by an outpouring of cerebro-spinal fluid as if from a tap, towels becoming saturated with it. The brain cortex did not advance and occlude the opening. The patient did not recover consciousness after the operation, and died in sixteen hours.

Epithelioma of Auricle—Mr LIONEL COLLEDGE.—Patient, a male, six weeks before admission, noticed a small pimple on the right auricle; he scratched this and a rapidly developing ulcer formed; the edges were sharply cut; the auricle swollen and tender; small hard glands were palpable over the mastoid process and in the posterior triangle; the cartilage in the floor of the ulcer was necrosed. Pathological report—epithelioma with typical cell nests. Wassermann negative.

Mr NORMAN PATTERSON advised removal of the auricle and mastoid process, exposure of the lateral sinus, and its closure by a gauze plug between the sinus and the skull, and free dissection of the glands in the neck.

Mr MUSGRAVE WOODMAN favoured a similar extensive operation. He had been struck with the rapidity of growth of epithelioma in the external auditory meatus. He had recently seen a case in which a small epithelioma of the skin of the meatus had grown rapidly, causing facial paralysis, necrosis of the mastoid, exposure of the lateral sinus and infiltration of the dura mater. *Post-mortem* examination showed invasion of the temporo-sphenoidal lobe by the tumour.

ABSTRACTS

EAR.

Further Remarks Concerning the Acoustic Neuromas. HARVEY CUSHING. (*Laryngoscope*, Vol. xxxi., No. 4, p. 209.)

The author has collected 639 verified brain tumours; of these 7.3 per cent. were acoustic neuromas; of all tumours with symptoms pointing unmistakably to the cerebellopontine angle, the larger percentage were acoustic neuromata (47 in 60 cases).

The present series consists of 19 cases, and the operation mortality is 15.8 per cent. as compared with 20.7 per cent. in the previous series of 29 cases. If two cases, which died forty-six and fifty-two days after operation from other than operative complications, were omitted, there would only be one fatal result in 19 cases. Fourteen of this series presented straightforward symptoms, and the result in each case was satisfactory. Histories of the fatal cases are given. It is regrettable to read of the numerous nasal operations some of the cases had undergone for cure of deafness or as a diagnostic measure.

Dr Cushing is strongly in favour of the suboccipital route, and

condemns the translabyrinthine approach. The intracapsular enucleation as practised by the author is very often incomplete, but he holds that, till earlier diagnosis is the rule, it is not possible to do a radical removal consistent with reasonable safety, owing to the large size of the tumours and other difficulties of complete removal, such as fibrous elements, vascularity, etc. In fact the enucleation depends to a large extent on the amount of fatty degeneration in the neuroma —the more the better. Even if removal is abandoned, benefit still results from the wide decompression.

The author entertains the hope that otologists will look with suspicion on a case of unilateral nerve deafness and tinnitus coming on without assignable cause. The deafness is by far the earliest symptom. "When tumour symptoms, therefore, point to the recess and begin with deafness, one may feel fairly certain of a diagnosis." Operation, before signs and symptoms of pressure show themselves, is an ideal not yet achievable. ANDREW CAMPBELL.

Tuberculosis of the Middle Ear. F. LEEGAARD, Norway. (*Laryngoscope*, Vol. xxxi., No. 6, p. 374.)

Two hundred cases were operated on and were examined, and of these 20 were proved to be tubercular. Tuberculosis was found most frequently between the ages of one and ten. The diagnosis is by no means easy. Multiple perforations were found only in phthisical subjects. Tubercles in the drum-head were rare but characteristic. Facial paralysis occurs in advanced cases, and is of significance as regards prognosis. Pale and flabby granulations were not characteristic, but when present a putty-like mass greyish or yellowish white in colour is proof of tuberculosis. The author states that to distinguish between tuberculous and other middle-ear disease by clinical symptoms and findings at operation is difficult, but the course of the operation wound is characteristic. The wound does not heal rapidly. He recommends operation and advises the local application of tuberculin. All strains of the bacilli in the 20 cases were of the human type. ANDREW CAMPBELL.

Parotid Swellings of Aural Origin. L. REVERCHON and G. WORMS. (*Revue de Laryngologie*, March 1921.)

The authors distinguish two forms of parotid swellings secondary to inflammatory conditions of the ear:—(1) Diffuse swelling, often very persistent, or permanent, due to lymphadenitis and periglandular cellulitis of the parotid lymphatic glands. The source of infection is some chronic inflammatory condition of the skin of the pinna or around the ear. There is no change in the parotid secretion. This condition is fairly common. (2) Swelling of the parotid gland itself.

