

## DISCUSSION.

The PRESIDENT (Dr. Dundas Grant) said the case showed the importance of the examination of the nose in cases of disease in the neighbourhood of the inner canthus.

Mr. STUART-LOW said he had had two cases almost similar, and thought the present case had been allowed to go on too long unoperated upon. Had it been operated upon two months ago the result might have been satisfactory. A man engaged in the meat market received a blow, and came some time afterwards with a swelling in the cheek which looked like a gumma, but it was not of that nature. The skin, as in the present case, was not implicated though inflamed. The man was put under antisyphilitic treatment and watched for a time, and then a radical antral operation was performed. A tumour was found occupying the antrum and was freely removed. He did it by the open method and the whole condition disappeared. Dr. Wingrave believed it was a granuloma of doubtful nature. The other case was a girl, aged 22, who had a swelling above the eye and over the nose; the eye could not be opened to its full extent. After three weeks' antisyphilitic treatment and watching, the maxillary antrum was opened, and an almost similar condition to the last case was found. Dr. Wingrave was in doubt about the true nature of the growth. These were both taken early and operated upon. For such cases he advised that a radical antral operation should be undertaken at once. He suggested that in the first place the inflammation should be got rid of by the use of the appropriate serum. Dr. Spicer showed last year a case of malignant disease in the back of the throat in which Professor Wright had employed a serum, after which the inflammatory symptoms subsided. After this serum treatment a radical antral operation might be performed or the upper jaw excised.

Mr. PARKER, in reply, said that the existence of a fistulous opening from the antrum into the mouth was of some interest, for through this opening it was possible to define the limitation of the growth within the antrum. It was attacking the upper and outer walls, through which it had spread both into the nose and into the cheek. He disagreed with Mr. Low, as he thought there was definite malignant infiltration of the soft tissues of the cheek. He did not consider it possible to remove the whole disease, and he did not contemplate attempting any operation.

### **Case of Suppurative Cervical Cellulitis and Epithelioma of the Epiglottis.**

By PETER H. ABERCROMBIE, M.D.

THE patient was shown at the January, 1907, meeting of the Laryngological Society, his progress was reported on at the February, 1907, meeting of the Society, and he was again shown at the November,

1907, meeting of the Laryngological Section of the Royal Society of Medicine.<sup>1</sup> On February 5, 1908, I removed enlarged glands from the right side of the neck, and Dr. Wyatt Wingrave reported that he could find no evidences of malignancy in them. This was consistent with the fact that the swelling had been larger before, and was subsiding at the time he was last shown at the meeting in November, 1907. On February 19 last I again operated and removed a mass of matted glands, which Dr. Wingrave found to be epitheliomatous. I did not see him after this for several months. Then he called at the hospital in May, 1908, with a large swelling on the right side of the neck. Further operation was refused. The skin over the mass soon gave way, and he had repeated and severe hæmorrhages during the following few months. He died soon after one of these losses of blood on October 12, 1908. I saw him a week before, when his anæmic state was extreme, and examination with the mirror, on that occasion, showed that there was no recurrence of the disease in the larynx.

### **Perforation of Soft Palate following a Severe Attack of Scarlet Fever in Childhood.**

By PETER H. ABERCROMBIE, M.D.

THE patient, a man aged 35, a bricklayer by occupation, was sent to me by his doctor on account of a discharging right ear, which also was a consequence of the scarlet fever attack. No reference was made by the patient to his throat condition, which was noticed in the course of the usual routine examination. The following history was obtained:— Until he was aged  $4\frac{1}{2}$  he had always been perfectly healthy in every way, and his speech at that time was quite normal for a child of that age, according to his mother's statement. When aged  $4\frac{1}{2}$  he had a most severe attack of scarlet fever, and very nearly died from it. "Abscesses" developed in the throat and the right ear. A swelling formed behind the right ear, which broke and discharged for several months, after which a piece of bone came away through the opening, and the wound then slowly healed up. The discharge from the right ear has continued more or less ever since. The speech defect was noticed after the scarlet fever, and the hole in the palate was discovered then, too. The palatal

<sup>1</sup> *Proc. Roy. Soc. Med.*, 1908, i, Laryng. Sec., p. 10.