SOCIETIES' PROCEEDINGS

VIENNA RHINO-LARYNGOLOGICAL SOCIETY

Meeting February 6th, 1934

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, June, 1934

By A. R. TWEEDIE

CASES

Mixed Parotid Tumour of Antrum.—F. I. MAYER.

A woman, aged 59, applied for relief in *June,* 1933, complaining of pains in the left cheek and sneezing. During the last year an eruption of herpes zoster affected the left side of her face; X-ray examination indicated an empyema of the left maxillary sinus, which had been unresponsive to palliative treatment. Four weeks before admission a dentist had noticed a swelling of the hard palate and had advised her to come to hospital.

Examination revealed a hard elastic swelling in the left canine fossa, extending from the lower border of the orbit to the alveolar process and nasal aperture whilst, in the mouth, a swelling, the size of an almond, slightly tender, and covered with normal mucous membrane was to be seen on the left side of the hard palate, corresponding to the pre-molar region. The left side of the nose was the seat of a purulent rhinitis. X-ray examination revealed an opaque left maxillary region and some defects of the lateral walls and floor of the antrum.

The tumour was removed by means of the Caldwell-Luc operation and the histological report stated that it consisted of parotid tissue. 25 mg. of radium were laid in the antrum for 48 hours. As a profuse very offensive secretion persisted from the buccal wound, which was disturbing both the patient's health and appetite, and as an increasing swelling appeared in the alveolar region, a recurrence was feared and further operative treatment was considered. Fortunately, however, this swelling rapidly decreased and after five months entirely disappeared.

Three Cases of Carcinoma of the Larynx, treated by Coutard's Method.—E. WESSELY.

CASE I.—A man, aged 74, with a tumour of the left ventricular band reaching beyond the middle line, with ulceration of the anterior

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part of the right vocal cord ; fixation of the right half of the larynx and involvement of the corresponding glands received X-ray treatment from *June 21st* to *July 21st*, 1933.

Condition September 8th, 1933.—Complete disappearance of the tumour. Left half of the larynx immobile, slight general laryngitis, gain in weight of 11 Kg. Voice almost normal. *Pathologist's Report.*—" Carcinoma Simplex."

CASE II.—A man, aged 64, with a tumour of the left ventricular band extending into the sinus pyriformis. Fixation of the right side of the larynx. Involvement of corresponding glands. X-ray treatment from *March 31st* to *May 6th*, 1933. Complete disappearance of the tumour; mobility almost normal; voice restored except for slight hoarseness ; glands no longer palpable.

Histological Report.—" Squamous-celled Carcinoma."

CASE III.—A man, aged 60, with a tumour about the size of a child's fist in the left lateral pharyngeal region (surface of which was ulcerated and hæmorrhagic) reaching far over the middle line and occupying the whole oral pharynx. Corresponding lymphatic glands not definitely involved. Four weeks' pain on swallowing and speaking. X-ray treatment from *July 24th* to *August 29th*, 1933. No trace of the tumour could now be seen but both posterior pillars of the fauces were adherent and continuous with the posterior pharyngeal wall. Gain in weight of 11 Kg.

Histological Report.—" Squamous-celled Epithelioma."

Peri-Tonsillar Abscess. Operation. Abscess of the Right Frontal Lobe. Operation. Death.—E. GRABSCHEID.

The specimen of the frontal lobe of a man, aged 34, was shown. His history was as follows : Frequent sore throats. Lead poisoning in 1928 associated with a peri-tonsillar abscess which was opened. Two years ago tonsillectomy in another hospital. One year ago operation for inguinal hernia.

September 18th, 1933. Severe pain in the left side of the neck and high fever for which he was admitted to another hospital, where an external incision was made on *September 28th*, with evacuation of thin fluid pus. The temperature, however, remained unaffected and an abscess in the corresponding pharyngeal wall was incised two days later, when its cavity was found to contain a large amount of pus and to communicate with the external wound. The temperature at once fell and the patient so far recovered that he was discharged from hospital on *October 6th*, but, the following day, he had again to be admitted with a temperature of 41° C., headache, and unlocalized toothache. The fever again abated and he was once more discharged from hospital on *November 3rd*.

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Headache in the right frontal and temporal area persisted however, and, as this increased in severity, he was admitted to hospital on *January 2nd*, 1934.

Examination.—Condition apathetic. Tenderness of the right fronto-temporal region, where bone conduction was reduced. Slight opposition to passive head movements. Right pupil dilated. Tenderness over the right supra-orbital nerve. Buccal branch of the left facial nerve weak. Power of the left upper and lower extremities reduced. Retropulsion with tendency to turn to the right. Marked akinesia. Blood: 13,700 leucocytes. Eyes: bilateral papillitis, more marked on the right. Visual fields not contracted. Ears: tympanic membranes, cochlear, and vestibular nerves all normal in appearance and function. Nose: chronic rhinitis but no suggestion of sinusitis. Post-nasal space: nothing abnormal detected. Pharynx: right tonsillar fossa "empty". Small remnant of lower pole of left tonsil, or possibly only scar tissue. Scar over left anterior pillar of the fauces. Larynx: nothing abnormal detected. Neck: operation scar about 3 cm. long over the border of the left sterno-mastoid muscle. Lumbar puncture: fluid slightly turbid. Pandy and Nonne-Apelt, positive. 263 cells to c.cm., mostly leucocytes. Culture sterile.

Based on the above data, a right frontal lobe abscess was diagnosed and operation performed, and a collection of pus in the anterior pole of the right frontal lobe was found; apparently of long-standing origin.

After the operation, the patient was in good condition for a week but then became worse and, fifteen days after the operation, died with symptoms of meningitis. At the *post mortem* examination, in addition to the presence of an abscess in the right frontal lobe, a general meningitis was found.

AUSTRIAN OTOLOGICAL SOCIETY

Meeting March 19th, 1930

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, June, 1934

By A. R. TWEEDIE

CASES

Improvement in Hearing following Conservative Radical Operation.—M. BUCHBAND.

A woman, aged 30, totally deaf in the left ear since birth, underwent a radical operation by Professor Neumann, on the right side on account of a chronic otitis media, in *November*, 1932.

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