

NOTES AND QUERIES.

SIR FELIX SEMON AND THE INTERNATIONALES CENTRALBLATT FÜR
LARYNGOLOGIE.

The *Internationales Centralblatt für Laryngologie, Rhinologie, etc.*, which was founded by Sir Felix Semon, contained in its issue for June (Jahrgang XXXI, Berlin, Juni, 1915, No. 6) a declaration, of which the following is an accurate translation:

"DECLARATION.

"In the *Times* of July 12 there is an open letter from Sir Felix Semon as follows:

"To the Editor of the '*Times*.'

"Sir,—For many years I believed in the possibility of a better understanding between this country and Germany, and it was a most bitter disappointment to me when the great crash came last year. Even then I hoped that it would suffice for a naturalised British citizen of German extraction loyally to do his duty by his adopted country without making any public expression of his faith. The inhuman methods of German warfare, however, have often and of late with ever-increasing force, induced me to think that it would be right for a German by birth to publicly express his detestation of that policy. What has hitherto deterred me from doing so has been the fear that such a statement might be misconstrued as a desire to personally court favour. But now that Sir Arthur Pinero in the letter published in *The Times* of to-day has pointed out that an attitude of continued silence might be interpreted as 'sitting on the gate,' I beg to say that I emphatically abhor the barbarous methods, one and all, employed by Germany.—Yours obediently,

"FELIX SEMON.

"Rignalls, Great Missenden, May 11.

"When Sir Felix Semon, surely misled by the lying reports of the Press inimical to Germany, wrote this letter in which he publicly takes a stand against the land of his birth, he must have known that he thereby caused sincere pain and bitter disappointment to his German friends and colleagues. Sensible and far-seeing as he is, he surely could not be in doubt for a moment as to the effects which were bound to result for his further relations with everything which connected him with the old Fatherland. Nor could he doubt that the same conditions would apply with regard to his relation with this *Centralblatt*, which he has founded, edited for a quarter of a century and made successful, and which in memory thereof still bears his name. For, although this journal is an international one, intended to transmit the results of scientific work in the whole domain of our speciality to the specialists of all countries, and although it has always most carefully kept this international character, yet the fact remains that it is being published in the German language and in the capital of the German Empire.

"The Editor and Publisher, who are proud to be Germans, consider it to be further irreconcilable with the fact, that at the head of this journal the name of a man should appear who in a public declaration has sided against their Fatherland, and hence they feel compelled to declare to their keen regret, and whilst still gratefully acknowledging Semon's achievements with regard to this journal, that the name of Semon in the title of the '*Centralblatt*' will henceforth be omitted.

"The Editor and Publisher of the *Internationales Centralblatt für Laryngologie*,
"Professor DR. G. FINDER,
"AUGUST HIRSCHWALD."

Owing to his letter to the *Times*, Sir Felix Semon's name has already been expunged from the list of honorary members of the Vienna Laryngological Society and the Berlin Laryngological Society, and it may be inferred that he will be stripped of his various German, Austrian, and Hungarian honours. But the action of Professor Finder and Herr Hirschwald, in removing the name of Semon from the famous scientific periodical which he founded, is on a different plane. Semon's *Centralblatt* was the only international rhino-laryngological journal. It is simply an accident that it is published in Germany, and the deletion of the founder's name

is an international offence. It has been resented as such by the withdrawal from the conduct of the journal of Dr. Emil Mayer, the American collaborator, and of Dr. Peter MacBride, Dr. H. J. Davis, Dr. Logan Turner, and Dr. P. Watson-Williams, British editorial contributors, who have seen the above declaration.

THE RELATIONSHIP OF INTRACRANIAL TUBERCULOSIS TO MIDDLE-EAR TUBERCULOSIS.¹

Some of the older writers, such as Macewen, appear to be strongly of opinion that intracranial tuberculosis may be directly due to the spread of the disease from the ear in cases of tubercular otitis media. Macewen ("Pyogenic Infective Diseases of the Brain and Spinal Cord," Glasgow, 1893, p. 125) holds that the mastoid region, including the antrum, may be invaded by tubercular granulation tissue without the tympanic cavity participating to any great extent in the process. Such cases may hear fairly well. Macewen states that tubercle occasionally spreads through the tegmen tympani or petro-squamosal suture to the brain membranes, producing lepto-meningitis. When this occurs early, before much destruction of bone has taken place and before the tympanic membrane has ruptured, the primary focus is apt to be overlooked, and the cases are described as ordinary tubercular lepto-meningitis.

