PROCEEDINGS OF THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

Ordinary Meeting held on Friday, March 8, 1907, at Chandos Street, W.

Mr. MAYO COLLIER, F.R.C.S., *Vice-President, in the Chair.*

Reported by Dr. Dan McKenzie, Hon. Sec. The following communications were made :

Dr. P. H. ABERCROMBIE showed a *Case of a Male, aged sixty-two, on whom Thyrotomy had been performed for Intrinsic Laryngeal Malignant Disease.*

The patient attended the Central London Throat and Ear Hospital on May 11, 1906, complaining of "hoarseness" of about six months' duration and very gradual onset. At first he thought it was an ordinary "cold," and did not pay much attention to it, but when it persisted so long he consulted Dr. Francis, his medical attendant, at the end of April, who advised him to go to hospital at once. Hoarseness was the only symptom complained of. There was no pain and no dyspnoea. During the previous few months he had lost some weight. In the laryngoscopic mirror there were seen general congestion of the laryngeal mucous membrane, and a very slight amount of swelling at the posterior end of the right vocal cord. There was no defective movement of the cords at this time. Examination of the chest proved negative, and his general health appeared to be exceptionally good. There was no history of specific disease, and no glands could be felt. He admitted using tobacco to a large extent, having been in the habit of smoking five or six ounces a week for several years. He also chewed tobacco. He was conscious of mouth-breathing a good deal, having some nasal blocking from septal deflection and thickening, and turbinal hypertrophy. As regards alcohol, he chiefly confined himself to porter, of which he drank about three pints a day.

Previous history.—The patient had "rheumatic fever" when fourteen years of age, which was followed by "scarlet fever." He had had three attacks of "influenza"; the first—which was very severe, took place in 1890, the second four or five years later, and third about five years ago, the last two attacks being much milder

in character. On the whole, his health had been exceedingly good, although he had always been—to use his own expression—a “phlegmy subject.” He volunteered the statement that he was never fond of ordinary salt, and took very little of it. There was nothing of importance in his family history. Iodide of potassium was prescribed, and, while taking it, his throat improved distinctly, and for some considerable time, both as regards the quality of the voice and the laryngoscopic appearances. As a consequence, the patient did not attend hospital for some time, until the voice got worse. When he came again it was noticed that there was a distinct increase in the size of the swelling near the posterior end of the right vocal cord. After cocainising, a piece of this was removed with Dr. Dundas Grant’s forceps, which Dr. Abercrombie prefers to any other form, and examined by Dr. Wyatt Wingrave. His report was that there were no distinct evidences of malignancy. In spite of this, however, the patient was advised to have thyrotomy done, but he refused at this time to agree to operation, especially as his voice had improved since the removal of the piece of tissue from the cord. About a month later recurrence was noticed at the site of the former swelling, and again a piece was removed for microscopical examination. The movements of the right vocal cord on this occasion were quite noticeably impaired. This time Dr. Wingrave pronounced the tissue to be undoubtedly epitheliomatous. Dr. Abercrombie once more strongly impressed upon the patient the necessity for operation, and he agreed to have it done. The exhibitor performed thyrotomy on November 30, 1906, after having inserted a Hahn’s cannula in the trachea. The thyroid cartilage was so calcified that it had to be split with bone forceps. When the interior of the larynx was exposed the growth was found to be much larger than the laryngoscopic appearances had led one to believe. It was growing from the under surface and edge of the posterior third of the right vocal cord. The growth was entirely removed, together with quite half an inch of healthy tissue all round it, including the whole of the right vocal cord and right ventricular band. The wound was thoroughly curetted right down to the cartilage, and the raw surface cauterised with pure anhydrous phenol. The upper part of the wound was closed in the usual way, the Hahn’s cannula removed, and the tracheal wound left open. The patient progressed remarkably well. In a week the tracheal wound had closed, and the only trouble was from a small stitch abscess, which soon yielded to treatment.