This swelling is marked by paroxysmal exacerbations, tenderness to pressure, pain in the ear, and greatly increased secretion of saliva, rich in mucin. The exciting cause is believed to be irritation of the secretory nerves, which are branches of the auriculo-temporal. Leriche and Aigrot trace these secretory fibres from the glosso-pharyngeal, *via* Jacobson's nerve, the small deep petrosal nerve, the otic ganglion, the inferior maxillary branch of the 5th, and thence to the auriculo-temporal. In two cases reported by the writers chronic suppuration of the middle ear was present, with exposure of the promontory through a large perforation of the tympanic membrane. The promontory was exquisitely tender to the touch of a probe.

G. WILKINSON.

X-ray Treatment of Two Cases of Otosclerosis. J. H. DOUGLAS WEBSTER. (*Archives of Radiology and Electrotherapy*, No. 253, August 1921.)

As an introduction to the description of the cases, Dr Webster gives a very brief *résumé* of the history, literature, and some of the theories of otosclerosis. He mentions the early attempts at X-ray treatment, and hints at Prof. Siebenmann's method of X-ray therapeusis which the author has adopted. He does not, however, describe the method, as Dr Siebenmann's paper is not yet published, though his results are said to be "to a small degree positively encouraging." In one of the cases reported, after over three months' treatment, there has been distinct improvement in the hearing and in the low pitched tinnitus, but in both cases Dr Webster concludes "the condition has been stationary during the period of treatment, and it will require another year or two to show if the affection is progressive."

G. EWART MARTIN.

NOSE AND ACCESSORY SINUSES.

Lymphangio-Sarcoma of the Naso-Pharynx. GEORGES PORTMANN (of Bordeaux). (*Bulletin de la Société Anatomique de Paris*, July 1920.)

The author observed in the naso-pharynx of a patient a tumour on the right half of the cavum, a large fragment of which was extracted on passing the finger into the post-nasal space. The fragment, of soft consistency, reddish colour and spongy texture, had the appearance of a mass of adenoid vegetations.

The anatomical pathological examination established the presence of two associated neoplasms: (*a*) a sarcoma having round cells in

some places and spindle-shaped cells in others; (*b*) a genuine capillary lymphangioma.

The name "capillary lymphangioma" was justified by the great abundance of lymphatic vessels, their considerable size and their reticulated structure, such as could not exist in the lymphatic vessels of a healthy mucous membrane.

This appearance accounted for the softness and sponginess of the tumour, being quite abnormal in a sarcoma of that part and justifying the name of *lymphangio-sarcoma.* AUTHOR'S ABSTRACT.

Treatment of Ethmoidal Suppuration by the Nasal Route. GEORGES PORTMANN. (*Presse Médicale*, No. 24, 21st April 1920.)

The infection of the ethmoidal labyrinth is a frequent cause of interminable rhinitis, which is the despair of patients. The author points out that the disease is still too often disregarded, but considers that when it is treated systematically and radically, this being the only efficient method, the prognosis is greatly improved.

Portmann, following the Bordeaux School, is a convinced adherent to the radical operation by the nasal route. He describes his technique:—Local anæsthesia with cocaine (10 per cent.), ablation of polypi by means of a cold snare; division, with "bec de canard" scissors, of the middle turbinated bone and ethmoidal cells within reach. The ethmoidal labyrinth being open, a *thorough cleansing* of the ethmoid is then secured by means of Moure's scoop, an instrument rendered harmless by its shape.

The hæmorrhage is generally slight. No packing or post-operative local treatment is carried out. No washing or pulverisation is required. This operation gives good results and deserves to be widely practised.

AUTHOR'S ABSTRACT.

The Treatment of Ozæna. BRUNO GRIESMAN. (*Münchener Medizinische Wochenschrift*, 68 Jahr., No. 27.)

So long as the exact ætiology of this disease remains in doubt the treatment must continue to be empirical and symptomatic.

Surgical treatment as advocated by Lautenschläger and modified by Halle should only be undertaken after the failure of conservative therapy and the elimination by surgical means of any co-existing sinus disease.

The small percentage of cures (8-10 per cent.) claimed by Hofer from his vaccine therapy makes one question whether his successes are actually due to an acquired immunity or to the peculiar effect of this protein therapy.

Until the indications for the above forms of therapy become more defined the main treatment must continue to be the employment of

solvent and antiseptic solutions to wash out the nose, whilst implanted or injected paraffin is used to remedy the atrophy.

