ABSTRACTS

EAR

On Otogenous Encephalitis. TRULS LEEGAARD (Oslo). (*Acta Oto-Laryngologica,* January 1st, 1939-February 28th, 1939, xxvii, 1.)

The author reports two cases of an otogenous cerebral complication, which was assumed to be a localized, non-suppurative encephalitis.

The first patient, a woman of 37, developed this serious condition in connection with an acute left-sided otitis media with mastoiditis.

The second patient, a woman of 23, suffering from a chronic bilateral otitis media, developed the same condition after a radical mastoidectomy on the left side.

In both cases the patients' condition was very alarming, with aphasia and hemiplegia. Both patients however recovered, the first after an operation for supposed brain abscess and the second without operation being performed (save radical mastoidectomy). The two patients came to the Hospital a short time one after the other.

The author gives a brief review of the literature on the subject, particularly mentioning Borries, who strongly urged that this condition was a well-defined clinical picture.

On the basis of his own observations the author concurs with Borries' opinion.

[Author's abstract.]

H. V. FORSTER.

Indications for Labyrinthectomy in Cases of Labyrinthitis. PAUL FRENCKNER (Stockholm). (*Acta Oto-Laryngologica,* January 1st, 1939-February 28th, 1939, xxvii, 1.)

The work is based on a collection of labyrinthitis material from the Sabbatsberg's Hospital during the years 1923-38 comprising altogether 244 cases of which ninety-one are labyrinthitis circumscripta, ninety-one diffusa serosa, fifty-five manifesta purulenta, and seven latenta purulenta. The author believes himself able to support the indications for operation put forth by Holmgren in 1923 from experience gained at the same clinic during earlier years.

In circumscribed labyrinthitis the indications for operation are meningeal irritation or such severe subjective or objective labyrinthine symptoms incapacitating the patient.

Serous diffuse labyrinthitis, when combined with pronounced

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

reduction of the cochlear or vestibular function, demands the same attention as purulent labyrinthitis. Labyrinthectomy is indicated by existing or threatened meningeal irritation.

In chronic diffuse suppurative labyrinthitis the labyrinth operation should be performed in the event of meningeal irritation threatening a meningeal or some other intracranial complication, and in open, suppurating fistula or sequestration of the labyrinth.

Altogether during the said years sixty labyrinthectomies have been performed. Of these eighteen have been executed in cases in which there was no meningeal irritation or at least with not more than two cells per cubic millimetre in the fluid. No post-operative meningeal irritation has been observed in any of these cases, and all have recovered. Thirty-nine of these cases were combined with meningitis, of these fourteen died from intracranial complications, 36 per cent.

A special drainage method for cases of labyrinthitis combined with meningitis is mentioned.

While this article was being printed there has been one more case of acute diffuse purulent labyrinthitis without meningitis in a case of chronic otitis; labyrinthectomy was performed and recovery followed in four weeks.

[Author's abstract.]

H. V. FORSTER.

Air Embolus following Eustachian Inflation. N. RH. BLEGVAD. (*Ugeskrift for Laeger*, April 6th, 1939, xiv, 403.)

The author describes four cases in which symptoms of collapse, respiratory failure, and transitory pareses followed Eustachian inflation. Sudden death resulted in one of these cases. An aura frequently precedes the onset of serious symptoms.

He discusses similar accidents following such procedures as antrum puncture, and artificial pneumothorax induction. In the case of pneumothorax induction, it is now accepted generally as resulting from air embolus. He reviews the literature and suggests that the symptoms following Eustachian inflation and antral puncture are invariably caused by air embolus and disapproves of the theory of cocaine poisoning.

S. C. SUGGIT.

The Symptomatology and Clinical Course of Mastoiditis following Bathing. M. BUCHBAND. (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 332.)

Mastoid disease following an otitis the result of bathing runs a more severe course than does mastoiditis of other ætiology.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

Especially is this the case when (as in some of the cases reported) infection of the middle ear occurs through a traumatic rupture of the tympanic membrane.

