Section of Laryngology.

President—Sir WILLIAM MILLIGAN, M.D.

SUPPLEMENT.

FURTHER REPORTS ON CASES EXHIBITED BEFORE THE SECTION AT PREVIOUS MEETINGS, SESSION 1921-1922.

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(1) *Cases shown November* 4, 1921.

Foreign Body in Œsophagus.

By M. VLASTO, F.R.C.S.

A FEMALE child, aged 4½, was brought into hospital by her mother four months ago with the history of having swallowed an open safety-pin half an hour before. The child was restless, and screening only could be carried out. It was reported to me that an open safety-pin with the point upwards could be seen at the level of the suprasternal notch. An immediate œsophagoscopy revealed a metallic object in the commencement of the œsophagus. This was seized with Paterson's forceps, but appeared to be firmly embedded. In view of the history, it seemed advisable to defer further instrumentation until a plate had been taken and instruments collected to deal with the situation. Later on in the day the mother came up and related that the object swallowed was not a safety pin but a paper fastener, and this was confirmed by the X-ray plate. The position of the foreign body was seen in the plate to be over the head of left sixth rib, where it has remained ever since. A further examination was made the same night, and on two further occasions; on these last two with the assistance of Mr. E. D. D. Davis. But although the œsophagus and left bronchus were thoroughly searched, no trace of the foreign body could be found.

The two X-ray plates taken by Mr. Coldwell, and the bismuth skiagraph, show the foreign body to be in front of the œsophagus.

There has never been any cough or respiratory distress. The general condition of the child is normal.

The opinion of the Section is desired, especially as to (*a*) the probable situation of the foreign body; (*b*) the prognosis.

DISCUSSION.

Sir WILLIAM MILLIGAN (President) said if the foreign body was not now in the bronchus, the only deduction was that it was in the bronchial tree. He suggested further screen examination.

Mr. TILLEY thought the foreign body was in the bronchus. It could not have passed into the mediastinum without producing a fatal result. He advised a broncho-scopic search in association with X-ray screening.

Dr. PATERSON (Cardiff) pointed out the diagnostic importance of an antero-lateral X-ray photograph in such cases and that in this case only an anterior view had as yet been taken. He had seen a case in which a tooth plate remained impacted at the same spot for ten years and was surrounded by fibrous tissue. Death followed attempts by a surgeon to remove it and autopsy showed that it lay between the œsophagus and pericardium.

Dr. IRWIN MOORE commented on the rapidity with which the mucosa in the œsophagus folded over a foreign body, especially in children. He reminded members of a case recorded by Mr. Jewell,[1] in which an impacted coin was seen post mortem to have been nearly completely encysted in fifteen days by the œsophageal mucosa. He asked whether the foreign body in Mr. Vlasto's case had been seen, on screening, to move with respiration.

Mr. VLASTO (in reply) stated that no record was made as to movement of the foreign body with respiration. The position of the foreign body as shown by bismuth skiagraphy was in front of the œsophagus. He would gladly avail himself of Mr. Tilley's suggestion to search the left bronchus again.

Further Report, April 25, 1922.—Patient was seen a fortnight ago, and keeps in excellent health. The foreign body remains in precisely the same position. If anything, it is slightly more towards the left—i.e., further away from the middle line than before. No further instrumentation has been carried out.

Tumour of Left Side of Neck for Diagnosis. ? Epithelioma.

By G. W. DAWSON, F.R.C.S.I.

FEMALE, aged 47, with large hard fixed tumour left side of neck, first noticed a year ago, and only slightly increasing during the last four months. Examination shows a superficial infiltration of the arytænoids, and posterior surface of the epiglottis, which has not changed during the past three months. Wassermann negative.

DISCUSSION.

Mr. STUART-LOW pointed out the advantage of palpation in these cases, a method of investigation which was now somewhat neglected. It enabled one to detect a slight difference in resistance in the pharynx. He regarded the case as an epithelioma.

Sir WILLIAM MILLIGAN (President) agreed that the growth was malignant.