Abscess of the brain seldom follows tubercular disease of the middle ear, and when it does occur it is generally superficial and in immediate proximity to the tubercular perforation. Such a superficial cerebral abscess frequently communicates with the middle ear by a minute passage through the granulation tissue surrounding the perforation in the bone.

The sigmoid sinus is not infrequently exposed by tubercular erosion of the sigmoid groove. This may occur long before there is any evidence of thrombosis of the sinus. According to Macewen an acute infective process may be superimposed upon the tubercular one in the sinus, since the degenerating and liquefying tubercular focus presents a highly favourable medium for the cultivation of pyogenic organisms.

Macewen records the following case: Child, aged six months (bottle fed) with enlarged periotitic glands on right side; general fretfulness; right drumhead thickened with marginal perforation and granulations; slight facial paresis (right). Case too far gone for operation. Death from lepto-meningitis. *Post mortem*: Serous lepto-meningitis without any detectable tubercles in the pia mater, which was firmly adherent to dura over the tegmen. At this point the dura was a bright red colour and showed a series of tubercles arranged in two crescentic lines—the one above and external to the petro-squamosal suture, the other on its inner side over the tegmen. This proved to be a tubercular invasion of the dura through the petro-squamosal suture directly continuous with the tubercle in the middle ear. The intestinal glands were slightly enlarged.

Körner (*Die otitischen Erkrankungen des Hirns*, etc., Wiesbaden, 1908) holds that it is not possible to be sure if we are merely dealing with a simultaneous tubercular affection of the ear, meninges, and brain, or if the tubercular affection of the cranial contents is the result of the disease in the temporal bone. The latter supposition is probable if there is in the body no older focus of tuberculosis than that in the ear. Pitt (*Brit. Med. Journ.*, 1890, vol. i, p. 772) has observed such a case. Körner records the results of a *post mortem* which revealed tubercular cavities at both apices and a few miliary nodules in lungs, kidneys, etc. On removing the brain it was found that a portion of the temporal lobe adhered to the roof of the tympanic cavity. A thrombosed pial vein could be traced from this brain tubercle, and both Sylvian fissures showed numerous tubercles in the pia mater. The right sigmoid sinus contained pus and the superior petrosal was thrombosed. The middle-ear spaces on the right side were full of pale granulations, the sinus groove was carious, and the vessel wall was covered with granulations. The inner wall of the middle ear presented a large sequestrum, which included the cochlea, part of the canals, the Fallopian aqueduct, carotid canal, and jugular fossa. The upper end of the jugular vein was filled with pus. Similar cases are recorded by Macewen, Koch, and Piff. On the whole, Körner is not so certain as other writers that intracranial tubercle is not due to direct extension of aural tuberculosis, but is merely part of a general tuberculosis. J. S. F.

1. See *JOURN. OF LARYNGOL., RHINOL., AND OTOL.*, June, 1915, p. 209.

DO BACTERIA ENTER BY THE TONSILS ?

F. H. Thiele and Dennis Embleton have recently shown a series of precise observations that bacteria do *not* enter by the tonsils into the lymphatic system. The tonsils of guinea-pigs having been swabbed by cultures of the colon bacillus and other organisms, a systematic *post-mortem* examination of the adjacent glands and structures in every case proved negative.

Such evidence is of the greatest significance, as it emphatically contradicts accepted views and teaching.

Experiments were also made in connection with the conductivity of perineuronal sheaths, the subarachnoid space and various mucous and serous surfaces (*Proc. Roy. Soc. Med.*, March, 1914).