Four weeks after the operation, and while he was sitting quietly at home, he sneezed very violently and burst open the tracheal wound, which got infected and discharged for a few weeks. The patient was present for examination, and Dr. Wingrave showed microscopical slides of the laryngeal growth.

Dr. Abercrombie's colleague, Dr. Atkinson, took a very special interest in this patient, and carefully watched him all along, for which Dr. Abercrombie was very much indebted.

Pathological Report on Dr. Abercrombie's Case of Epithelioma of the Larynx.

"Fragment removed for diagnostic purposes on November 24, 1906, exhibited undoubted features of squamous epithelioma, viz. 'pearls,' irregular mitosis, with wandering chromatin bodies, and infiltrating lymphocytosis.

"The portion removed by operation on November 30, 1906, was amply confirmative of the diagnosis. There was a distinct margin of sound tissue beyond the lymphocytic zone.

"(Signed) WYATT WINGRAVE."

Dr. Abercrombie also showed a patient whom he had exhibited about two years ago—a man, aged forty-four—and on whom the same operation for the same disease was performed in March, 1905. In this case the growth occupied the posterior region of the *left* vocal cord. Dr. Abercrombie thought the Fellows might be interested to see the appearances presented by the larynx after a period of nearly two years from the operation. The patient was in perfect health, the voice, of course, being still hoarse.

Mr. J. BARK congratulated Dr. Abercrombie on his two successful cases of thyrotomy. He believed that the chance of recurrence was slight after two years. In his later operations he had discarded Hahn's tube, and had used a large, ordinary tracheotomy tube. He rapidly divided the thyroid cartilage by means of strong cutting shears, and inserted into the cricoid a small marine sponge, which effectually stopped any oozing into the trachea during the operation, and thus prevented the respiratory embarrassment and cyanosis, which so often prolong the operation and worry the operator.

Mr. H. BARWELL endorsed Mr. Bark's remarks on the great advantage of a small piece of sponge over Hahn's tampon-cannula. He had used this method on several occasions, having learnt it from Mr. Marmaduke Sheild. A piece of silk should be firmly sewn into the sponge.

Dr. PATRICK DEMPSEY congratulated Dr. Abercrombie on his perfect results. Were it not for the fact that he was previously told he should never have guessed that so radical a procedure had been carried out. He quite agreed with the previous speaker that Hahn's cannula was quite unnecessary, and in his own cases he used an ordinary sponge packed into the trachea above the tracheotomy tube. Dr. Abercrombie mentioned that he had left the trachea open after operation. Did that mean that he had inserted an ordinary tracheotomy tube? In one of his recent cases he found it very difficult to close the tracheal wound as the result of the retention of a tube for twenty-four hours. He advised the closing of the entire wound at the time of operation in simple cases of thyrotomy.

Mr. MAYO COLLIER had been struck with the confusion which often arose for a multiplicity of instruments. He thought surgeons should rely upon a piece of gauze and catch-forceps for the stopping of hæmorrhage in any operation.

Dr. ABERCROMBIE, in reply, said he had always found Hahn's cannula answer the purpose perfectly.

Dr. ABERCROMBIE showed a *Case of "Tuberculoid" Disease of the Left Tonsil.*

Mrs. B——, aged sixty-seven. This patient attended the Central London Throat and Ear Hospital on February 28, 1907, by the advice of her medical attendant, Dr. James Jackson. She complained of "sore throat" confined to the left side, of about two months' duration and gradual onset. She knew of no definite cause for it, but fancied that the great strain from coughing (as a result of bronchitis, to which she was very subject) might have had something to do with it.

There was considerable painful and tender enlargement of the glands about the angle of the left lower jaw, and on looking into the mouth the left tonsil was seen to be enlarged and covered with a whitish exudation, while at its upper border, and extending on to the palate, was a slightly nodular ulcerated area. The palate above and to the inner side of the left tonsil was red and swollen. In the laryngoscopic mirror the epiglottis was seen to be thickened and congested. There was œdematous swelling of the left arytenoid and the left ventricular band, and the larynx generally was congested. The voice was not much interfered with, but there was a slight degree of stridor. For the last two

weeks there had been some pain on swallowing and some slight dysphagia. She also for over a month had complained of neuralgic pains shooting up the left side of the head.