Further Report, April 29, 1922.—The growth proved to be epithelioma, and the patient is now being treated at the Cancer Hospital. The interesting feature of the case is the slowness of the growth.

[1] *Proceedings*, 1915, viii (Sect. Laryng.), p. 108.

(2) *Cases shown December* 2, 1921.

Case of Sarcoma of the Cheek and Maxilla, with diffuse Secondary Growths.

By E. D. D. DAVIS, F.R.C.S.

Further Report, April 26, 1922 (supplementary to notes published in *Proceedings*, 1921-22, xv, p. 11).—Patient died on February 25, 1922, from secondary growths in the roof of the orbit and in the chest. In spite of massive doses of radium, these secondary growths were extremely rapid.

Case of Laryngeal Web, following Laryngo-fissure for Malignant Disease of the Left Vocal Cord.

By W. H. KELSON, M.D.

Further Report, April 29, 1922 (supplementary to notes published in *Proceedings*, 1921-22, xv, p. 15).—The web looks the same but the voice has somewhat improved. There is no evidence of recurrence of the epithelioma. The web has not, as yet, been treated.

Functional Ventricular Band Phonation, suggesting Tuberculous Laryngitis.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

THE patient, aged about 30, was discharged from the Army and certified as unfit for work, on the suspicion that he was suffering from tuberculosis of the larynx. The main symptom was persistent hoarseness. At first sight there appeared to be extreme inflammatory swelling of the ventricular bands, but on closer examination and the use of inspiratory phonation, the ventricular bands retreated and the vocal cords became quite visible. The separation of the ventricular bands by means of a laryngeal brush induced normal voice production, which has continued ever since to the patient's evident satisfaction.

Further Report, May 10, 1922.—The voice has continued normal. There is no suggestion of tuberculosis.

Persistent Functional Falsetto (Eunuchoid) Voice, suggesting Tuberculosis of the Larynx.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

THE patient, aged about 40, discharged from the Army and also certified as unfit for work, under suspicion of being tuberculous, speaks in a high falsetto voice with little power. This tone is produced by the approximation of the middle part of the vocal cords with imperfect approximation of the anterior and posterior parts. During laryngoscopic examination and also

with inspiratory phonation, a natural tone is produced, but so far has not been permanent.

Further Report, May 10, 1922.—The falsetto tone continues, but it disappears during laryngoscopic examination and the voice becomes normal; the patient is to practise uttering sounds with the handle of a teaspoon pressing on the palate. No further evidence of tuberculosis.

Antro-choanal Polypus of Unusual Size.

By G. W. DAWSON. F.R.C.S.I.

MALE, aged 47, with a large globular, pale-coloured tumour of firm consistence, and freely mobile, filling the nasopharynx and extending downwards into the pharynx. Patient had a similar growth removed twelve years ago. On transillumination the right maxillary antrum lights up normally, whilst the left is abnormally bright.

DISCUSSION.

Mr. O'MALLEY commented on the remarkable tolerance which enabled patients to endure such conditions so long. Three years ago he had a case of a nasal polypus reaching to the arytænoids.

Dr. IRWIN MOORE referred to a growth of similar size in a female patient. The tumour occupied nearly the entire oropharynx, and its lower border could not be seen without firmly depressing the base of the tongue. These tumours were not uncommon. He advised—if the pedicle could be located to the maxillary antrum—that the latter should be opened, and the tumour removed at its origin.

Sir WILLIAM MILLIGAN (President) said it was often stated to be the right course, the first time one dealt with an antro-nasal polypus, to pull it out with forceps, and to trust that it would not recur. He felt that this was very unscientific, and that it was better to make a window in the antrum and remove the base of the growth. In the case shown the inference was that the growth came from the antrum.

Sir JAMES DUNDAS-GRANT agreed that if it was ascertained that the growth originated from the antrum, the antrum should be opened; otherwise the tumour might be only growing from the choanal margin, and opening the antrum was unnecessary. Recurrence indicated opening the antrum.

