

Abstracts

home he thought a two-stage operation was better), and though the malleus head was removed at the first stage, there was absolutely no improvement in the hearing, and the patient actually went to the length of writing home for details regarding hearing aids. After the second stage there was again no improvement, and the patient was getting pretty desperate. However, the third stage resulted in the improvement shown.

Mr. Hutchinson exhibited on the lantern screen a detailed account of the technique which was pursued. He also showed an audiogram taken the previous evening, which represented the patient's condition five years after operation, and drew attention to the fact that in the operated ear the air conduction hearing was considerably higher than in the unoperated ear, whereas before operation this had been by far the deafer ear of the two.

ABSTRACTS

EAR

Endocrine Etiology of Otosclerosis. N. D. MAREJEV (Moscow). (*Jurnal ushnikh, nosovikh i gorlovikh boljesnej*) (*Journal of Otology, Rhinology and Laryngology*, Russian, 1938, xv, 6).

Out of 180 cases of otosclerosis 148 (i.e. 82 per cent.) showed abnormalities of one or more endocrine glands. Usually (in 55 per cent. of the cases) the thyroid was affected, less frequently were the sexual organs and the anterior portion of the hypophysis. Other glands were rarely involved.

The author does not draw any definite conclusions as to the ætiological significance of endocrinopathies in otosclerosis, and admits that they may be merely coincidental. He tentatively suggests, however, that they may have some influence upon the growth of the otosclerotic bone in the labyrinthine wall.

A. I. CEMACH.

Pneumatization of the Petrous Bone. An anatomical and X-ray study with special reference to constitutional factors. WALTER LETTENBAUER (Munich-Schwabing). (*Z. Hals- u.s.w. Heilk.*, 1938, xliii, 314-35.)

The temporal bones of 50 corpses were removed and examined by the radiological technique of Stenvers and E. G. Meyer, and were then sectioned in the length of the petrous bone parallel to the posterior surface. Marked asymmetry of the cells of the tip was found between the two sides, as one would expect from the literature. In the 50 pairs examined there were only 15 with

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pneumatization extending to the tip. In only one case was there complete symmetry. The same was found in relation to the perilabyrinthine pneumatization. Peritubular cells were found altogether in 14 cases, and were present in only two cases without pneumatization of the tip. In all the temporal bones with marked peritubular, perilabyrinthine and tip pneumatization there was also a very cellular mastoid process, but in the latter there was usually symmetry between the two sides. In men pneumatization was 50 per cent. greater than in women.

As opposed to the findings of Turner and Porter pneumatization was found mainly in long and medium length heads, but a final deduction should not be made from this. The facial index is no morphological guide, and it is easy to see the source of mistakes *in vivo* from a reliance upon this factor, which is influenced by age, bite, etc. Heavy and compact skulls (commoner in women) are usually not well pneumatized. The question of pneumatization affecting the course of the transverse sinuses and asymmetry of the skull was also discussed, but no certain conclusions were drawn. Comparison was also made of the anatomy and the X-ray appearances. Small cell pneumatization may lead to faulty conclusions about the tip cells when Stenvers' technique is used. The same is also true in perilabyrinthine pneumatization. Peritubular cells can practically never be demonstrated. The hope is expressed that further similar research relative to the living organism with all its constitutional characteristics will emphasize the importance of the arrangement of the pneumatization, from a clinical point of view.

The value of serial radiology in this connection is emphasized.

F. C. W. CAPPS.

TONSILS

Bacteriæmia following Tonsillectomy. S. D. ELLIOTT. (*Lancet*, 1939, ii, 589.)

The author points out that (1) a transient bacteriæmia has been noted in 38 out of 100 patients within a few minutes of tonsillectomy. (2) Bacteria were found in the blood regardless of whether the tonsils were removed by blunt guillotine or dissection. (3) The organisms isolated included *Str. pyogenes*, *S. viridens*, *S. pneumoniae*, *H. influenzae*, staphylococcus, and corynebacterium. (4) Serological matches for *Str. pyogenes* recovered from the blood were isolated from the corresponding tonsils after their removal. (5) Hæmolytic streptococci were recovered from the tonsils of 87 out of 137 patients undergoing tonsillectomy, or 64 per cent. (6) Of 44 cultures of streptococci so isolated and examined serologically 39 (86 per cent.) belonged to group A, one to group B,

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and one to group C (Lancefield). (7) The evidence for the common occurrence of transient bacteriæmias in man and animals and the possible bearing of these observations on the ætiology of subacute infective endocarditis are briefly discussed. The paper is specially interesting owing to the light it throws upon the latent dangers of infected tonsils.

MACLEOD YEARSLEY.

LARYNX

Clinical Course and Symptomatology of Hæmato-Lymphatic Tuberculosis of the Larynx. I. M. GERSHKOVITCH (Dniepropetrovsk). (*Jurnal ushnikh, nosovikh i gorlovikh boljesnej*) (*Journal of Otology, Rhinology and Laryngology*, Russian, 1938, xv, 5.)