Previous history.—She considered herself a very strong woman. She was subject to “bronchial catarrh” in winter, and had “rheumatism and neuralgia” two years ago in her left arm. Twenty years ago she had an abscess in the right arm-pit, which she was told was due to a “cold in the gland.”

She had five children living, and they all “suffered from their chest” (asthma and bronchitis). Her husband, aged fifty-two, died seventeen years ago from “bronchitis and asthma.” His brother and sister both died of “consumption.” The patient’s father, aged forty-eight, also died of “consumption” aggravated by alcohol. Her mother lived to seventy-eight, and died of “decay of nature.” She had what was apparently a goitre. One of the patient’s brothers died of “cancer of the stomach.” Another brother died in an asylum from “general paralysis,” and one sister died from “rheumatic gout.”

The patient said that she had not recently lost flesh, and her daughter thought that, on the contrary, she was getting stouter. Examination of the chest proved negative. There was very little cough, and what expectoration there was appeared to be bronchial. She had no night sweats. From the appearances as presented at her first visit to hospital it was thought that her case was either one of tertiary syphilis or malignant disease. Twenty grain doses of iodide of potassium thrice daily were prescribed, but this, in her opinion, made the throat worse, and was consequently stopped, and an iron tonic substituted. After cocainising, Dr. Abercrombie removed a piece of tissue from the upper border of the left tonsil, and had it examined by Dr. Wyatt Wingrave, who reported that it presented the characters of a tuberculoid affection. There were no signs of malignancy nor of specific disease in his opinion. The glandular swelling might, Dr. Abercrombie thought, be septic in character. The patient was presented for examination, and Dr. Abercrombie asked for opinions, especially with regard to treatment.

Pathological Report on Dr. Abercrombie’s Case of Tonsil Disease.

“The tissue was disorganised tonsil in which the lymphoid nodules had lost their symmetrical grouping and the lymph pulp was partially replaced by fibro-vascular elements. There was considerable endothelial infiltration with ‘giant cells,’ but no evidence of caseation, the tendency being to sclerosis rather than

breaking down. It was very slightly vascular and showed no sign of arteritis obliterans. Tubercle bacilli were not found either in the tissue or in scrapings from the surface of the tonsil.

"The changes indicated an early stage of a granuloma, suggestive of tuberculosis or lupus.

"(Signed) WYATT WINGRAVE."

Mr. MAYO COLLIER showed again the *Case of Tubercle of the Larynx* which he had shown at the last (November) meeting of the Association.

He drew attention to the marked nasal obstruction present in the case, and expressed a confident hope that when this was relieved the laryngeal disease would improve.

Mr. CHICHELE NOURSE showed a *Case of Fixation of the Left Cord from Tuberculoma of the Left Arytænoid Region* in a male, aged thirty-three, a confectioner.

In August, 1906, the patient had had a severe attack of pleurisy on the right side, and immediately after he first noticed hoarseness.

On coming to the Central London Throat and Ear Hospital on January 15, 1907, he was suffering from cough and hoarseness. There was no pain on swallowing.

On examining the larynx the left arytænoid eminence was seen to present an enlargement, conical in shape, with the apex of the cone directed obliquely across the larynx towards the middle line. The tumour considerably interfered with the view of the larynx. The left side of the larynx, including the left cord, was fixed in the position of abduction. There was also some slight swelling of the epiglottis.

At this date the diagnosis presented some difficulty, as there was no sign of tubercular disease in the lungs, save the dulness and loss of respiratory sounds over the right base behind.

A month later, on February 12, the left side of the larynx had become much more swollen, and the appearance presented was strongly suggestive of tubercular disease.

An examination of the expectoration on two occasions showed squames, leucocytes, the *Micrococcus tetryonius* but no tubercle bacilli.