The digestive ferments pepsin and trypsin are very efficacious crust solvents. As the former requires an acid medium it may be dissolved in boric acid solution, whilst in the case of the alkaline active trypsin a solution of sodium bicarbonate may be employed. The addition of a mixture of crystalline carbolic acid and camphor, known as Aphlogol, imparts an added efficiency to both solutions. These solutions are specially prepared by the Kaiser-Friedrich-Apotheke, Berlin N.W. 6, Karlstr. 20, under the pseudonyms of Acrustin-P and Acrustin-T.

The patient is expressly directed to use a nose *bath* of the Katzenstein variety. The external nose is smeared with vaseline. The head is inclined 90° forwards so that both the nasal apertures lie as deeply as possible in a tumbler of lukewarm water in which has been dissolved as much Acrustin as would fit on the point of a knife. The bath is continued for from ten to fifteen minutes, gentle inhalation of the fluid being made at intervals. It is repeated once daily, and in the meanwhile the powdered Acrustin is to be used as an ordinary snuff.

A permanent cure of Ozæna is not to be expected from this treatment, but both subjectively and objectively in most cases a symptomatic improvement will become evident. The patient feels better, crusts and fœtor become less, and the psychical condition of the patient is improved. JAMES B. HORGAN.

PHARYNX.

The Occurrence of Peritonsillar Abscess in Families. F. LEEGAARD. (*Acta Oto-Laryngologica*, Vol. iii., fasc. 1 and 2.)

The author has been struck by the fact that many patients suffering from peritonsillar abscess mention cases of the same disease in other members of their families. On investigating the matter, he found that of 120 patients suffering from peritonsillar abscess, 76 had relations who had suffered from a "throat abscess," the total number of such relatives amounting to 154. The affected relatives were, moreover, in most cases nearly related to the patients, being in 81 cases brothers or sisters and in 32 parents. On the other hand, of 120 unselected patients who had never suffered from a "throat abscess," only 10 could recall the occurrence of such a disease in their families, and in a majority of these 10 more than one relative had been affected.

It may be regarded, therefore, as "almost proved" that there is a family tendency to peritonsillar abscess, and the question arises as to whether the well-known tendency in many individuals to recurrence of the disease depends upon a congenital predisposition,

or, as has been suggested, to scarring and adhesions causing retention of septic material. That the main factor is a congenital predisposition is indicated by the discovery that the family tendency was present in three quarters of the patients who had suffered from recurrent attacks, while it was present in only one third of those who had experienced only one attack.

As peritonsillar abscess is an acute localised disease occurring in patients not especially prone to primary phlegmonous inflammation in other parts of the body, the family tendency or predisposition must almost certainly be due to local anatomical conditions, such as especially long and narrow crypts, or folds and curves in the structures surrounding the tonsils, leading to retention of infective material. THOMAS GUTHRIE.

Tonsillar Adenitis. GEORGES PORTMANN (of Bordeaux). (*Revue de Laryngologie d'Otologie et de Rhinologie*, No. 12, 30th June 1920.)

The author gives this name to an inflammatory growth of the palatine tonsils, which is a subacute hypertrophy, clinically and histologically different from chronic hypertrophy and acute tonsillitis.

Tonsillar adenitis, an affection of children and youths, occurs in a sound normal tonsil which has previously undergone tonsillotomy. It is not caused by any common infection.

Histologically, it offers the characteristics of a double lesion corresponding both to simple lymphoid hypertrophy and a sub-inflammation, *i.e.*, it is a subacute tonsillitis with lymphoid hyperplasia, without other macroscopic manifestation than a notable increase in the size of the tonsil.

The local symptomatology lies solely in the great size of the tonsil, without conspicuous alteration of its surface; the mucous membrane is neither ulcerated nor bleeding, and is covered by no exudate or caseous matter. There is frequent co-existence of an hypertrophy of the lingual and pharyngeal tonsils and of the sub-maxillary and carotid lymphatic glands.

The functional symptoms, produced by the volume of the organ, are those of chronic hypertrophy.

The evolution is typical, for, being essentially subacute, tonsillar hypertrophy establishes itself in the course of three or four days, with cervical adenitis and without general symptoms: after a period of two or three weeks the swelling subsides, and in four or five weeks returns to normal.

The diagnosis of tonsillar adenitis, as differing from chronic hypertrophy and acute tonsillitis, offers no difficulty, the evolution, local appearance, and general symptoms being quite distinct; clinical examination also distinguishes it from lymphomatosis and lympho-

sarcoma. But there are two affections which it is practically impossible to discriminate from tonsillar adenitis and for which the help of the laboratory is absolutely necessary, namely, secondary syphilitic hypertrophy and the hypertrophic form of tuberculous tonsillitis. Liability to relapse is a characteristic phenomenon.

