—Painting with formalin, lumbar punctures and ligation failed to effect cure. One patient wore a small protective metal cap.

Case of Cerebellar Abscess—Dr J. S. FRASER.—Female, aged 12, chronic otorrhœa (left), associated with perisinus abscess. Cerebellum opened through triangular area and packed with gauze. Recovery. Of eight cerebellar abscesses operated upon by exhibitor, five recovered and three died.

Three Cases of Inner-Ear Deafness—Dr J. S. Fraser.—(1) Woman, aged 60, with unilateral deafness (left), tinnitus and vertigo; left cochlear and vestibular apparatus showed impaired function; eyes normal; nervous system normal; Wassermann negative. The case might possibly be one of early acoustic nerve tumour.

(2 and 3)—Boy and girl, aged 12 and 15 respectively. Each showed unilateral complete nerve deafness (right) with somewhat impaired vestibular function. Middle-ears normal. Both were cases probably of unilateral congenital deafness and the presence of vestibular reaction confirms the view. In syphilis and epidemic cerebro-spinal meningitis both cochlear and vestibular reactions are absent.

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Case of Bulbar Paralysis—Dr J. S. FRASER.—Female aged 53, with inability to protrude tongue, difficulty in swallowing, loss of voice and with bilateral abductor paralysis.

ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY

April 1, 1921.

President—Dr W. JOBSON HORNE.

Some Contemporary Notes of a Case of Pharyngeal Pouch, first reported 1764. Epidiascopic Demonstration—Mr ARCHER RYLAND, F.R.C.S.E.—The case, male, aged 60, with inability to swallow, five years after swallowing a cherry stone, was reported by Mr Ludlow to Dr William Hunter in 1764. The wall of the dilatation examined post mortem, consisted of the entire substance of the posterior part of the pharynx, the uniformity and thickness of both being so exact that it was impossible to ascertain at what particular point the dilatation first began. Dr William Hill pointed out that if the wall of the so-called pouch contained muscular fibres, then it was not the conventional diverticulum of the pharynx but a dilatation or pouching of the œsophagus.

Case of Lateral Proboscis—Mr PHILIP FRANKLIN, F.R.C.S.—A male infant with the appendage projecting between the nose and the right eye. Its central canal, from which fluid secretion exudes, can be traced to the depth of the orbital cavity.

Large Dental Cyst—Mr G. W. DAWSON, F.R.C.S.I.—Female, aged 44, with a large cyst of the left cheek of 25 years' duration. It contained thick purulent material, and seemed to have entirely obliterated the antrum. The anterior wall was removed and the lining membrane was peeled off.

In the discussion, attention was drawn to the difficulty which attended the closure of cyst cavities in this situation.

Retention Cyst of the Floor of Left Nostril, with Specimen of a similar Cyst, removed last year from Right Nostril of the same Patient—Mr G. W. DAWSON, F.R.C.S.I.—Female, aged 23. The case was regarded by the exhibitor, so far as he knew, as the only one in which bilateral retention cysts had been recorded.

Scarlatinal Scarring of the Pharynx—Dr DAN M'KENZIE.—Female, middle-aged, had scarlet fever when 5 years old. No history

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