At present the state of the larynx left no doubt whatever that this was a case of laryngeal phthisis. The patient had lost weight since first seen, and the lungs now were the seat of deposits, undoubtedly tubercular in both apices.

A fragment of the arytenoid tumour had been removed by punch-forceps and submitted to microscopic examination.

Pathological Report on Mr. Chichele Nourse's Case of Laryngeal Disease.

"The fragment removed showed typical tuberculous infiltration which did not involve the surface epithelium, which was at no point eroded, but was distinctly thickened and corrugated similar to that occurring in pachydermal states. Giant cells with early granular changes of the epithelioid elements were seen.

"The changes were consistent with an early tuberculous infiltration.

"The scanty sputum available contained almost pure *Diplococci catarrhalis*, but no tubercle bacilli were demonstrable.

"(Signed) WYATT WINGRAVE."

Mr. BARWELL remarked that the case was now one of very advanced tuberculous laryngitis. There was no dysphagia, so he would leave the case alone at present, but if dysphagia ensued he found by far the most humane method was to remove the most swollen part with forceps.

Mr. MAYO COLLIER suggested the performance of tracheotomy in order to give rest to the irritated and inflamed larynx. Later on, if the tumour became larger, and interfered with swallowing, the patient would die of starvation, especially since, in his experience, attempts to pass an œsophageal tube past the obstruction frequently failed.

Mr. BARK was surprised that the President should advocate tracheotomy for the relief of dysphagia in these cases; his experience had taught him that after tracheotomy (usually done for laryngeal obstruction) the patient went from bad to worse and rapidly succumbed. He agreed with Dr. Barwell that the removal of the infiltration by punch forceps under cocaine anæsthesia was easily borne by the patient and soon relieved the dysphagia.

Mr. BARWELL said he had had two cases lately where this operation of removing the arytenoid tumour had been done with immediate relief to the dysphagia.

Dr. ANDREW WYLIE showed a case of a young Russian who was suffering from *Recurrent Paralysis of the Left Cord in consequence of the Pressure of large Glandular Masses in the Neck*.

The lumps in the neck had been first observed by the patient

two years ago. They had gradually increased to their present size. Hoarseness, however, had first been experienced four years ago.

The larynx showed typical recurrent paralysis of the left side, the cord occupying the position of abduction. There were no signs of inflammation or other local changes in mucous membrane of the larynx itself.

The glands enlarged were situated in the lower part of the neck; evidently the carotid chain was affected, and a large swelling could be felt under the left sterno-mastoid.

Dr. HORACE LAW said the normal appearance of the mucous membrane of the larynx, coupled with the absolute fixation of the vocal cord, pointed to a paralysis of the recurrent laryngeal nerve. The tumour in the neck was hard, and the probable explanation was that the nerve was pressed upon and caught in inflammatory tissue. He inclined to the opinion that the tumour was mainly composed of tubercular glands.

Dr. PATRICK DEMPSEY had had a case recently under treatment with identically the same laryngeal image, but without any enlarged glands in the neck. The patient was a girl, aged twenty-one, and clinical examination discovering no cause he had a skiagraph of the chest and neck taken. This showed a number of well-defined shadows on the affected side which were interpreted as enlarged lymphatic glands. He considered the glands in the neck in Dr. Wylie's case were tubercular and were the cause of paralysis through their pressure on the recurrent laryngeal nerve.

Dr. DAN M'KENZIE said he was much indebted to Dr. Wylie for an opportunity of seeing this interesting case. There could be no doubt as to the laryngeal condition. With regard to the glands, he was of opinion, from the size, distribution, hardness, and discrete character of the tumours, that the enlargement was due to lymphadenoma. This opinion was strengthened by the discovery of one or two enlarged glands in the axillæ.

Mr. MAYO COLLIER expressed his agreement with the last speaker in regard to the glandular masses. The picture presented by the larynx was that of recurrent paralysis, without a doubt.