AUTHOR'S ABSTRACT.

Chronic Tonsillar Infections. Drs H. B. ANDERSON, R. W. MANN, and C. N. SHARPE. (*Can. Journ. of Med. and Surg.*, Jan. 1921.)

This paper embodies the results of a long series of investigations on a large number of patients. It differs from most other papers on the subject in that it does not deal with the epidemic forms of tonsillar infection, but is a study of the ambulatory sick from widely distributed areas and conditions in the province of Ontario. In all, 937 patients were examined, and of these 623, or 66 per cent., showed definite clinical evidence of tonsillar infection. Each case was investigated with regard to the following points:—

(*a*) History of attacks of tonsillitis.
(*b*) History of systemic disease due to focal infection.
(*c*) Evidence of coincident infection of teeth, sinuses, etc.
(*d*) Excessive secretion in throat.
(*e*) Appearance of tonsils, size, colour, fissured, ragged, etc.
(*f*) Results of firm pressure on tonsils, character of exudate.
(*g*) Presence of enlarged cervical glands.
(*h*) Bacteriological examination of swabs from tonsil crypts.

In this series *Streptococcus viridans* was found in 260 cases or 27.8 per cent., though there was a marked seasonal variation, being lowest in autumn, namely, 4.2 per cent. in October, and highest in the early months of the year, namely 75 per cent. in February.

"A large percentage of the adult population of the class seeking private consultation present definite evidences of tonsillar disease, associated with the presence of pathogenic organisms, producing or capable of producing, under conditions favourable to general infection, more or less serious systemic symptoms. In our experience in the chronically ill, typically healthy tonsils are the exception rather than the rule."

In 574 cases the patients had the following associated conditions:—

(1) Rheumatic group (arthritis, lumbago, etc.), 27.1 per cent.
(2) Cardiovascular (valvular disease, hypertension, etc.), 20 per cent.
(3) Goitre, 17.4 per cent.
(4) Gastrointestinal, 20 per cent.
(5) Diabetes, 4 per cent.
(6) Respiratory diseases (bronchitis, asthma, etc.), 5 per cent.

J. K. MILNE DICKIE.

Reviews of Books

Juvenile Naso-pharyngeal Fibroma—Report of Case treated by Kocher's Osteoplastic Method. GREGORY A. WALL. (*Laryngoscope*, Vol. xxxi., No. 5, p. 287.)

Owing to continued and serious hæmorrhage it was decided to operate on this case of naso-pharyngeal fibroma by the Kocher method. The external carotid was ligatured and intratracheal ether administered. Both upper jaws were cut through immediately above the teeth and temporarily reflected. Hæmorrhage was copious, and it is doubtful if more than a part of the tumour was removed. There was considerable shock. The parts were united with wire, etc., and recovery was uneventful. The result was satisfactory as the tumour disappeared.

ANDREW CAMPBELL.

REVIEWS OF BOOKS

A Guide to Diseases of the Nose and Throat, and their Treatment. CHARLES A. PARKER, F.R.C.S., Edinburgh; LIONEL COLLEDGE, M.B., F.R.C.S. Second Edition. London: Edward Arnold, 1921.

The first edition of this work, published in 1906 with Mr Charles A. Parker as its sole author, was reviewed in *The Journal of Laryngology* in July 1907. In the second edition now dealt with, Mr Colledge is associated with Mr Parker as joint-author. The long interval of fifteen years which has elapsed since the first edition was published has necessitated very considerable alterations in this edition to bring it abreast of the advances made in the specialty.

The special purpose of the work as a guide to practitioners taking a postgraduate course in diseases of the Upper Respiratory Tract is maintained. The general arrangement of the work is unaltered. Experience and judgment are shown in presenting an eminently practical account of what may be taken as the generally accepted practice in this country. The work is excellently printed, well and profusely illustrated, and the many prescriptions embodied in the text should prove most helpful. No references are given, the work presenting the practice of the authors as the result of experience.

A few minor criticisms may prove helpful. On page 14 the use of Hay's pharyngoscope is half-heartedly suggested as an alternative to posterior rhinoscopy, where the latter proves unsuccessful. We suggest that Holmes' instrument used through the nose is greatly superior for this purpose. Plugging the nose with ribbon gauze is advocated when a plug is necessary. We would suggest that a finger stall filled with gauze is both less septic and less painful.