Mr. T. B. LAYTON said that he had in four cases removed such tumours under a local anæsthetic, pulling them out with Mackenzie's wire écraseur, and none had returned. If these growths, when pulled away, included the pedicle arising from the antrum, they did not recur.

Dr. SMURTHWAITE said that he had removed a similar growth without an anæsthetic in the case of a boy aged 15; it hung down below the soft palate, and the patient could not breathe through the nose. The growth, with its pedicle, was 2 in. long and 1 in. broad. There was no bleeding, and the boy made a good recovery. If the growth should recur, he (Dr. Smurthwaite) would probably open the antrum.

Mr. DAWSON (in reply) said he thought the growth originated from the left antrum. He had found it the best way to remove these polypi under a local anæsthetic, and to engage the stalk with a blunt hook and drag on it, and then the growth dropped into the mouth. He was inclined in this case, however, to open the antrum.

Further Report, April 29, 1922.—The growth was removed by first opening the antrum by the Caldwell-Luc method, the pedicle being found attached close to the ostium. The lining antral mucosa had undergone polypoid degeneration. The growth weighed 9½ drams.

Tumour of the Pharynx.

By W. H. JEWELL, O.B.E., M.D.

MALE, aged 62, with aphonia of nine weeks' duration, following a cold and pain in throat for a few days, then expectoration of three-quarters of a pint of blood, but no recurrence; occasional dysphagia. A smooth, round tumour, larger than a haricot bean, is seen in the right pyriform fossa. When first seen, three weeks ago, both vocal cords were congested, and the voice was husky. Two or three enlarged glands can be felt in the right submaxillary region.

DISCUSSION.

Dr. SMURTHWAITE said the growth occupied practically all the right side of the larynx, and the arytænoid joint could not be seen; therefore one could not be certain of the site of origin of the tumour; whether the cord was fixed or impaired in movement. He suggested that the growth was a fibroma.

Mr. A. J. M. WRIGHT said he regarded the growth as epithelioma, and referred to the comparatively great degree of oral sepsis found in such cases. He considered oral sepsis a factor in the causation of extrinsic carcinoma of the larynx.

Sir JAMES DUNDAS-GRANT referred to the short history for the diagnosis of malignant disease, even though the appearance was compatible with it. He suggested an acute localized inflammation, which would perhaps settle down.

Mr. HOWARTH said he considered the growth malignant, and advised endoscopic examination as likely to show its exact limits, and to settle also the question of mobility of the cord.

Dr. JOBSON HORNE asked whether the history of hæmoptysis would not be against the use of the direct method.

Mr. W. M. MOLLISON said he did not doubt that the growth was in the right arytæno-epiglottic fold, but he doubted whether it was attached to the pharyngeal wall. The cord moved. He regarded the condition as epithelioma of the arytæno-epiglottic fold.

Mr. JEWELL (in reply) said there was a doubt as to whether the growth was confined entirely to the pyriform fossa; he believed the arytæno-epiglottidean fold was also involved. He would examine endoscopically as suggested.

Further Report, June 19, 1922.—Microscopic section of a portion proved the growth to be an epithelioma. Shortly after the meeting the patient developed acute lobar pneumonia with delirium; the right lung never cleared up—a fact attributable, according to the radiologist, to secondary growth—but this diagnosis has not been verified. Two months later a low tracheotomy was performed owing to glottic obstruction. The primary growth had increased to about the size of a walnut, and invaded the lateral wall of the pharynx.

Post-nasal Growth.

By J. F. O'MALLEY, F.R.C.S.

PATIENT, a male, aged 14, for the past three months has awakened after a few hours' sleep gasping for breath. He is unable to breathe through either nostril, owing to obstruction from a growth in the naso-pharynx.

DISCUSSION.

Mr. H. V. FORSTER thought the growth was a sarcoma, and advised that a tube of radium should be placed in the nasopharynx. He mentioned a case of nasopharyngeal sarcoma he had seen two years ago, in which two applications of radium proved successful. He referred to a second case in a female patient who looked very ill and jaundiced. The growth was projecting into the oropharynx. He removed a specimen for diagnosis, and fastened a tube of radium behind the posterior border of the nasal septum. Three weeks later the patient was so much improved that the remains of the growth could only just be seen, and the Eustachian cushions were clearly evident. He (Mr. Forster) was keeping this case under observation.

