

BRITISH MEDICAL ASSOCIATION.

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SECTION OF LARYNGOLOGY.

President: ALEXANDER HODGKINSON, M.B.

A CASE OF PAPILLOMATOUS EXCRESCENCES, OR OZÆNIC INCRUSTATIONS, OR CHALKY DEPOSITS, OR OTHER LESION LOW DOWN IN THE TRACHEA.

SHOWN BY EDWARD LAW, M.D.

THE patient, a lady aged thirty-six, came under observation on April 29, 1902. She brought a letter from her doctor in South Africa, stating that "she has suffered from ozæna since childhood, and has to a great extent recovered under various methods of treatment. She knows her ailment, and is anxious to get quite well, if possible; she has recently lost her sense of smell." She first noticed nose trouble as a child, with an occasional disagreeable odour from the nostrils. She employed various nasal solutions with a syringe or douche, but gave up these methods of treatment some years ago on account of the discomfort which they caused at the back of the nose and throat. For some years she has sniffed a nasal solution through the nose. Formerly the voice was very husky and hoarse, but not recently, and laughing often produces a fit of coughing. From the age of eighteen the patient has often had to clear away something low down in her throat, and has said that she would die from consumption on account of a peculiar feeling low down in the windpipe. A paternal uncle died of cancer of the throat, and a maternal uncle from cancer of the stomach.

She now complains of a constant short hacking cough, loss of smell, indifferent taste, and a very slight discharge from the nostrils.

There is no history of a foreign body, no dyspnœa or expectoration, and the general health is satisfactory.

On examination, no atrophic changes were found in the nose, pharynx, or larynx; in fact, nothing abnormal beyond some slight catarrhal trouble and a small crust in the neighbourhood of Luschka's tonsil, thus verifying her doctor's statement that she had to a great extent recovered from the ozænic trouble. Finding

nothing to account for the constant short hacking cough, the trachea was carefully examined, and a number of papillomatous excrescences or crust-like or cretaceous deposits were seen, a large one with rugged edges on the right side, another larger mass deeper down, and a number of smaller nodular ones dotted in an annular or crescentic arrangement around the trachea; the colour and appearance changes a little if covered with secretion. The other part of the mucous membrane of the trachea corresponding to the first seven or eight rings was healthy. There is little or no irritation of the tracheal mucous membrane, but pressure over the windpipe, just above and behind the upper border of the sternum, caused slight pain and discomfort.

The diagnosis was, in Dr. Law's opinion, very uncertain. He had thought of papillomatous excrescences, possibly more or less calcified; ozanic incrustations; herpetic crusts; keratosis; enchondromata and chalky deposits.

The patient was brought before the members of the Laryngological Society of London at the meeting on May 2, 1902,¹ and in order to emphasize the difficulty of diagnosis Dr. Law took the liberty of quoting from the proceedings of the Society the views expressed by Mr. Waggett, Dr. Lack, and Sir Felix Semon.

Mr. Waggett had had an opportunity of looking at this case for an hour under a very strong light when making a drawing, and he said that with regard to the presence or absence of crusts, a point upon which considerable doubt existed, he was persuaded that there were no crusts, and for the reason the upper part of the trachea was perfectly healthy in appearance and in the texture of its mucous lining. On the other hand, the little excrescences had very definite forms; there was the larger mass of a trilobed shape, and there were about fourteen other little masses, which were arranged in an annular manner corresponding to the rings of the trachea; and although the drawing which they had seen might not be absolutely correct, it erred in the omission rather than in the fictitious introduction of masses which were not to be seen with a good light—a strong electric light and a 4-inch condenser. He ventured to make a diagnosis that these excrescences were of a papillomatous nature, although he knew opinions on that point differed very widely. There was no true atrophy of the intranasal structures. He thought it might be of some interest to add that these little masses did not move during respiration, and that their appearance was absolutely identical now with what it had been twenty-four hours previously.

¹ See pp. 551-554.

Dr. Lack suggested that the growths in the trachea might really be crusts—a view also expressed by other members. The fact that the appearances had not changed in twenty-four hours, in his opinion, in no way militated against this view. They might remain stationary for a week. He suggested that Dr. Law might clear up this diagnosis as to this important point by syringing or spraying the trachea.

Sir Felix Semon added his own opinion to the same effect. What induced him to take this view was the coexistence of crusts in the naso-pharynx, and (what could not be seen well with the light at their disposal in the adjoining room, but could very well with an oxygen light) the greenish colour of the little protrusions in the trachea, which was quite different from anything with which he was acquainted, either of tracheal excrescences or of a papillomatous nature. As to remaining stationary for twenty-four hours or a week, he would like to mention a little experience of his own. When *in statu pupillari* he observed on a certain occasion an extraordinary (as he thought) excrescence on the right vocal cord of a patient in the Throat Hospital, which he could not account for, and so, after having it under observation for about a week, he took the patient to Sir Morell Mackenzie and asked his opinion about this extraordinary growth. Sir Morell Mackenzie, after examining it for a moment, took a dry laryngeal brush, introduced it into the patient's larynx, and having withdrawn it, invited him (the speaker) to look again. He looked, and there was no growth to be seen.

