Medical Memoranda

Primary Carcinoma of the External Auditory Meatus

Primary carcinoma of the external auditory meatus is usually considered a rare disease. It is probably not so rare as is generally thought, but can be diagnosed only by biopsy. The early symptoms are aural discomfort, intense and continuous earache, and aural discharge. Local extension is rapid and glandular metastasis rare. Treatment in the early stage is by excision with the diathermy knife, combined in the later stage with radium beam therapy.

ILLUSTRATIVE CASES

Case 1.—Madame Le S., aged 46, was first seen on May 23, 1944, complaining of rapidly increasing deafness in the right ear, together with a slight purulent aural discharge and mild intermittent pain. Her symptoms were of only one month's duration. There was no history of otitis media. Examination revealed a small papillomatous mass deep in the meatus on the postero-superior wall and hiding the drum. The rest of the meatus was the seat of a chronic eczema. A slight fetid purulent discharge was noted. There was a slight diminution in hearing (transmission deafness). Vestibular apparatus was normal. Radiography was negative. A first biopsy gave a doubtful result, but a second, a fortnight later, revealed the presence of a squamous-celled epithelioma. A radical mastoidectomy was performed at the end of June, the whole of the skin of the posterior wall of the meatus being removed. Some inflammatory granulations were found in the middle ear but no neoplastic tissue. A radium needle was applied to the meatus on July 20, being left in position for five days. The patient was discharged on Aug. 12, 1944. The wound healed slowly by granulation. A small papillomatous lesion appeared on the anterior wall of the meatus in January, 1945, and a wide resection of the area was performed with a diathermy knife on Jan. 25. Histologically, the lesion was a squamous-celled epithelioma. In November, 1945, re-examination revealed no recurrence. Epithelization of the operation cavity was practically complete, but there was some radionecrosis of the tympanic bone, with the presence of a sequestrum (17 months after the radium application).

Case 2.—Madame C., aged 57, was admitted on Feb. 21, 1945, with a history that her left auditory meatus had become blocked by a white hard mass, which was removed by an otologist. She then developed meatal furuncles with intense pain in the ear. This pain had continued unremittingly until her admission. She had been examined as an out-patient in November, 1944, when a small ulcer of the meatus was seen. A fortnight later a sinus in the antero-superior wall was noted, from which pus exuded. Radiography was negative, as was the Wassermann reaction. In spite of local treatment no improvement took place in the symptoms, and some granulations appeared. A biopsy in February showed no signs of neoplasm, and local treatment with silver nitrate was continued. The patient was discharged on March 14, but suppuration and pain continued, and on June 13 a second biopsy revealed a squamous-celled epithelioma. The patient was readmitted on July 3, and a radical mastoidectomy was performed on the 6th. At operation the area of involvement was found to be much more extensive than otoscopy had suggested. The middle ear was filled by a neoplastic mass, and at the level of the roof of the attic the dura was laid bare and covered with very suspicious granulations. A few days later a course of 17 exposures to *x* rays was begun. A facial palsy appeared on the day after operation, but the pain had already disappeared. The patient still has some secretion from the operation cavity, but pain has not returned and the general condition is satisfactory.

Case 3.—Madame D., aged 49, was admitted for radical mastoidectomy on April 4, 1944. She had suffered from left aural discharge since childhood, without acute symptoms and without vertigo. Hearing on the left side had gradually diminished. She had recently noticed a vague discomfort in the ear. In February, 1944, a doctor had curetted some polyps in her left meatus. On examination she was found to have a left facial palsy and a meatus full of polyps. At operation on April 5, 1944, three large sequestra were removed from the antrum, laying bare the dura. There was osteitis of the wall of the facial canal, and a fungoid mass in the middle ear which could not be removed entirely. The patient was discharged on April 20. On May 15 she was admitted to the Hôpital Claude Bernard for erysipelas. She was transferred to the Hôpital Saint-Antoine on June 13, after having had a large abscess of a cervical gland. Her mastoid cavity was discharging freely, and her temperature was 103.3° F. (39.6° C.). Towards the end of June, after sulphonamide and vaccine therapy, her neck condition settled down and her temperature became normal, although the aural discharge persisted. After a flare-up of pyrexia on July 4, a biopsy of granulations in the meatus was performed and revealed a basal-celled epithelioma of the meatus. In spite of the introduction of radium needles and a subsequent course of *x*-ray therapy the patient had a relapse in March, 1945, with large, painful, fluctuant cervical and submaxillary glands and pyrexia, and she died of exhaustion on April 2, 1945.