Under these conditions the mortality is high. Out of twenty cases three died—a mortality of 15 per cent. as opposed to 6 per cent. when the drum-head was not injured. The reason for this is probably the sudden massive infection of a totally unprepared middle-ear mucosa, i.e. one which has had no time to build up a resistance as would be the case in a slower developing infection coming from the nasopharynx.

DEREK BROWN KELLY.

Carcinomatous Meningitis Involving the Temporal Bone. MELLER HARALD. (*Wien. Klin. Wochenschrift*, v, 52.)

Metastatic carcinoma of the temporal bone occurs in general in two forms. Firstly, the real tumour metastases in which the secondary growths result from blood-borne infection. It occurs in the spongy parts of the bone mostly in the pyramidal portion. The soft parts of organs of equilibrium and hearing together with their nerves and the facial nerve are only implicated when the compact bony capsule of the labyrinth has been destroyed.

Fundamentally different from this variety of tumour metastasis, is the second variety—the otitis circumscripta interna which follows a metastatic carcinomatous degeneration of the meninges. In this case the cancer cells advance along the nerves entering the internal auditory meatus into the inner ear cavities, very probably along the lymph-channels. They cannot be demonstrated in the blood-vessels. The disease attacks principally the nerves of the inner ear generally leaving the sense organs unimpaired. In no case has histological evidence been obtained that the disease has broken through the walls of the labyrinth. In contra-distinction to the first-named variety the remaining parts of the temporal bone never become involved. Meningitis carcinomatosa is not common. Attention is usually drawn to the disease by auditory or labyrinthine symptoms. It is noteworthy that the symptoms arising from the VIIIth nerve are often of such sudden onset that one would be inclined to think of anything but an insidious form of disease.

In the German literature the author was unable to find records of more than seven cases that were fully described both from the clinical and histological points of view and this article is mainly the detailed account, in these respects, of a case, which like four of those previously described followed gastric carcinoma and involved each ear. The histological findings are corroborated by two excellent micro-photographs.

J. B. HORGAN.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

Ear

Otogenous General Infection in Infancy and Childhood. J. HOFER. (*Wiener Klin. Wochenschrift,* xx, 52.)

Otogenous general infection in infancy and childhood may be of the pyæmic variety with metastatic abscess formation or of the nature of a pure otogenic sepsis without metastatic abscess formation. In the pyæmic type the fever may be of the remittent type with daily fluctuations of from 1° to 2°, or of the intermittent type in which fluctuations of as much as 5° occur daily, or every second or third day. The rigors, so characteristic of such infection in adolescence, whilst common in older children, are rare in young children and are never encountered in children under two years.

Metastatic abscess formation occurs most frequently in the lungs, though it may also occur in the liver, spleen or kidneys and often in the muscles and joints. It may also take the form of an osteomyelitis. Endocranial metastases are very uncommon in infancy and relatively so in young children.

The simple form of otogenic sepsis occurs with great frequency in childhood. The disease, which is characterized by its toxæmic symptoms, runs a much more rapid course than the pyæmic form. Cerebral manifestations, diarrhœa and rapid loss of weight are prominent symptoms. Pyrexia is high and constant and a scarlatina form rash of short duration may occur. Occasionally small hæmorrhages may be observed in the skin or retina. Endocarditis or hæmorrhagic nephritis may also occur.

The diagnosis is established by the cultivation from the blood of the organism found in the ear secretion. Allusion is made to the so-called cryptogenic infection in which the cause of the bacteræmia may not be evident to ordinary examination of the ear, but in which a latent and painless mastoiditis exists. This is especially frequent in infancy and may, on occasion, demand a double mastoid exploration. In the main the disease has to be differentiated from measles, scarlet fever, influenza and enteric fever. The pyæmic type may be confused with acute rheumatic arthritis, cystitis, pyelitis and acute miliary tuberculosis. The differential points are enumerated.

In the author's experience the prognosis is favourable in those cases in which the primary focus is removed early in the disease. Its gravity appreciates with delay.

The treatment otherwise adopted is prontosil rubrum (internally and parenterally), specific immune serum therapy, unspecific protein therapy, blood transfusion and autovaccines were used occasionally.

