

SOCIETIES' MEETINGS.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

Ordinary Meeting, March 11th, 1896.

FELIX SEMON, M.D., F.R.C.P., *President, in the Chair.*

THE Morbid Growths Committee report that they received from Dr. StClair Thomson specimens consisting of three sections of a growth, and the following notes of the case :—

Microscopic specimen, labelled "StC. T., etc., No. 126."—"Removed on October 25th, 1895, from the right middle meatus of a man, aged 29. Growth was the size of a hazel nut, irregularly ovoid and lobulated, with marked and fairly thick pedicle growing from centre of right cartilaginous septum. Removed with cold snare; free hæmorrhage, checked with cautery. Base freely treated at intervals with the galvano-cautery, and also (thinking that the cautery might produce too much reaction) with chromic acid. Recurrence took place, and after leaving the stump entirely alone for a whole month the recurrence was the size of a nut without its shell. This portion has just been removed, and will also be microscoped. The tumour had had no treatment whatsoever before being removed. The septum was in no way infiltrated; the growth was quite localized, and the opposite nasal fossa was perfectly normal. Since removal three months ago the growth has not tended to attack neighbouring parts. The growth was hardened in corrosive sublimate, embedded in paraffin, and stained with logwood and eosin."—(Signed) STCLAIR THOMSON.

The report of the examination is as follows :—"The specimens submitted to us comprise three sections, each about the size of the transverse section of a pea. Each of them is almost completely surrounded by normal columnar epithelium, beneath which is some loose connective and myxomatous tissue in some parts, whilst in others the epithelium is placed directly on a new growth. This new growth is composed almost entirely of blood-vessels of very different sizes, whose walls are formed of cells, and do not contain either elastic or muscular tissue. The stroma between the vessels consists of loose fibrous tissue, with oval and spindle cells, which are of uniform character throughout and arranged concentrically around the vessels, amongst which there is a good deal of extravasated blood. We consider the tumour to be an angioma."—(Signed on behalf of the Committee) W. R. H. STEWART.

Case of Cyst of Glosso-Epiglottic Fold. Shown by Dr. CLIFFORD BEALE.

The patient, a man, aged thirty-eight, was admitted to Victoria Park Hos-

pital suffering from bronchitis. He stated that for some months past he had been aware of something at the back of his tongue which had slightly affected his voice, but had caused him no other inconvenience. On examination, a swelling the size of a cherry was seen at the back of the tongue, and in contact with the epiglottis, but not attached to it. The walls of the tumour were vascular, and on palpation with a probe the swelling was found to be soft and yielding to the touch, and to be attached to the tongue by a broad base. No local treatment was applied, but the patient was treated by ordinary remedies for his attack of bronchitis, which subsided in about ten days. During this period the swelling had got much smaller, according to the patient's own statement, and on further examination this was found to be the case. The question then arose for decision as to the best means of treatment for its complete destruction, and an expression of opinion was asked as to the respective merits of free incision—excision of a part of the cyst wall—or destruction by galvano-cautery.

Dr. BOND asked if Dr. Beale was sure of the cystic nature of the growth; if such, he would suggest the use of the galvano-cautery and curette.

The PRESIDENT stated that he had usually found a free incision or the use of cutting forceps under cocaine sufficient.

Mr. SYMONDS usually cut off the top of the cyst.

Dr. MCBRIDE had found them most obstinate to cure.

Dr. BEALE, in reply, stated that he had examined most carefully with a probe, and was certain that the tumour was cystic.

Case of Tubercle or Cancer? Shown by Dr. CLIFFORD BEALE.

The patient, who had been previously shown to the Society ("Proceedings," Vol. III. p. 21), had been kept under observation for three months, and had been treated with iodide of potassium and good diet, and latterly, by the advice of Mr. Stewart, with local applications of zinc chloride. The swelling springing from the left ventricle of the larynx had become much less prominent and less angry in appearance. A small amount of thickening of the whole cord remained, but the movements had not been in any way impaired, and no further change had taken place in the small gland in the neck. The patient himself had maintained his weight and general nutrition, but his voice was as weak as before.

Dr. Beale was of opinion that the case was one of chronic tubercular infiltration, and that the disease in the larynx was in all probability following the course of the disease in the lung, which was gradually undergoing the usual fibroid shrinking.

Case of Larvæ in the Nose. Shown by Dr. J. W. BOND.

Case was brought forward owing to the great rarity of the condition in this country.

The patient, a woman, aged forty-nine, had attended the Throat Hospital for some eighteen months for chronic pharyngitis, etc. In May, 1895, she noticed a profuse watery discharge from nose for three weeks, and sharp shooting pains in left frontal region. The discharge was never purulent.