Mr. N. RANKIN said that two months ago he had had a case which much resembled the one now exhibited. He had removed the growth completely and a section showed it was a fibroma. It was growing into the left side of the nose, and had pushed the septum over to the right, so that nasal breathing was prevented. There had been no recurrence.

Mr. T. B. LAYTON said he had had a case which was originally diagnosed as tuberculosis of the lung. The patient, a boy aged 19, was coughing up much purulent sputum, and having attacks of what was considered hæmoptysis. There was a large rounded swelling protruding from below the palate, which he (Mr. Layton) took to be a choanal polyp, and tried to remove with a snare, but on putting the loop round it he found it was impossible to do so as the growth was firmly attached to the posterior pharyngeal wall. It proved to be a carcinoma, and the boy died as a result of the operation for its removal.

Sir JAMES DUNDAS-GRANT said that a great deal depended on the point of attachment of the growth. In the present case there was much necrosis of tissue on the surface, causing an offensive smell, and he agreed that the growth was malignant. He advised treatment by radium.

Sir WILLIAM MILLIGAN (President) said it was a useful plan first to employ diathermy in order to shrivel the growth somewhat and reduce the amount of hæmorrhage at the operation. Diathermy was also a good preliminary to the subsequent use of radium.

Mr. O'MALLEY (in reply) said he saw the patient for the first time the previous day. Pending a more thorough examination he could not say what he proposed to do, but he would keep the President's suggestion in mind.

Further Report, April 24, 1922.—Post-nasal growth proved to be a fibroma. It was removed piecemeal, by a large Luc's forceps, through the right nostril, after resection of the septum and the middle turbinal. Patient seen recently, is doing well, and will be shown at a later meeting.

(3) *Cases shown February* 3, 1922.

Laryngeal Tumour for Diagnosis.

By LESLIE POWELL, M.B.

Further Report, April 26, 1922 (supplemental to notes published in *Proceedings, vide* p. 19).—Acting upon the advice of Sir William Milligan, I performed a tracheotomy and kept the patient under observation for three weeks. The tumour diminished considerably, and all signs of inflammation disappeared, and the patient's general condition improved (partly no doubt owing to his being kept from alcohol). There was then still a small elevation in the same region, but no symptoms except slight huskiness. I then removed his

tube, and he has been much better since. This fact, I think, supports the view of perichondritis, and I am inclined to leave well alone as long as there are no further symptoms.

Case of Palato-labial Dysarthria.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

Further Report, May 10, 1922 (supplemental to notes published in *Proceedings*, 1921-22, xv, p. 20).—During the last three weeks patient has had difficulty in fixing his eyes, otherwise he is *in statu quo*. The ophthalmic surgeon's report will shortly be forthcoming.

Case of Dysphonia approaching Aphonia, simulating Laryngeal Tuberculosis—probably Mucous Patches on Vocal Cords.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

Further Report, May 10, 1922 (supplemental to notes published in *Proceedings*, 1921-22, xv, p. 21).—The white patches have entirely disappeared; the vocal cords are somewhat redder than normal; the voice is quite normal. No evidence of tuberculosis.

Case of Laryngeal Growth.

By W. H. KELSON, M.D.

MALE, aged 64, warehouseman, seen November, 1921, complaining of slight hoarseness. The right vocal cord was found to be immobile, but no swelling was visible. X-rays showed chest normal. When seen again recently, a large swelling was observed in the right arytænoid region overlapping and concealing the right cord. Wassermann reaction negative; no tubercle bacilli found; no enlarged glands. Iodide of potassium and mercury have failed to improve the condition. The larynx now appears wider than when first seen. Opinions are invited as to treatment.

Further Report, April 29, 1922.—Laryngectomy was proposed, but urgent dyspnœa supervened and tracheotomy had to be performed. Patient became weaker and died of heart failure before further operation. The growth was a squamous-celled carcinoma.