A full history of one case of each type of this disease (with temperature charts) is given.

J. B. HORGAN.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

Abstracts

NOSE

New Communication on the Pathogenesis and Therapy of Ozæna. G. HALASZ (Budapest). (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 347.)

The author suggests that ozæna is due to a hormone deficiency, the cause of which is disturbed function of the tonsils. Histological examination of nasal mucosa proved that after subcutaneous injection of tonsillar extract, a definite hyperæmia occurred.

The tonsils are the specific endocrine glands of the upper air passages, which influence the vaso-motor control of that region. The hormone is an acetylcholine substance, and its formation is encouraged by intratonsillar injections of physostigmine and potassium sulphate. This treatment was followed by rapid diminution of fœtor and crusting. DEREK BROWN KELLY.

Septum Abscess. KNECHT (Bruno). (*Wien. Klin. Wochenschrift.* xx. 52.)

Four cases of abscess of the nasal septum are described. In three of the cases the abscess occurred without any notable symptoms from three to six weeks after severe accidents which involved the nasal skeleton. As these abscesses occurred in cases in which no effort had been made to replace the displaced structures and as such abscess formation was not seen after numerous similar accidents in which early reposition had been carried out, the question is considered whether early reposition may not in itself be sufficient to prevent the occurrence (from infection of a hæmatoma) of such an abscess.

The cause of the fourth case was not certain, but it presumably followed an eczema of the nasal meatus.

The differential diagnosis, the sequelae and the treatment of septum abscess is discussed. J. B. HORGAN.

To what extent does a Persistently Open Mouth in Children indicate Mouth-breathing? v. HOFMANN (Lotar). (*Wien. Klin. Wochenschrift*, xx, 52.)

Using a fine feather as an indicator, 100 children of ages ranging from 2 months to 14 years, who slept with their mouths open, were examined. Of these eighty were found to breathe exclusively through the nose, fourteen (all of whom snored) breathed alternately or coincidentally through the mouth and nose, but mostly through the latter. Only six (all of whom snored) breathed entirely through the mouth. In most of those cases that snored, nasal obstruction was found to exist in the form of crusts of secretion or adenoid proliferation.

It is surmised that the persistent open mouth in these cases is due to a constitutional hypotony. An exudative lymphatic diathesis

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

may accompany this hypotony and predispose to an hypertrophy of the pharangeal lymphatic ring. A persistently open mouth may however be present, though there be complete absence of adenoid proliferation or other nasal obstruction.

J. B. HORGAN.

LARYNX

The Indications for Hemilaryngectomy. G. HOFER. (*Wiener Klin. Wochenschrift*, xxxvii, 51.)

Hemilaryngectomy is justified only when the end result of the operation allows fairly normal swallowing and respiratory functions. Extensive experience has shown that the size and position of the tumour furnish precise information as to the feasability of getting such a result. It is not permissible by the facts alone that the growth is intrinsic and limited to one side. It must also be possible to preserve the cricoid plate on the affected side even though the arch be sacrificed. Hemilaryngectomy in the pure anatomical sense cannot be carried out without serious lasting injury to the acts of swallowing and breathing and it should not be attempted if these cannot be preserved. The clinical finding with the actual operative procedure adopted in seven cases are detailed to exemplify the writer's opinions.

J. B. HORGAN.

Sub-glottic Cancer of the Anterior Commissure of the Larynx. Anterior Low Partial Laryngectomy. MARCEL OMBREDANNE. (*Annales D'Oto-Laryngologie*, April 1939.)

The author gives a detailed clinical history of a man of 48 with a spinocellular polypoid carcinoma situated so completely in the anterior commissure that the usual median laryngofissure would certainly transfix the growth. The limits of the growth were carefully estimated by direct laryngoscopy, and an operation was designed to remove the growth together with a portion of the lower part of the thyroid cartilage, and the cricothyroid membrane. The cricoid cartilage itself to be left intact. The early stages of the operation are identical with StClair Thomson's technique, up to the point of insertion of the temporary tracheotomy tube. After raising the perichondrium over an area of the thyroid cartilage which corresponds above to the junction of the upper and middle thirds and laterally to the junction of the anterior and middle thirds, a window is cut in the cartilage to the lower part of which the tumour, whose limits are now plainly seen, is adherent. The tumour is now removed still adherent to the lower part of the cartilage window which includes the whole of the inferior thyroid notch. The author claims that by this method, not only is the growth at the anterior

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

commissure completely removed, but that the uninvaded portion of the larynx is interfered with as little as possible. A useful diagram illustrates the text. M. VLASTO.

