THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY, AND OTOTOLOGY.

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**A CASE OF SQUAMOUS-CELLED CARCINOMA FOLLOWING A
CHRONIC SUPPURATIVE OTITIS MEDIA.**

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ELIZABETH B——, aged forty-six, came under my care in St. Thomas's Hospital on April 27, 1898.

She gave the following history: About twenty-six years before she first noticed discharge from the right ear. This discharge, which was thin and yellowish, continued about the same until four years ago, when it greatly increased, being accompanied by deafness, noises in the head, and shooting pains. There was no definite history to show the cause of the ear lesion, except that she had had attacks of tonsillitis, and possibly associated pharyngitis. About four months ago the discharge increased very much in quantity, became thick in consistency, and of a greenish-yellow colour, and very offensive. She had now almost continued headache over the right side. Three weeks before she went for treatment to the Central Throat Hospital, as she noticed an inflamed and painful swelling behind the ear. This was opened, and pus set free, and as it continued she came as an out-patient to St. Thomas's, and was recommended for admission.

There was still a great deal of offensive yellow discharge coming from the meatus, which was thickened and inflamed; its lumen was almost completely choked with what appeared to be granula-

tion polypi, which were very soft, and bled readily. Over the mastoid there were the remains of the previous incision, the surrounding tissues being inflamed and indurated. There was great tenderness over the whole mastoid process, but especially over its base. There was some weakness of face muscles. The temperature was raised about 1°.

On April 30 a curved incision was made behind the pinna, which was drawn well forward. Some fragments of necrosed bone from the posterior wall of the meatus, with granulation tissue, were first removed. The outer surface of the mastoid had its periosteum raised by the pus, and was softened. A trephine opening was made into the antrum, when it was found to be filled with very soft granulation tissue mixed with nodules of necrosed bone. On scraping this away, the whole mastoid appeared softened and excavated; the communication with the attic was very free, and the whole middle ear was filled with the same granulation tissue. The ossicles and membrane had disappeared. The inner wall of the tympanum was so softened that great care had to be exercised not to open up the internal ear. The cavity was washed out with weak perchloride lotion, and tightly packed with iodoform gauze, the end of the latter coming out behind the pinna, which was only stitched above and below. After the operation the right facial paralysis was a little increased. The disease seemed undoubtedly an extensive tuberculous lesion of the mastoid and tympanic cavity.

After the operation, with daily syringing with boracic lotion, the discharge was much lessened, and not so offensive. Although the upper part of the wound behind the pinna showed signs of healing, the lower opening began to sprout round the margin, so that the drain was inserted with difficulty. On May 19 polypi again filled the meatus; these were removed, as they blocked in the discharge, with the result that there was more free drainage. At the end of the month the swelling and infiltration over the mastoid were much more marked, the edges of the wound being distinctly everted. The meatus was again blocked with granulations, and there was suspicious fulness in front of the ear below the zygoma. The pain over the side of the head was rather severe.

A piece was removed over the mastoid for histological examination, and it proved to be a "squamous-celled" carcinoma.

No further operation was advised, and she left the hospital on June 11. The growth about the mastoid wound was much harder and infiltrating parts around, being in places definitely nodular. At the upper part of the wound a sinus had opened, and a probe passed in freely entered the tympanic cavity and meatus. There

was now undoubted fulness in the parotid region, spreading up over the zygoma, and some interference with the movement of the jaw. The facial paralysis was much more in evidence. There was, however, no glandular involvement in the neck.

She attended as an out-patient with increasing growth for about a month, since which date I have not seen her.

From a consideration of the literature of the subject, such growths appear to be extremely rare. The histology of the tumour suggests its origin from the external meatus, and no doubt it arose from the inner part of this passage. It is an accepted pathological dictum that chronic irritation induces epithelial proliferation, and it seems only in the fitness of things that such a sequel should be rarely met with where there has been a chronic discharge from the middle ear.

PARALYSIS OF THE LARYNX—STENOSIS OF THE ŒSOPHAGUS

(Contribution to the Diagnostic Signification of Röntgen's Rays),

BY DR. JOHN SENDZIAK, of Warsaw (Poland).

M——, fifty-five years of age, a farmer, consulted me on March 23, 1898, complaining of difficulty in swallowing, especially in the case of hard food, the trouble having lasted three months. Of late he had become greatly emaciated. Formerly he was always healthy, but given to the abuse of alcohol to a high degree. No syphilis. The father died, as it seems, of asthma.

On examination I found the following: Constitution strong (*homo robustus*), nutrition extremely poor. The examination of the interior organs does not present any more distinct changes. The same in the superior part of the respiratory tract; nose, throat, and larynx free from any distinct changes.

The examination with the bougie showed in the superior one-third of the œsophagus—*i.e.*, opposite the bifurcation of the wind-pipe—a slight degree of tightening (stenosis). Assuming the nature of the stenosis to be cancerous, I applied the bougie to the œsophagus several times, the patient feeling better on each occasion. In spite of it, he soon escaped from my observation.

It was only after three months that he again came to me. On examination I found a considerable deterioration of the general, as well as local, condition. The patient related that, listening to the advice of those around him, he consulted one of the general