On examination of nose the passages were found patent, and, indeed, the mucous membrane over turbinate a little atrophic. For about six weeks various nose lotions were used without good result. Then, after using a dilute Mandl solution (Mxv in 3j) twice, four grubs came from the nose, and she was relieved. She remained quite well for another two weeks, during which she attended the hospital.

The grubs were segmented, somewhat stained by the iodine. Some of them developed into flies, which, on examination by Mr. Charles O. Waterhouse, of the Natural History Museum, were pronounced to be *Piophilæ casei* (Linnæus), the larvæ of which are said to feed on cheese, bacon fat, and animal matter generally.

There was no particular smell noticed likely to attract the fly. The case seems to have been very readily cured, no doubt because the accessory sinuses were not invaded.

Mr. SPENCER would like to know if there had been any dogs about the patient, and whether this form occurred in dogs.

Dr. BOND had no information as to dogs. Had never come across any record of a case of this description before.

Specimen of Myxoma of Larynx. Shown by Dr. BOND.

The patient, a man, aged fifty, gave a history of attacks of huskiness and loss of voice for twenty years.

Twelve months ago voice almost went, and on examining the larynx on January 15th last a growth about the size of a pea was seen to occupy the upper surface and edge of the middle of the right vocal cord. It was transparent in the centre, and had a cyst-like appearance. On February 15th it was removed by the endo-laryngeal method, since when the voice has wonderfully improved, and patient states that it is better than for the past ten years.

The growth removed was jelly-like. Microscopically it seems to be a pure myxoma.

Dr. Bond directed attention to the long history in the case. No doubt the man may have had chronic laryngitis for some years. It was common to find some myxoma in a laryngeal tumour, but a pure myxoma was very rare. He thought it possible there may have been some growth for a long time, and that a pure myxoma was here, owing to the time which such growth has had to undergo change.

The PRESIDENT said that with Dr. StClair Thomson's case and one they had a few meetings ago, there had been shown at the Society in a comparatively short space of time three cases, whilst up till quite recently only six cases had been recorded. He thought, too, it was remarkable that in each case there was a history of trouble of nearly twenty years' standing.

Dr. LAMBERT LACK said he had one such case this year, and one mixed with a slight amount of fibrous tissue last year.

Dr. KANTHACK stated that he began examining these cases some years ago. He thought that most of them were more myxomatous degeneration, which was comparatively common, than pure myxomata, which was extremely rare. He suggested that the growths should be

sent to the Morbid Growths Committee. [This it was resolved should be done.]

Case of Myxoma of Vocal Cord. Shown by Dr. STCLAIR THOMSON.

Marion J., aged thirty-eight, had taught since the age of seventeen, but always in private schools, the number in her class never at any time exceeding twelve. She used to sing, but the voice had been "thick" for a year past, and for the last twelve months she had given up attempting to sing. For three months she had suffered from hoarseness and partial loss of voice, especially after using it much. A spherical growth, about the size of a small pin's head, smooth, red, and pedunculated, was found projecting into the glottic space at the junction of the middle and anterior thirds of the right vocal cord. There was some infection and thickening of the adjoining upper surface of the cord, and impaired approximation of the cords in phonation. The growth was removed with Mackenzie's antero-posterior forceps, and sections showed that it was a myxoma—unless, indeed, it should be regarded as simply œdematous mucous membrane. In 1880 Morell Mackenzie spoke of myxoma of the vocal cords as "very rare," and said that he had only met with a single case ("Diseases of the Throat and Nose," Vol. I., page 306). It was therefore noteworthy that this growth was removed on the same afternoon as the one already referred to by Dr. Bond. Both cases occurred at the Throat Hospital, Golden Square, in the clinic of Dr. Bond, to whom he was indebted for kind permission to show this one.

Case of a Growth on the Hard Palate of a Girl. Shown by Mr. L. LAWRENCE.

A girl, aged eleven, showed a flat, warty-looking growth growing from the mucous membrane of the hard palate, attached by a thin pedicle in the centre; patient is unaware of the length of time she has had it.

Mr. SYMONDS stated that he had a case of small tumour of the soft palate, which had turned out to be a dermoid.

Dr. PEGLER said that Dr. Whistler had told him of a poodle that he had seen that had three small tumours on the hard palate.

Specimen of Growth Removed from the Naso-Pharynx. Shown by Mr. L. LAWRENCE.

This was removed from a case shown before the Society at the end of last year. The growth was an ordinary mucous polypus without cysts. It had been removed by forceps from behind.

Case of Elongated Cervical Sinus, resembling a Branchial Fistula. Shown by Dr. DUNDAS GRANT.