Treatment of Laryngeal Stenosis and Atresia with a New Chimney Canula. ELEMÉR JENTS. (*Wien. klin. Wochenschrift*, XX, 52.)

The writer illustrates and describes a new chimney or T canula which has been successfully used at the University Clinic for Ear, Nose and Throat Diseases in Vienna since 1935. Three cases are detailed.

An illustration of the instrument clearly shows the constituent parts described in the text and the article has photogravures, one an X-ray negative of the canula in position.

It can be claimed that this canula has proved itself efficient in use and possesses the following advantages over those in previous use for the same purpose.

1. The canula ensures a safe form of ambulatory treatment owing to an easily removed inner canula.

2. The formation of a spur of granulation tissue on the posterior tracheal wall is prevented because the back wall of the tracheal canula and the upper chimney form a continuous smooth surface. The upper chimney is hollow and can if required (by removal of a screw) be kept open at its oral end so as to allow of normal breathing and pharyngeal speech. The cost of the canula is relatively small owing to simplicity of construction.

It is made in appropriate sizes by H. Reiner, Van Swietengasse, Vienna IX. J. B. HORGAN.

ŒSOPHAGUS

Difficulties and Complications resulting from Foreign Bodies in the Œsophagus. EMIL WESSELY. (*Wiener klin. Wochenschrift*, XX. 52.)

The writer details two cases of difficult œsophageal foreign bodies.

In the first case a tooth plate with a metal hook was swallowed as the result of a motor-car accident and lodged at the aortal constriction. The use of instruments was rendered difficult owing to fracture of the jaws. At the first attempt it was not found possible to extract the plate but it was displaced towards the cardia. As it failed to pass this region a second attempt was made the following day. As mobility of the plate could not be obtained the patient was by multiple assistants turned into the abdominal position (Bauchlage) in which it was found possible to mobilize the plate with ease and extract it behind the œsophagoscope when withdrawing the latter. Both attempts were made under local

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

anæsthesia and no attempt was made to cut the plate with appropriate shears. A radiogram of the plate in position is shown.

The second case concerns a man, aged 26 years, who had previously had a ruler and a table-knife removed from his gullet. In the recorded instance the man came under the writer's observation five days after he had swallowed a piece of broomstick 31 cm. in length, the proximal end of which was splintered from being crudely broken. As a result he was unable to either eat or drink and it was only possible for him to breathe with difficulty by holding his head and neck in a stiff position. By œsophagoscopy it was at once evident that it would be impossible to withdraw the stick from above and the fœtor proclaimed existing necrosis of the discoloured and œdematous surrounding mucosa. The given length of the stick allowed of the assumption that its lower end was in the stomach and the writer further assumed that its approximation to the spine would render its extraction per a gastrotomy difficult or impossible. The stick was therefore extracted through a left-sided external œsophagotomy during which it was necessary to keep the head bent to obviate suffocation. Considerable force was necessary to withdraw the stick. The wound was packed with iodoform gauze. The patient ran a septic temperature, food was given by tube and prontosil was administered. The necrotic tissue separated gradually whilst the mediastinum was drained by suction. It was found necessary for nutritional purposes to carry out a gastrostomy. After the removal of all necrotic tissue it was found necessary to close dehiscencies (that on the left side 8 cm. long) in the œsophagus. A later re-infection necessitated a mediastinotomy on the right side and was complicated by a pleuro-pneumonia of the right lung. The patient was finally able to swallow naturally and a plastic closure of the neck wounds terminated an illness of six months' duration. A photogravure shows the patient with the table knife and the broomstick *in situ* (externally). J. B. HORGAN.

