

## ABSTRACTS

### EAR

*Congenital Cholesteatoma.* A. RICCABONA. *Monatsschrift für Ohrenheilkunde*, 1947, lxxxii, 305.

A 70 year old woman was admitted unconscious to hospital with the diagnosis of apoplexy. There was a history of old standing nephritis and a facial palsy. Seven days previous to admission she had an influenzal infection and suddenly became unconscious. Death occurred a few hours later. The drumheads were normal. Post-mortem examination revealed a meningitis and a large cholesteatoma between dura and temporal bone extending from the eminentia arcuata to the tegmen tympani and antri. A large area of bone was eroded, including the internal auditory meatus, the superior semicircular canal, the roof of the mastoid antrum and attic. The facial nerve was partly destroyed.

The position and great extent of the cholesteatoma, the absence of perforation of the tympanic membrane, and the intact mucous membrane of the middle-ear cleft support the view that this was a primary congenital condition. The great bone destruction may be accounted for by the cholesteatoma lying on the cranial aspect of the petrous and interfering with the arterial supply and venous drainage of the affected area. The rest of the temporal bone being supplied by the external carotid would not be involved.

DEREK BROWN KELLY.

*On Aural Cancer, with Special Consideration of the Development and Course of Basal-cell Carcinoma in the Region of the Ear.* E. URBANTSCHITSCH (Vienna). *Monatsschrift für Ohrenheilkunde*, 1947, lxxxii, 526.

After discussing the rarity of the condition, the author describes three cases of basal-celled aural cancer, originating in the external canal.

In two of these, despite X-ray therapy, the growth extended to the middle ear and mastoid, so that radical operation became necessary. The first healed well as regards the operation cavity, and received post-operative radiation. Death, however, took place after gradual destruction of one side of the neck by the cancerous process. The second case, also radiated, had no further extension of the growth, but the operation cavity showed little tendency to heal.

The third patient, who received no X-rays, healed completely, and remained well until five years later, when he died from gastric ulcer.

It appears, therefore, that in basal-cell carcinoma of the ear, X-ray therapy is only indicated if there is tumour tissue in the operation area or its neighbourhood which cannot be removed.

DEREK BROWN KELLY.

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*On the Clinical Aspect of Spontaneous Bleeding from the Lateral Sinus.*

E. BAUER. *Monatsschrift für Ohrenheilkunde*, 1947, lxxxI, 245.

The most important factors in the causation of spontaneous sinus bleeding are as follows :

1. Simple perforation due to bone splinters or to pressure from packing.
2. Microscopical wounds of the sinus wall, caused at operation, and becoming secondarily infected with necrosis of wall. These may give rise to spontaneous hæmorrhage, or to a bleeding which is an expression of commencing thrombo-phlebitis.
3. Diminished resistance of the sinus wall due to virulence of infection, or due to a severe preceding illness (typhus, scarlet fever, etc.).
4. Local alterations in the sinus wall due to obliterating thrombophlebitis of the vasa vasorum.
5. Local secondary infection of the wall from extension of the suppurative process in the mastoid.
6. Abnormally thin sinus wall.

DEREK BROWN KELLY.

*Streptomycin in Surgical Infections III. Otitis Externa, Otitis Media, Mastoiditis, Brain Abscess and Meningitis.* Major EDWIN J. PULASKI and First Lieutenant CHARLES S. MATTHEWS. *Archives of Otolaryngology*, 1947, xlv, 5, 503-515.

The results obtained with streptomycin in a group of 41 patients are presented. It is concluded that streptomycin is a valuable addition to the therapeutic armamentarium for infections of the ear, meninges and brain when the infections are due to susceptible organisms. The importance of adequate surgical treatment in conjunction with chemotherapy is emphasized in the management of these infections. Findings in general confirm and extend the published observations.

R. B. LUMSDEN.

### NOSE

*Evaluation of Diagnostic Methods used in Cases of Maxillary Sinusitis, with a Comparative Study of recent Therapeutic Agents employed locally.*

SAMUEL BURTOFF (Washington, D.C.). *Archives of Otolaryngology*, 1947, xlv, 5, 516-542.

One hundred patients were the basis of a study for evaluating the methods of diagnosing maxillary sinusitis ; a comparison of the therapeutic value of several solutions now in use for irrigating the sinuses was also made.

