SOCIETIES' PROCEEDINGS.

ROYAL SOCIETY OF MEDICINE—LARYNGOLOGICAL SECTION.

May 4, 1917.

President: MR. T. MARK HOVELL.

(Continued from p. 284.)

Syphilitic Disease (Gumma) of the Larynx, treated by Tracheotomy and Galyl Injections, complicated by Arsenical Poisoning; Recovery.—Irwin Moore.—This patient, a female, aged thirty-nine, was shown at the meeting of the Section on December 3, 1915, and April 7, 1916—a complete history appearing in the *Proceedings*¹ of the latter date. She complained of hoarseness for two months. There was very marked swelling of the left aryepiglottic fold and ventricular band, and the left vocal cord was fixed in the cadaveric position. Perichondritis of the larynx was also present. There was no history of syphilis and the possibility of malignant disease was at first considered.

On account of progressive stridor, tracheotomy was performed on March 1, 1916. Three days later the Wassermann reaction was found to be positive. An intravenous injection of galyl was given on March 22 and a second on May 2. Following this injection the patient suffered severely for five days from arsenical poisoning, manifested by the following symptoms: Intense headaches and pains all over the body, severe paroxysms of colic, vomiting, watery diarrhoea, muscular tremors, suppression of urine, diminution of vision, and temporary attacks of blindness with dilatation of pupils, paresis of extensor muscles of forearms and dropped wrist, great tenderness on pressure of muscles of forearms. She lay curled up in bed resenting interference, drowsy and at times comatose. As a result of the galyl injections, she soon improved, and the tracheotomy tube was removed on July 7—four months after insertion.

A comparison of the state of the larynx on April 6, 1916, and the present condition (as seen by the drawings exhibited) shows very great improvement. The swelling has considerably diminished, the glottic space is more open. The left vocal cord is now fully exposed, but fixation is still complete. Breathing is quite free, and there has been no recurrence of stridor. The patient is greatly improved in health.

Slight discharge still continues from the tracheotomy wound; this is probably caused by infiltration of the thyroid isthmus—caseous nodules having been observed during the tracheotomy.

The special interest of this case lies in the fact that a well-defined, circumscribed gumma of the larynx is uncommon, and is generally followed by ulceration, but this did not occur, probably as a result of the galyl treatment.

Dr. JOBSON HORNE: Is it worth while to run the risk of the symptoms that follow this treatment when excellent results are obtained by simply using iodide of potassium and mercury?

¹ JOURN. OF LARYNGOL., RHINOL., AND OTOL., vol. xxxi, pp. 148, 393.

The PRESIDENT: Not long ago, I was asked to see a case of severe ulceration of the throat. The patient was under a surgeon in London and a general practitioner in the country. After seeing the case, I wrote and suggested the patient should have 10-gr. doses of iodide of potassium and—what is often omitted, though well known to our forefathers—opium, and another old-fashioned remedy, sarsaparilla. After taking it about two days, the patient came to London to have his first injection of galyl. After that, he continued to take the medicine, and when he came up for another galyl injection, the surgeon said he had never seen such a wonderful result from one injection. Of course, the improvement was due to the iodide of potassium *plus* the opium and sarsaparilla. The value of opium in the treatment of severe syphilitic ulceration appears to be somewhat forgotten by the present generation.

Dr. DONEGAN: A suppository method of injecting salvarsan has been introduced by Allen and Hanbury. As it takes six suppositories to equal one dose of salvarsan, the treatment can be conveniently varied. In one case when we repeated the series of six, as the patient had been taking arsenic as a corrective of the iodide of potassium, he developed an intense arsenical rash. These suppositories have yielded excellent effects. I do not think tertiary manifestations can be adequately treated without mercury. There is often a tendency to use iodide of potassium alone.

The PRESIDENT: I have known 1-gr. doses of iodide of potassium act beneficially when larger doses produced unpleasant symptoms.