THYROID

Toxic Goitre. HAROLD COOKSON. (*Lancet*, 1939, i, 1363.)

The author points out that conceptions of toxic goitre have greatly changed in two decades and there is now evidence that the disease is more common in women over 40 than below that age, and it must no longer be regarded as essentially a disease of girls and young women. In a series of 400 cases of toxic goitre, 63 per cent. were over 40 and the greatest incidence was in the sixth decade. In older patients the disease may not be recognized if the classical symptoms of exophthalmos and considerable enlargement of the thyroid are relied on, though changes in eyes and gland are usual.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

One eye sign in a few of the cases dealt with was ptosis of the lids. Cardiovascular symptoms may be prominent when the general symptoms are mild. Auricular fibrillation is so characteristic a feature of the disease that the diagnosis must be suspected on the basis of the arrhythmia alone, if rheumatic heart disease can be excluded. The value of the basal metabolic rate in diagnosis is limited, for an apparently normal rate may be high for a given patient. Differential diagnosis includes psychological disorders and essential hypertension. The quickest and most sure method of relief is by surgical removal of a large part of the thyroid.

MACLEOD YEARSLEY.

Chronic Thyrotoxic Myopathy Cured by Thyroidectomy. F. B. PARSONS and R. J. TWORT. (*Lancet*, 1939, i, 1379.)

The authors describe this case, noting that the association of Graves's disease with a condition resembling progressive muscular atrophy has long been recognized, the syndrome being termed by Brain chronic thyrotoxic myopathy. The case, a man of 50, usual weight 12½ stone, suffered from dysphagia, increasing muscular weakness (especially of the limbs), and loss of 2 stone weight. Chronic thyrotoxic myopathy was diagnosed and partial thyroidectomy performed. Histological examination of the portion removed showed very active epithelial hyperplasia, with some filling of the acini by papillary growths. After prolonged convalescence, complicated by post-operative pneumonia and lung abscess, the man regained his strength and weight.

MACLEOD YEARSLEY.

MISCELLANEOUS

Epitheliomata of the Lower Jaw. Their anatomo-clinical varieties and treatment. PAUL ABOULKER. (*Annales D'Oto-Laryngologie*, February 1939.)

Over 75 per cent. of these cases occur in the male sex. The abuse of tobacco and poor dental hygiene may account for this fact. The majority of the cases start in the molar region and this situation aggravates the prognosis for surgical intervention. The usual clinical form of the epithelioma is a superficial ulceration but there is also a more deeply seated variety, the only manifestation of which, for a considerable period, is lancinating pain. Both these forms are described in great detail. Treatment of bone cancer with local infection must always be surgical. Radiotherapy is quite useless for this condition and must be reserved for inoperable cases or used in conjunction with surgery. The various forms of operation are discussed and the author's remarks on the surgical attention to be given to invaded lymphatic glands are particularly instructive.

M. VLASTO.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

Miscellaneous

Ray Treatment of Tumours. ROLAND MÜLLER (Berlin). (*Z. Hals-, u.s.w., Heilk.*, 1938, xliii, 272-80.)

Success in radiation treatment of tumours depends on dosage, localization of the affected tissues and the constitution of the patients, especially in regard to the body tissues; finally the time factor, choosing the optimum for diseased tissues with the minimum of disturbance to healthy tissues. The stronger the dose the greater the success so long as the healthy tissues are protected. To ensure efficacy it is necessary to have the maximum delimitation of depth and area, and this is rendered easier by early diagnosis. Particular value must also be ascribed to the general condition of the patient and especially the blood-picture. Blood transfusions and liver therapy may be indicated.

The author gives graphs showing the inverse ratio of lesion dose to distance of lesion in centimetres from the source of radiation, and the rate of absorption in the tissues to be penetrated.

F. C. W. CAPPS.

Family Cases of Scleroma of the Upper Respiratory Tract. S. G. BLOKH (Slutsk). (*Jurnal ushnikh, nossovikh i gorlovikh bolesnej*) (*Journal of Otology, Rhinology and Laryngology*, Russian, 1938, xv, 2.)