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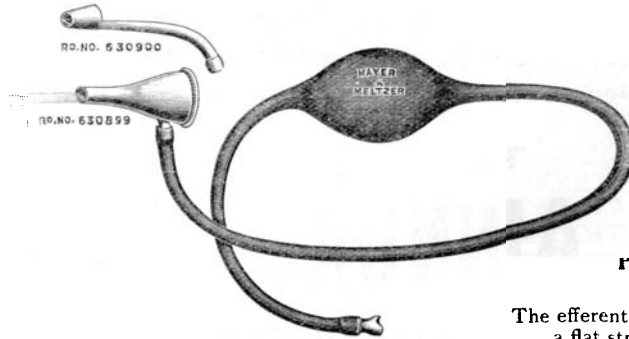
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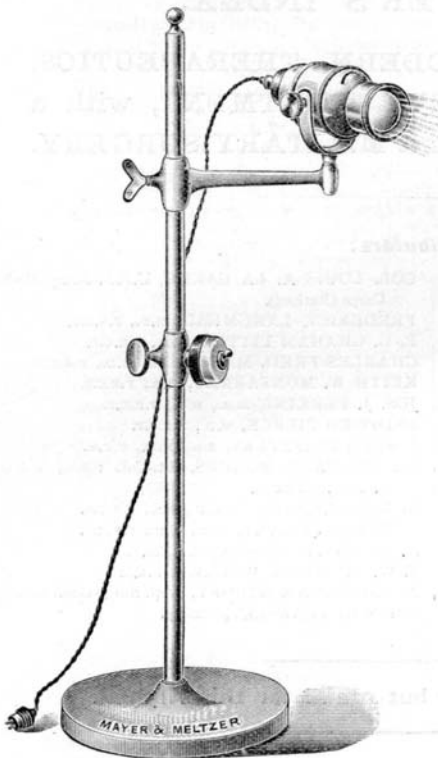
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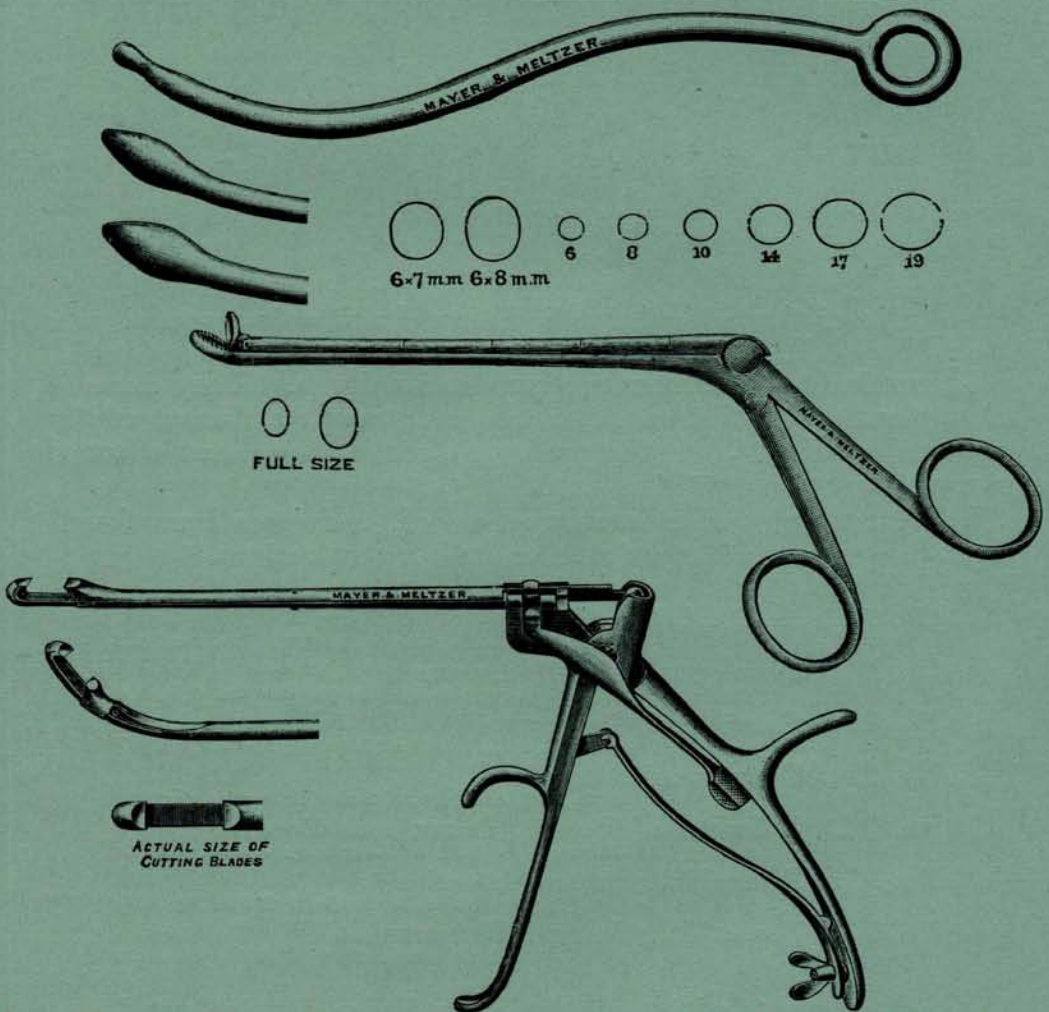
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(See JOURNAL OF LARYNGOLOGY, May, 1914.)

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