ABSTRACTS

EAR

Penicillin in Chronic Otitis Media. WALTER J. AAGESEN, Anderson, Ind. *Archives of Otolaryngology*, 1949, l, 716.

The author found that penicillin given intramuscularly over a prolonged period was of definite value in the treatment of chronic otitis media. No other local or systemic medication was given, but the ears were cleansed and inspected twice a week. Ears with chronic discharge ranging from two months to twenty-nine years' duration have remained dry for as long as two years following treatment. It was of doubtful or no value in the group of marginal perforations, but especially in the central type of perforations a greater than 50 per cent. chance of a dry ear was obtained.

R. SCOTT STEVENSON.

Irradiation Treatment of Fenestration and Radical Mastoidectomy Cavities. G. O'NEIL PROUD and THEODORE E. WALSH, St. Louis. *Laryngoscope*, 1949, lix, 1255.

One of the most troublesome phenomena which confronts the otologist is the appearance and persistence of granulation tissue and discharge in the post-operative radical mastoidectomy or fenestration cavity. Meticulous post-operative cleansing, curetting of granulations, cautery or antiseptic drops or powders are frequently sufficient to produce a dry cavity, but some cavities continue to form granulations, and discharge persists in spite of these measures. The authors have employed irradiation as an adjunct to the older methods of post-operative care, employing the standard 50 mgm. radium sulphate applicator as described by others for use in the irradiation of nasopharyngeal lymphoid tissue. The cavity was carefully wiped dry and the radium applicator placed in contact with the area of granulation tissue for twelve minutes; three such treatments were given at weekly intervals. Thirty cases were treated, 17 radical mastoidectomy and 13 fenestration: of the former, the results were good in 8, fair in 4, and poor in 5; of the latter, 9 were good, 4 fair and none poor. There was no deterioration of hearing following irradiation. It is suggested that the radium emanations have a definite bactericidal effect as well as being destructive to the granulation tissue.

R. SCOTT STEVENSON.

The Effectiveness of Dramamine in Relieving the Vestibular Reactions following the Labyrinthine Fenestration Operation. EDWARD H. CAMPBELL, Philadelphia. *Laryngoscope*, 1949, lix, 1261.

The Dramamine brand of dimenhydrinate is a new antihistamine drug recommended for the prevention and treatment of seasickness or airsickness,

apparently successfully. The author has used it in a series of 28 patients who underwent the fenestration operation in 1949. He points out that the post-operative reactions differ in different clinics, depending on the preliminary medication, the anæsthetic used, the operative technique and post-operative care and medication. Dramamine was given as tablets, each containing 100 mgm. of the drug, two immediately after the patient returned to bed after operation, and then three-hourly for four doses; next day dramamine was given three-hourly for six doses, and then not given unless the vertigo became worse again, which occurred in a few instances only. A moderate improvement of the post-operative vertigo, nausea and vomiting resulted on the day of operation and a considerable lessening of those symptoms occurred on the day after operation, as compared with the fenestrated patients who did not receive the drug; and the treated patients were able to go back to a normal diet approximately two days sooner than the untreated cases and were discharged from hospital one or two days earlier.

R. Scott Stevenson.

MISCELLANEOUS

Streptomycin in Tuberculosis. M. Aronovitch and N. Lewin, Montreal. *Canadian Medical Association Journal*, 1949, lxi, 577.

The authors record their results in treating 44 cases of tuberculosis in over one year. Since Feldman and Hinshaw had demonstrated—in guinea-pig experiments—that streptomycin was bacteriostatic but not bactericidal, it was felt that there was no point in using tremendously high doses in the human patient, except in such uniformly fatal cases as tuberculous meningitis and acute miliary tuberculosis; furthermore, a smaller dosage would prevent many of the serious complications which had previously been encountered. Using only one gram per day by two intramuscular injections in most cases, complications such as dizziness, ataxia, blurring of vision and vague digestive upsets could be disregarded as they would disappear in a few days. Only one case of moderately severe labyrinthine disturbance was seen and this gradually wore off when treatment was discontinued. As resistance of the tubercle bacillus to streptomycin occurs only after 40 to 60 days of treatment, single courses were limited in most cases to two months; if further progress showed that a second course was necessary, it was given after two months of observation. It was hoped that streptomycin resistance might be avoided in this way.

Streptomycin had probably shortened the stay in sanatorium of individual patients by months or even years. Most extra-pulmonary lesions were benefited to a certain extent. Tuberculous lymph glands seemed to react moderately well to streptomycin, but oral, pharyngeal and laryngeal cases responded exceptionally well; two oral and pharyngeal lesions and four laryngeal lesions all showed permanent and marked improvement, though one of the laryngeal cases needed a second course of treatment.

J. Chalmers Ballantyne.

Miscellaneous

The Treatment of Cerebellar Abscess. G. DECROIX, Lille. *Annales d'Oto-Laryngologie*, 1949, lxvi, 373.

The author discusses the treatment of cerebellar abscess, as carried out in the clinic of Professor Piquet, of Lille, who has had a series of 19 cases, with 7 definite cures, a percentage of 36·8. The prognosis of cerebellar abscess is still poor and the antibiotics have made but little difference to it. Surgical intervention should be carried out as early as possible, and preferably by way of the mastoid and Trautmann's triangle. Superficial abscesses are usually easily evacuated, but deep abscesses may have to be treated by resection of the affected portion of the cerebellum.

R. SCOTT STEVENSON.

A Study of Ciliary Activity in the Respiratory Tract of Animals. JOHN JACOB BALLENGER, Winnetka. *Annals Otol., Rhin. and Laryng.*, 1949, lviii, 351.

A general review of the literature on respiratory ciliary activity is given and an attempt made to answer the question of the effect on ciliary activity of the induced allergic state in the rabbit. No acute qualitative depression in ciliary function in the non-sensitized or sensitized rabbit was observed when the antigen (horse serum) was introduced. The cilia of sensitized and non-sensitized animals were not qualitatively depressed in function by either an overwhelming intravenous dose of 1 : 1,000 histamine or the local application of 1 : 1,000 histamine directly on to the cilia. (Author's summary.)

I. A. M. MACLEOD.

https://doi.org/10.1017/S0022215100011774 Published online by Cambridge University Press