One hundred and twenty-eight cases of scleroma were observed. Although the infectivity of scleroma is regarded as minimal and the possibility of transmission from animals denied, there was a remarkable accumulation of scleroma in ten families out of thirty-five; 17·2 per cent. of all patients were family cases, which is a very high proportion compared with 1·8 per cent. of 660 cases quoted in the general literature. The author urges, therefore, a thorough examination of all families in which scleroma occurs.

It is of great interest that family propagation was mostly observed in blood relations, but never in husbands and wives.

A. I. CEMACH.

The Diagnosis and Therapy of the Inflammatory Diseases of the Meninges and Brain. D. ROLLER. (*Wien. klin. Wochenschrift*, iii, 52.)

The writer considers, from the differential diagnostic view-point, the various inflammatory diseases of the brain and its coverings.

As regards treatment, after the primary infective focus has, when possible, been eliminated and specifically treated the various expedients adopted are for the most part directed to relieving the tendency to increased intra-cranial pressure and keeping it relieved. The difference between the volume of the brain and the intra-cranial space is only from 8 to 16 per cent. If the difference is greater it must be at the expense of either the brain or the cerebrospinal fluid,

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

and have a serious effect upon the nutrition and function of the former. The therapeutic means by which depletion fluid is achieved in one form or another are as follows :

Lumbar puncture.

Bleeding, provided that it is not contra-indicated by the patient's condition.

Administration of calomel, up to gm. 0·2 daily, or of sulphate of magnesium.

Withdrawal of sodium chloride from the food.

The administration of foods rich in potassium for the diuretic effect.

Injections of large amounts of hypertonic solutions. The writer prefers 25 per cent. sugar solution.

Salagran intravenously until slight albuminuria is produced.

Large doses of strophanthus, the extra-cardiac effect of which is too little appreciated.

It is insisted that the effect of any of these remedies is ephemeral as the tendency to water-logging persists. This tendency can best be overcome by the use of novalgin, which is administered in doses up to gm. 4 daily.

J. B. HORGAN.

Osteomyelitis of the Cranial Vault. W. KRAINZ and LANG, F. J. (*Wien. klin. Wochenschrift*, xxxvii, 51.)

The writers found eight cases of osteomyelitis of the cranial vault in 2,500 post mortem examinations during four years at Innsbruck. In the same period seven severe and one light case of this disease were treated at the University Clinic.

From the ætiological point of view they distinguish the following four forms of the disease :

I. Traumatic osteomyelitis occurs at the site of trauma. It occurs as a result of open wounds but may occur without an open wound ; the infection seemingly arises from the hair follicles.

II. Osteomyelitis extending from infection of the pneumatic spaces of the skull into the contiguous bone. This form is of more frequent occurrence than is observed clinically or anatomically. The milder forms, which do not extend far beyond the confines of the air space apparently heal of their own accord. Those cases observed clinically are the more severe forms which result in suppuration of the frontal or ethmoid bones and tend to attack more distant parts of the cranial vault.

III. The metastatic form which derives from an inflammatory focus anywhere in the body and which may attack any part of the cranial vault.

IV. The so-called primary osteomyelitis which presupposes but does not prove the non-existence of apparent focus of infection.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

The latter may be undiscoverable or cured before the bone infection starts.

The writers give a detailed account of the histological bone changes in this disease.

Clinically they distinguish between a variety of the disease which runs a stormy and rapid course and an insidious slowly progressing variety.

The writers conform to the accepted view that the only treatment likely to succeed is an active operative intervention in which the removal of bone extends far into healthy tissue.

J. B. HORGAN.

Calcium Therapy in Rhino-Laryngology. ELEMÉR JENTS. (*Wien. klin. Wochenschrift,* xiii, 52.)

Calcium is a very valuable means of controlling the tendency to hæmorrhage both spontaneous, post-operative or traumatic. It is also a valuable means of rapidly controlling laryngeal œdema. The author uses the preparation known under the trade name of Calcium Sandoz.