From a study of 500 personally observed cases and a general survey of the literature the author estimates that laryngeal tuberculosis is in 70 to 80 per cent. of the cases of sputogenic origin, and in the remaining 20 to 30 per cent. is due to hæmato-lymphatic spread.

In the latter type diagnosis may be very difficult, especially if the pulmonary lesion is not perceptible and the sputum examination is negative.

The distinguishing features of hæmato-lymphatic tuberculosis of the larynx are as follows :

(1) Localization : to the regions of the terminal ramifications of the blood vessels, i.e. the false cords, spreading to the arytenoids; more rarely the epiglottis. On the other hand it rarely attacks the sites of predilection of sputogenic tubercle, namely vocal cords and those regions where the mucous membrane is thrown into folds, i.e. the ventricle, the interarytenoid region, and the posterior wall. A symmetrical lesion is more commonly of hæmato-lymphatic origin.

(2) The appearance of the mucous membrane is of prime importance, being intensely red and often œdematous. The affected region is distinctly swollen and sharply demarcated from adjacent tissues, suggesting an acute inflammation.

(3) The ulcers, arising from the spread of central caseation, are larger and deeper than the superficial erosions characteristic of sputogenic tubercle.

(4) Owing to the concurrent development of its various foci hæmato-lymphatic tuberculosis is monomorphous in type.

The author suggests that radiography might provide a further means of differentiation. Energetic local treatment is recommended, particularly light-therapy.

A. I. CEMACH.

Miscellaneous

MISCELLANEOUS

The Problem of the common Cold, with special reference to Prophylaxis.

S. G. TIPPETT and MACLEOD YEARSLEY. (*Med. Press and Circ.*, September 20th, 1939.)

The authors maintain that the problem they discuss is not insurmountable provided it is attacked by commonsense methods. The bacteriological method, which has been on trial for some years, has been shown definitely to be at best of "highly questionable value", and other methods must be sought. The bacteriological causes must be differentiated in order that their characteristics and appropriate treatment may be fully understood, which needs further research into the physiology, pathology, and biochemistry of colds, which must necessarily take some time. Meanwhile, it is pointed out, that there is a method of rendering the blood a less favourable medium for the growth of cold-producing micro-organisms which is yielding excellent results. Following the work of Sprengler and Scheitlin, they have used for some six years the dried blood plasma and corpuscles of an immunized animal administered orally in tabloid form. The active principle is in the form of a sulphoguaiacolic precipitate, with the addition of a balance of magnesium and calcium salts. To these tablets the name "Serocalcin" has been given. The results of six years' tests with this preparation has shown that, with thirty days' treatment, 83 per cent. of cases were immunized for at least four months. Further, as a treatment for a cold already developing, a more frequent dosage caused such colds to be broken up in from forty-eight to seventy-two hours.

[Authors' summary.]

Lupus and its Treatment from the Dermatological (A. STÜHMER) and Oto-rhino-laryngological (A. BRÜGGEMAN) Standpoint. (*Zeitschrift für Hals-Nasen-und-Ohrenheilkunde*, May 8th, 1939, 46.)

Two papers read at the 19th Annual Meeting of the German Oto-rhino-laryngological Society at Vienna in May 1939.

There are a number of photographs of skin lesions and nine coloured plates of lesions in the mouth, nose and throat, with a very full list of references to the outstanding literature on the subject. After a very thorough discussion of all aspects of the disease Stühmer concludes that one must ask oneself :

1. Is there one clinical form of tuberculosis which can be distinguished as lupus of the mucous membrane ?
2. Are there other forms somewhat similar to the varying clinical forms of tuberculosis of the skin ?
3. Are not the various tuberculous lesions of the mucous membrane part of a general constitutional disease and immuno-biological grouping ?

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4. Is the undoubted fact that the cases of lupus come so late for treatment due to too late a realization of disease of the mucous membranes of the upper air passages ?
5. Cannot more collaboration between the dermatologist and the oto-rhino-laryngologist lead to earlier diagnosis ?
6. What does experience show in the results from different forms of treatment (diet, etc.) ?
7. Which local forms of treatment are the most suitable for final healing ?

Brüggeman concludes his paper with a very full summary of the various forms of general and local treatment including results with different forms of light in the different situations. Most of his experience was with Kromayer lamps and the Cemach larynx lamp. The best results were in the cases with least depth of disease. Large granulations are better removed. Intact epithelium hinders treatment and flat ulcers heal best. In the nasal passages and gums the Kromayer lamp is used twice weekly, starting with 5 seconds and rising to $2\frac{1}{2}$ minutes. The larynx lamp is very strong and must be used with caution. Early treatments should be 5 seconds and later 10 seconds.

F. C. W. CAPPS.