Bacteriological studies of the antral return were made to determine the therapeutic agent which might be effective against the organism found therein. A non-bactericidal and non-bacteriostatic agent such as isotonic solution of sodium chloride, used locally, proved just as effective in bringing about resolution of the sinusitis as did sulphathiazole and penicillin solutions, also used locally. Neither sulphathiazole nor penicillin in solutions proved to be of the value one might have anticipated in the local treatment of maxillary sinusitis.

R. B. LUMSDEN.

## Nose

*On Cerebro-spinal Rhinorrhœa.* L. HORBST (Innsbruck). *Monatsschrift für Ohrenheilkunde*, 1947, lxxxix, 505.

The ætiology, symptoms, and clinical manifestations of cerebrospinal rhinorrhœa are discussed. The chief causes of the condition are :—(1) Fracture of the base of the skull. (2) Infiltrating and expanding growths of the brain and base of skull. (3) Destructive processes in the region of the ethmoid. (4) Basal encephalocele. (5) Congenital defects in the lamina cribrosa. (6) "Spontaneous cases" in which no cause can be found on clinical examination.

A case, apparently belonging to the latter group is recorded. This concerns a man aged 50, who developed a discharge of watery fluid from the left nostril six months after a motor accident. Careful investigation failed to reveal the cause. The patient eventually died after an acute meningitis following a cold. Post-mortem examination showed a purulent lepto-meningitis with multiple abscesses in the left cerebral hemisphere. The left sphenoidal sinus contained pus, and a perforation of the clivus had taken place at the site of an intra-osseous chordoma.

DEREK BROWN KELLY.

## BRONCHI

*On the Symptoms of Bronchial Stenosis.* D. KASSAY (Budapest). *Monatsschrift für Ohrenheilkunde*, 1947, lxxxix, 225.

The author classifies bronchial stenosis on a symptomatological basis. He recognizes three main groups: 1. Simple stenosis. 2. Variable stenosis. 3. Permanent stenosis. The effect of breathing on the mediastinal shadow and diaphragm in both normal and obstructed cases is demonstrated by diagrams.

The causes and effects of valvular stenosis are detailed. In connection with incomplete valvular stenosis, a new observation is made. The lifting up of the lateral and anterior insertions of the diaphragm (caused by breathing) play an important part in the production of paradoxical diaphragm movements.

The special difficulty of establishing a diagnosis of valvular stenosis in the case of infants is explained. The author concludes by describing the types and symptoms of atelectasis. Eight case records are given. Special reference is made to the Holzkecht-Jacobson sign which was found to be true in every case. This states that the movement of the mediastinal shadow on inspiration takes place towards the diseased side without exception.

DEREK BROWN KELLY.

## LARYNX

*Loss of Singing Voice and Severe Speech Disturbance following Bilateral Peripheral Hypoglossus Paralysis.* G. ARNOLD. *Monatsschrift für Ohrenheilkunde*, 1947, lxxxix, 195.

A professional singer developed an osteoma on the inner side of the lower jaw following a wound of the chin. He then underwent seven operations, which were later followed by a bilateral hypoglossus palsy. His speech was severely interfered with, and the singing voice lost. This rare form of speech disturbance was thoroughly investigated phonetically, radiologically, and with the stroboscope. The chief factors in the disorder were the paralyzes of the

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neck muscles served by the hypoglossal nerve and especially the failure of the sterno-thyroid muscle. Knowledge of this condition is necessary when undertaking operations on the neck if interference with the voice is to be avoided. The outer laryngeal musculature must be carefully preserved in all such operations.

DEREK BROWN KELLY.

## NOTE

*Oto-Rhino-Laryngology*. Section XI of *Excerpta Medica*.

We welcome this admirable publication devoted to abstracts from "every available medical journal in the world"; the *Excerpta* has 15 Sections and number XI is that devoted to Ear, Nose and Throat. This section has an index of the different subjects dealt with enabling readers to find pertinent abstracts in a few moments.

The Editorial Board is most comprehensive with representatives from a great number of countries—three from London.

This journal serves a most useful and indeed almost essential purpose.

It is to be published monthly and is under the Editorship of Prof. de Kleyn of Amsterdam.