To obtain a sustained effect the calcium is given both intramuscularly and intravenously. To be safe the latter must be given slowly. For two days prior to operation the patient is given 10 c.cm. of a 20 per cent. solution of Calcium Sandoz intravenously and 10 c.cm. of a 10 per cent. solution parenterally.

J. B. HORGAN.

Hints regarding the Routine Examination of the Upper Air Passages. K. KOFLER. (*Wiener klin. Wochenschrift,* xx, 52.)

Examination is easier to carry out in the early part of the day and on an empty stomach. Abnormal pharyngeal reflexes may to some extent be controlled by getting the patient to swallow some cold water occasionally. If the tongue be too short it may be necessary to cocainize or infiltrate (novocain) the sublingual tissues.

The nose should first be examined by anterior rhinoscopy without and with a speculum and an estimation made of the respiratory potential of each nostril separately, care being taken that the finger occluding one nostril does not indirectly interfere with the freedom of the side being tested. The writer lays great stress upon what he terms atony of the lower turbinate as a cause of various pharyngeal and laryngeal complaints often diagnosed in error which is apt to occur because of the fleeting nature of this atonic obstruction because it may occur at night and because the patient may not complain of or be aware of nasal obstruction at any time. It may often happen that an atonic obstruction evident at the beginning of examination may have quite disappeared after the pharynx and larynx have been examined.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

Abstracts

The nasopharynx is the second part to be examined, using as large a mirror as possible and also the lower poles of the faucial tonsils and their connection with the lingual tonsil, also the appearance of the latter.

The larynx is next examined starting with a No. 4 mirror. Apart from noting their colour the direct examination of the tonsils and their crypts is postponed to the end of the examination. In refractory children, after the mouth has been opened by reflex action, a Whitehead's gag is introduced and the tongue is firmly held by an assistant, whilst the mirror is used to make a rapid examination of the larynx and hypopharynx. J. B. HORGAN.

Tonsillectomy and Adenotomy in the Treatment of Acute Chorea. BUZOIANU St. GARBEA. (*D'Annales D'Oto-Laryngologie*, April 1939.)

These authors obviously believe in the beneficent results of removing tonsils and adenoids in the acute and chronic stages of chorea. They publish a number of case histories in support of their views. They state that their good results must be due to the elimination of septic foci and not to the rise of temperature which is the attendant of such operations. They base this contention on the facts that their operation cases have been followed by practically no pyrexia and also that cases of chorea treated by pyrexia induced by chemiotherapy have not benefited thereby.

M. VLASTO.

Fracture of the Maxilla and Zygoma. TRULS LEEGAARD. (*Nordisk Medisin*, 1939, ii, 1131; *Transactions of the Norwegian Oto-Laryngological Society*, October 15th, 1938.)

A case is described of a crush fracture of the left maxilla and zygoma in a man of 41. He was seen by the author a fortnight after the injury, and open operation was performed through the canine fossa region under local anæsthesia.

The fracture of the anterior surface of the maxilla was as usual more extensive than it appeared in the X-ray plate, and the zygoma was somewhat rotated and pushed through the lateral wall of the antrum, so far medially that the maxillary process lay against the lateral wall of the nose. The fracture did not involve the infra-orbital foramen.

After removal of interplaced soft tissue and cleaning of the bone ends from coagulum, the zygoma was swung back outwards and upwards by means of a hook. Since it did not remain in position of its own accord, the anterior maxillary surface was raised up until the bony extremities stood end to end, and gave on palpation an impression that the normal contour had been attained again.

Photographs of the patient are shown before and after reposition

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press

of the fracture, and indicate a pleasing cosmetic result in what would otherwise have been a disfiguring deformity.

The author discusses the difficulty of retaining the fragments in place and some of the methods that have been used in the past, and points out that it is not often possible to impact the fragments as was done in this case.

He deprecates expectant treatment for these fractures with deformity, and makes a plea for open operation and replacement. By contrast he shows the photographs of a case of old fracture, in which the deformity had not been reduced by open operation.

Three other cases are described shortly, two of which were treated by open operation, the remaining case refusing operation.

S. SUGGIT.

https://doi.org/10.1017/S0022215100004849 Published online by Cambridge University Press