Dr. IRWIN MOORE (in reply): When I first saw this patient I treated her with potassium iodide and liquor hydrarg. perchlor., but it did not suit her, and she got œdema of the larynx. She had a large circumscribed gumma, causing stridor, for which tracheotomy was necessary. Recently I have tried to get the thickening, which remains, further reduced by again giving potassium iodide and mercury, but patient cannot tolerate potassium iodide except in $2\frac{1}{2}$ -gr. doses. At the time I used the galyl there were some samples on the market which were not good in some way—the powder would not dissolve properly—and as a result of my calling attention to it, the agents in London investigated the matter. The instructions supplied by the makers, in their circular, to use a concentrated solution of 10 c.c., is very dangerous, and I have no doubt was the cause of the poisoning in this case. It should not be injected in this strength, but diluted up to at least 20 c.c. with normal saline.

Postscript.—The discharging sinus has now healed as a result of treatment by chromic acid.

Nasal Fibroma (of the Right Fossa) with Specimen and Microscopic Section.—**L. H. Pegler.**—The patient, a man aged sixty, is exhibited one month after removal of the growth by forceps and snare intranasally; the stump being left for the present to show its place of origin from the lower border and septal aspects of the middle turbinate, and also the firm, non-œdematous character of its tissue. The tumour was visible for some time as a smooth, round body projecting slightly below the right anterior naris; the macroscopic specimen includes this part of the lobulated mass intact, much shrunk by spirit; it was not very vascular, and the bleeding was quite moderate. The microscopic section shows the fibrous character of the tumour and especially the abundance of the glandular element. A further report will be supplied later. Few of the nasal fibromata have been shown here, perhaps not one since Dr. Jobson Horne's case in December, 1896.

Dr. JOBSON HORNE: As Dr. Pegler has referred to what I did at the end of the last century, it is only right to explain that, in the light of recent work done by Dr. Pegler, this case would have been labelled "bleeding polypus." It contained more angiomatous than fibrous tissue, and the symptoms were those of bleeding polypus. Therefore, while I was one of the first to show bleeding polypus before this Section, Dr. Pegler is probably the first to show a pure nasal fibroma.

Dr. PEGLER (in reply): There are two points of interest. Anyone examining the scar or stump may gain some information from it. The stump which remains, though it has not been touched since the first operation, is different from that which one finds after operating on fibro-angioma. This will be seen on comparing my case with Mr. Dawson's. One notes its redness and firmness, and I may add—that it has not altered since the third or fourth day after the operation. It was essentially a dry, non-vascular growth. What Dr. McKenzie saw and took for vessels are cross-sections of the muciparous ducts. Where there are ducts there must be glands, and part of the section shows them. The other large spaces are fissures or intrusions of epithelium such as one finds in many nasal growths, especially of the turbinals. They are lined with epithelium and very abundant. Mr. Shattock found these specimens so interesting that he furnished me with a special report, which I shall publish in the *Proceedings* later.

Aphonia.—G. C. Cathcart.—Patient, a female, aged twenty-five, was under the care of Dr. Bryan from January, 1914, till the end of July of the same year, and was treated for general weakness, and during April and May for nervous breakdown, laryngitis, and aphonia (one week).

In January, 1915, she again developed laryngitis and aphonia, and was treated in the usual way for six or seven weeks. She was sent to the London Throat Hospital in March. I applied electricity and her voice lasted till the end of May. She then lost it for a week, but it resumed its normal condition during a Zeppelin raid on the night of June 4.

At the end of March, 1916, her voice had again disappeared. Dr. Bryan applied electricity nearly every night until the end of November, when he made an appointment with me to see her. She was examined by the X-rays for tuberculosis with a negative result. I then applied electricity, and her voice lasted for ten days; after that Dr. Bryan applied electricity, which had no effect. He then sent her to me and I made another application of electricity, with the result that the voice resumed its normal condition. She went to Eastbourne for a month and spent three weeks in London.

In 1917 she obtained work at the War Office, and in another few days she again lost her voice. Between February and the end of March I treated her with the faradic current three times, but her voice only lasted a few days after each application. The following are the results of last week's treatment by electricity to date (April, 1917): First night, voice lasted three hours, normal condition; second night, voice lasted one and three-quarter hours, normal condition; third night, voice lasted two and a half hours, normal condition; fourth and fifth nights, voice normal at bedtime but failed by morning; sixth night, voice lasted half an hour.

I should be glad to receive suggestions for treatment.

Mr. H. D. BANKS DAVIS: It is a case of functional aphonia, the bowing of the cords being typical.