Sir Felix Semon saw the patient a month later, and confirmed his previous diagnosis of ozænic crusts. Mr. Waggett also saw the patient on the same day, and still regarded the excrescences as of a papillomatous character.

The excellent drawings were made by Mr. Waggett, and but for an error in dates the trachea would have been X-rayed by Dr. Macintyre.

Transillumination of the trachea by means of the lamp employed for illumination of the frontal sinus permits the lesion to be very satisfactorily inspected, as well as the usual examinations with the laryngeal mirror.

Various inhalations and sprays, as well as apomorphia internally, have been employed, but with little or no benefit.

DISCUSSION.

Mr. T. MARK HOVELL (London) expressed the view that the growths were papillomata, and perhaps associated with changes in some of the adjacent lymphatic glands.

Mr. JOBSON HORNE (London) said it had been suggested that the appearances seen in the mirror were due to crusts low down in the trachea. Such a diagnosis he considered inadequate, for, even if crusts were present, there must be some underlying cause for the incrustation. The diagnosis, he considered, rested between three conditions—cartilaginous excrescences from the rings of the trachea, calcareous deposits, and papillomata. The appearances in the mirror reminded him of specimens he had seen of all three conditions, but more particularly of tracheal nodules or spicules, composed of hyaline cartilage, projecting from the lower rings near the bifurcation. He had seen two such specimens abroad; he knew of only one in London—that was in the museum of St. Bartholomew's Hospital, and was the one to which he had drawn Dr. Law's attention.

Sir FELIX SEMON (London) considered the lesion to be crusts in the trachea.

Dr. MACINTYRE (Glasgow) said that, thanks to Dr. Law, he had had an opportunity of examining this patient in Glasgow. He was then under the impression that there was some pathological change in the mucous membrane causing irregularity on the surface, and that on this the secretions had changed so as to form a crust. He was of opinion that the conditions varied at different times, because at the time he saw the case in Glasgow the appearance was not like that represented in the drawing. He would also say that the appearance of the trachea that day was different to what he saw in Glasgow. Dr. Law had written him asking if X rays would do any good, but he was very doubtful, and he did not think so at the time of the first examination. Dr. Law's letter asking him to do this was not received until after the patient had been seen, otherwise he would have tried to photograph the parts. Dr. Law had expressed the state of matters very well in his paper by saying the diagnosis was doubtful, and Dr. Macintyre thought he would now like to leave it that way until after Professor Killian's examination.

Dr. P. McBRIDE (Edinburgh) considered that the condition was due to chalky deposits in the trachea.

Professor KILLIAN (Freiburg) was of the opinion that the arrangement and appearances of the growth suggested horny out-growths from the rings of the trachea in its lower part.

Dr. LAW thanked the members of the section for the great interest which they had taken in his case. The appearance in the trachea differed from Mr. Horne's specimen of papillomata in the trachea, but in some respects resembled the specimen in the

museum of St. Bartholomew's Hospital. He could not agree with Sir Felix Semon's opinion of crusts, although the first day in London there was a much greater appearance of crusts than at subsequent examinations. Professor Killian had kindly offered to examine the case with the bronchoscope, which would probably lead to an accurate diagnosis, as the use of the probe would differentiate between crusts, papillomatous excrescences, or calcareous deposits. In the meantime he would strongly speak in favour of calcareous deposits (or at least of excrescences which had undergone calcification). He took this view on account of the large number of disseminated white nodules, which had not changed in appearance whilst under observation for four months. He thought that other examiners had thought of crusts because they had directed too much attention to the two larger masses. Professor Killian had reminded him that similar cases were described and depicted in Professor Schrotter's "Vorlesungen über die Krankheiten der Luftröhre."

Professor KILLIAN afterwards examined the trachea by direct endoscopy with the bronchoscope; the excrescences were seen, and upon being touched with a probe were found to be of bony hardness.

THE PRESENT STATE OF THE "OZÆNA" QUESTION.

BY L. GRÜNWARD, M.D. (Munich).

It is not easy to speak about "ozæna," for there are nearly as many definitions of this term as there are authors. Although I do not acknowledge ozæna as a disease *sui generis*, we may admit this term for a condition we frequently see—namely, badly smelling pus in wide nasal passages, and this the most prominent feature, and its explanation will be the subject of my remarks.

All the old writers, and the majority of the more recent, have only stated theories; we may now, on the surer foundation of clinical, anatomical, and experimental researches, build up a series of facts.

First, concerning the origin of the secretion: In Gottstein's time (rhinology being still in its infancy) no doubt arose that the secretion came from the whole mucous membrane of the nose, as other possible sources of the secretion were unknown, though scientific observers of the anatomical conditions had already, even