Dr. W. H. KELSON showed a case, in a man, aged twenty-five, of ? *Tubercular Disease of the Larynx*.

Eight weeks ago the patient had spat up some blood, and three weeks ago he had become hoarse.

On examination the left arytaenoid was found to move very little, and the left ventricular band was swollen, so that the left cord could not be seen.

On the present occasion the cord was moving better, and a view of part of the left could be obtained. This was seen to be rather congested.

There were some changes in the lungs, and tubercle bacilli had been found in the sputum.

Dr. WYATT WINGRAVE read a communication upon *Mycelial Infection of a Tonsil from a Male, aged fifty-six*.

The tonsil showed the usual senile degeneration features—viz. loss of symmetrical grouping of lymph elements, disappearance of lymph pulp, distortion of lacunæ with fibrosis and fatty infiltration. Piercing the deep elements in all directions, filaments of a mycelial growth (*Aspergillus Flavus*?) were readily demonstrated by Gram's stain. The lacunæ were also infested to their deepest parts with saprophytes of many kinds.

This condition he had recently observed in several cases of tonsils removed from patients over the age of fifty, but as they were only demonstrated by Gram's method of staining he felt that the condition was perhaps of more frequent occurrence in senile tonsils which were the subject of irritation. He had failed to find such infection in the tonsils of children and adolescents.

Mr. HAROLD BARWELL read the final report on a *Case of Laryngeal Tumour* shown in November, 1906.

This was a case of a tumour deeply situated in the right laryngeal wall and forming a rounded swelling in the larynx and outside in the neck. The patient was a young man, aged twenty-eight, and had been under observation since the spring. Potassium iodide in large doses had been given and intramuscular injections of mercury without benefit, and a number of pieces had been removed intralaryngeally; these showed no sign of new growth, but only chronic inflammation. Tracheotomy had been performed in the summer for dyspnœa. Various opinions were expressed at the meeting, among them perichondritis, tuberculosis, and epithelioma. Later, in November, Mr. Barwell cut down on the swelling in the neck and found a large hole in the thyroid cartilage and a cavity full of pale granular tissue without pus or caseation. The speaker cleared this out, and a few days later removed the tracheotomy tube. Both wounds healed readily. Microscopical

examination of this tissue, which was exhibited here in January, showed columns of epithelial cells, and was pronounced by Dr. Wingrave as probably malignant. On January 28 the speaker operated again and performed a hemi-laryngectomy as, in spite of the extra risk, he hesitated to condemn so young a man to total extirpation of his larynx. He found that the growth had extended far into the neck and extensively infiltrated the sterno-hyoid and sterno-thyroid muscles, and the difficulties of the operation were increased by the scars of the former operations. The patient bore the operation fairly well, and the temperature was normal till the fifth day, when it rose suddenly, and death occurred on the seventh day. No *post-mortem* examination was allowed, but pneumonia was doubtless the cause of death. The macroscopic and microscopic specimens had been brought; the latter showed long columns of epithelial cells with a central core of connective tissue, resembling a papillomatous growth, but that it had grown into and infiltrated other structures.

Mr. MAYO COLLIER said that at last the diagnosis in this doubtful case had been finally settled. He himself had been of opinion that the case was one of perichondritis with abscess, which would be relieved by free incision. To some extent he had been correct; there was perichondritis. But he had to admit that the credit of making the correct diagnosis in this difficult case lay with Dr. Robert Woods, the President of the Association.

PROCEEDINGS OF THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

*Thirtieth Ordinary Meeting, held at No. 11, Chandos Street, Cavendish Square, W.,
on Saturday, March 9, 1907, at 10 a.m.*

The President, A. E. CUMBERBATCH, F.R.C.S., in the Chair.

The following communications were made :

A CASE OF RADICAL MASTOID OPERATION IN WHICH THE OSSICLES WERE
LEFT UNDISTURBED.

BY CHICHELE NOURSE.

The patient, aged thirty, had old-standing middle-ear disease on the right side with a perforation in the postero-superior