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A Case of Reversible Papilloedema due to Heart Failure

The following case is sufficiently unusual to make it worthy of record.

CASE REPORT

On Feb. 11, 1947, a man aged 61 was admitted to the Middlesex Hospital under our care with a diagnosis of coal-gas poisoning of two days' duration.

Examination revealed some justification for this view, as he was in a stuporous condition, extremely dyspnoeic, and very cyanosed, the hands and face being a deep blue-plum colour. The blood pressure was 145/95 mm. Hg. Further examination showed that he had marked venous engorgement, a palpable liver, and rales at the base of both lungs. Spectroscopic examination of his blood for abnormal absorption bands was negative. The haemoglobin was 116% and red cells numbered 5,800,000 per c.mm. It was therefore thought that this was a case of left- and right-sided heart failure, probably secondary to long-standing emphysema, bronchitis, and asthma, confirmation of the latter diagnoses being found in a previous history case-sheet giving details of treatment. The blood Wassermann reaction was negative. *X*-ray examination of the chest suggested that there was some pulmonary arteriosclerosis, the report being as follows: "Bronchitic and emphysematous changes. Prominence of the pulmonary artery, and in the lateral film it appears as dense as the aorta." The electrocardiogram showed right axis deviation.

Dr. D. Evan Bedford reported: "This patient has pulmonary hypertension with dilatation of the pulmonary artery and its branches, but no dilatation of the right ventricle visible by radioscopy, though there is probably some hypertrophy. There is no evidence in the film of fibrosis of lung. I should regard this as a case of emphysema in which the dyspnoea and cyanosis are mainly pulmonary in origin, not cardiac."

On routine examination of his eyes by one of us (J. B. H.) he was found to have pronounced papilloedema of both disks, the engorged veins being buried at their point of entry into the oedematous disk margin. Mr. A. V. Cooper Stevens confirmed these findings.

The patient was treated by venesection, "cardophylin," and digitalis, and in seven days all signs of heart failure, with the exception of some residual cyanosis of the extremities of the ears and fingers, had disappeared. The papilloedema gradually cleared, and when Mr. A. J. B. Goldsmith examined the fundi on Feb. 18 he reported: "Lens and vitreous clear, right and left. Both fundi show normal disks. The veins are markedly dilated and there is a little arteriosclerosis. There is no papilloedema."

The patient was discharged when better, the blood pressure having now fallen to 100/75 mm. Hg, but he unfortunately relapsed two months later and died in a further attack of cardiac failure in which the bilateral papilloedema was again present. No post-mortem examination was obtained.

Fishberg (1946) states that retinal haemorrhages and papilloedema may occur in right-sided failure due to pulmonary endarteritis. He records that "in one case an excellent response of the symptoms of right ventricular failure to digitalization was accompanied by complete clearing-up of the retinal haemorrhages and papilledema." The papilloedema is probably due to increased pressure in the venous cranial sinuses interfering with the filtration processes of the arachnoid villi, thus causing a rise in the pressure of the cerebrospinal fluid.

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J. B. HEARN, M.B.,
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REFERENCE

Fishberg, A. M. (1946). *Heart Failure*, 2nd ed., p. 545. Kimpton, London.

During the past six years over 500 tons of rose hips have been gathered in Scotland and manufactured into rose-hip syrup. Collectors in 1947 broke all previous records by gathering 144 tons of rose hips as against 113 tons in 1946 and 70 tons in 1945. Credit for this result is due to the Women's Voluntary Services, the Scottish Women's Rural Institutes, and the members of youth organizations and similar bodies.