The patient is a girl, aged nineteen, first seen in October, 1895, complaining of an inflamed swelling in the neck. This was a fluctuating, thinly-covered swelling at the lower end of the anterior margin of the right sterno-mastoid muscle, of about the size of half an ordinary child's marble. To its inner side was another smaller though similar swelling, with which it communicated. There was an enlarged gland near the angle of the jaws, and a firm cord could be felt

running from the lower swelling close up to this gland. The lower swellings were both incised, pus evacuated, and the lining scraped. A drainage tube was passed through both openings. In a few days this was removed, and the patient went home. At present the inner of the two openings is represented by a firmly healed dimple, the outer one by an orifice leading into the cord before observed. A fine celluloid bougie can be passed up the interior of this for a distance of nearly two inches, where it abruptly stops.

The sinus is probably the result of a gland abscess, but its position and character somewhat suggest a branchiogenic origin.

After-History of the Case of Carcinoma Laryngis previously shown at the January Meeting. Shown by Dr. DUNDAS GRANT.

Death took place twenty days after the operation of thyrotomy. The patient was never able to swallow, and nutrition was kept up with apparent good result by means of enemata for a week. The patient then got into a condition of mental wandering and drowsiness. The iodoform was given up, and bismuth and boracic acid employed, but no difference took place. Free stimulation and stomach feeding were then practised, but the mental condition became gradually worse, coughing ceased entirely, and after death the lungs were found congested and œdematus, but free from pneumonic consolidation. Laryngoscopic examination, about a week after the operation, showed that the left half of the larynx was quite inactive, and it will be seen from the notes of the case previously given that one of his primary symptoms was a difficulty in swallowing liquids. There was no fistula to account for this, and it would be interesting to know whether this symptom may in general be regarded as unfavourable. There was ample evidence of regrowth round the site of operation.

Case of Chronic Hoarseness in a Patient with Chronic Rhinitis and Pharyngitis. Shown by Mr. SPENCER.

A maidservant, aged nineteen, has been hoarse as long as she can remember. Formerly she had suffered from nasal obstruction, but did not now complain of the nose. She has never been aphonic except once or twice when she had a cold. On examination there is chronic dry rhinitis and pharyngitis, with crusts. The larynx can be well seen, as well as the trachea. The vocal cords come together, but fail to become tense. At the moment of adduction there are irregular bulgings. The patient was exhibited as a contribution of the relation between chronic nasal obstruction and the larynx.

Dr. CLIFFORD BEALE thought there was enough in the larynx to account for hoarseness without going to the nose for an explanation. He thought local stimulation might bring the voice back.

Dr. MCBRIDE noticed that there was a certain amount of abductor paresis of the left vocal cord, which was also much congested. He did not think the case was functional, but would look upon it with great suspicion.

Dr. TILLEY had also noticed that there was less movement of the left vocal cord than the right.

Mr. SYMONDS thought the chief complaint was in the nose. He would treat the nose and leave the larynx alone.

Dr. SCANES SPICER thoroughly supported Mr. Symonds' views.

Mr. LAKE considered that if the laryngeal congestion had been of recent origin it would get well if the nose was treated alone, but in this case the congestion was chronic.

The PRESIDENT said that the history of this case showed hoarseness from birth, with dryness of pharynx and larynx. There was some abductor paralysis of the left cord. He hoped Mr. Spencer would give a further history of the case, and would adopt one of two methods in the treatment of the case—either treat the larynx and leave the nose alone, or *vice versa*.

Mr. SPENCER said he would treat the larynx first, and leave the nose alone for a time.

Case of Pharyngeal Tumour, probably Syphilitic. Shown by Dr. H. TILLEY.

A woman, aged thirty-three, came to the hospital on February 25th, 1896, complaining of a "stifling sensation in the throat," which was worse at night. She noticed the trouble first early in January.

She has had syphilis. Had two miscarriages; has two children, the younger having been treated for congenital syphilis.

On examination, February 25th, 1896, there is a large ovoid swelling on the posterior wall of the pharynx, rather low down, and about opposite the epiglottis. The larynx could not be seen. On examining her again, March 10th, after she had been on antisyphilitic treatment for a fortnight, the swelling was considerably smaller, and the larynx could then be seen.

Case of Tuberculosis of the Nose. Shown by Dr. W. HILL.

The specimen was referred to the Morbid Growths Committee.

Case of Lupus of Palate and Larynx. Shown by Mr. E. C. STABB.

Dr. MCBRIDE asked what was the prognosis in these cases. He had a number of cases in which the prognosis was most favourable. He used the galvano-cautery and chromic acid.

The PRESIDENT stated that where the parts were easily accessible he preferred scraping and the application of strong lactic acid. When the disease was situated in the larynx he would not use the scraping from fear of stenosis following. He had treated some of his cases with simply giving arsenic and cod-liver oil, no local remedy being used.

Mr. W. R. H. STEWART mentioned that he had a case now under his care that was getting well under the administration of arsenic alone.

Case of Tumour of the Soft Palate. Shown by Mr. E. C. STABB.