Abstracts

Bezold's Mastoiditis—J. F. O'MALLEY. — Male, aged 25. Discharge from right ear for two years. Pain for three weeks. Swelling in neck one week. Temperature 101° F. Operation: extensive bone disease, extending through tip of mastoid. Perisinus abscess.

Blow on the Mastoid Process causing Partial Auditory with Complete Vestibular Paralysis—T. B. LAYTON.—Lieutenant, aged 33, was struck on the base of the right mastoid by a piece of shell-casing. He was deaf in this ear when the bandages were removed, and has remained so. He was unconscious for some minutes after being hit, and continued to have severe attacks of giddiness for some time. Examination: no scar behind the right ear; drum-head intact. Both air and bone-conduction shortened (R.). Weber lateralised to left. When the noise-machine is inserted in the left ear he raises the voice distinctly, but with the right ear there is no response. With the noise-machine going in the left ear he does not respond to the voice. Caloric reaction absent on right side.

Facial Paralysis—J. DUNDAS GRANT.—H. B., aged 7. Discharge from left ear began five weeks ago after a week of pain. Complete left facial paralysis with boggy swelling on floor of meatus. Softened gland below the mastoid. Taste for sugar preserved on left side of tongue.

Healing after Chronic Middle-ear Suppuration—LIONEL COLLEDGE.—Girl, aged 18. Discharge from the left ear for five years following scarlet fever. Ear dry for ten years. Tympanic membrane replaced by a scar, superficial to position of the normal membrane.

ABSTRACTS

NOSE AND ACCESSORY SINUSES.

X-Ray Examination of the Tear Passages. G. VAN GAUGELEN. (*Acta Oto-Laryngologica*, Vol. ii., fasc. 4.)

It is possible by means of radiography not only to locate strictures and appreciate changes of form in the lachrymal passages, but also to obtain an idea of the size of the lachrymal sac.

After a trial of various substances opaque to the X-rays and suitable for injection of the passages, the author found finely-powdered barium sulphate in twice the quantity of water the most suitable.

Exposures made in two directions, the fronto-occipital and the bi-temporal, give useful information as to changes of form in the passages; but in order to acquire information as to the size of the sac,

the writer has employed the position suggested by Rhese in which one edge of the plate rests on the malar bone and the other on the bridge of the nose. In this way the distance between the plate and the sac is reduced to 2 cm. as compared with $3\frac{1}{2}$ to 4 cm. in the fronto-occipital, and $4\frac{1}{2}$ to 5 in the bi-temporal direction. The distance of the focus of rays from the plate being 60 cm., the difference between the actual size of the sac and its shadow on the plate is by Rhese's method only $\frac{2}{60}$.

THOMAS GUTHRIE.

Rare Case of Diffuse Angiomatosis of the Nose and of the Skin. C. CALDERA. (*Arch. Ital. di Otol.*, Vol. xxxi., 2nd June 1920.)

The following case presents some points of interest from the fact of its comparative rarity. It is one of multiple small angiomata scattered over the mucous membrane and over the skin.

The patient was a woman of fifty, a domestic servant. During adolescence she had had a tendency to epistaxis, which gradually became less and finally ceased in a few years. Three years ago, coincident with the menopause, the epistaxis returned, the attacks becoming more and more frequent and severe till the patient was in a state of profound anæmia. When seen by Caldera her general condition was very poor on account of her anæmia. Her nose was plugged with blood-soaked cotton wool. After careful removal of the plugs, each side of the septum was seen to be dotted over with small red nodules. The largest of these when examined closely were seen to pulsate, and bled on the slightest touch. No vascular network was seen. Similar minute angiomata were found on the skin of the columella and on other parts of the face. These had all appeared after the menopause. Histological examination showed them to be true angiomata. The patient was treated with calcium lactate internally and local applications of trichloracetic acid with good result.

J. K. MILNE DICKIE.

Further Researches on the Influence of Nasal Tampons on the Bacterial Flora of the Nose. C. CALDERA and C. SARTI. (*Arch. Ital. di Otol.*, Vol. xxxi., No. 3, 1920.)

Simple closure of the nostrils with paraffined cotton wadding causes a marked increase in the numbers of the already existing bacteria in the nasal cavities, without any increase in the varieties. Packing the nose with plain sterilised gauze produces a similar result. Packing the nasal cavities with gauze impregnated with subnitrate of bismuth, ferripirin, coagulene, or almatein also causes a marked increase in the numbers of bacteria. Iodoform, xeroform, or vioform gauze, on the contrary, causes a diminution in the numbers of bacteria.

In carrying out these experiments a control swab was taken in every case before the packing was introduced. The packing was removed after twenty-four hours and another swab taken. The practical results of these observations is that gauze soaked in iodoform, xeroform, or vioform can be safely left in the nose over twenty-four hours without risk of sepsis. J. K. MILNE DICKIE.

Contribution to the Etiological Study of Ozæna. I. GALLOTTI. (*Arch. Ital. di Otol.*, Vol. xxxi., No. 2, 1920.)

Following up the work of Alagna, who had found degeneration of the myelin sheaths of the branches of the maxillary division of the trigeminal nerve in cases of ozæna, Gallotti tested the tactile sensibility of the areas supplied by the trigeminal in twelve cases of ozæna of varying degrees of severity. He found no alteration over any of the cutaneous areas, but there was some loss of sensibility of the nasal mucous membrane. He concluded, on various grounds, that the nerve degeneration was secondary to the changes in the nose. Differential blood counts were also done, but a slight increase in the number of leucocytes was the only change observed. Gallotti considers ozæna as a localised symptom of a general morbid condition, sometimes hereditary. J. K. MILNE DICKIE.

Frequent Causes, and the Treatment of Perennial Hay-Fever. J. C. WALKER, M.D. (*Journ. Amer. Med. Assoc.*, September 1920.)

A long paper containing about thirty case records. The author's general conclusions are as follows:—

Perennial hay-fever is frequently caused by animal emanations, and cutaneous tests should be made with the common animal epidermal proteins. Those patients whose hay-fever is caused by exposure to horses may be successfully treated by repeated inoculation in gradually increasing amounts of the particular epidermal protein to which they are most sensitive.

Those patients who are sensitive to cat-hair protein may be treated similarly with equal success. Sensitisation to feather protein from feather pillows is frequent, and the substitution of floss pillows is desirable. Perennial hay-fever is frequently caused by the ingestion of foods and by the inhalation of the cereal grain flours. Cutaneous tests often reveal such a cause, and omission of the protein is the desirable mode of treatment.

Patients who have seasonal pollen hay-fever, frequently have paroxysmal symptoms throughout the year. Satisfactory preseasonal treatment with the particular pollen that causes the seasonal hay-fever, frequently relieves the perennial symptoms.

Recurring head colds are frequently coincident with the foregoing

sensitisations, and the relief from these head colds usually follows proper treatment, as already outlined. This type of head cold is probably not due to an infection, but rather a result of sensitisation which renders the nasal mucous membrane easily irritable.

Non-sensitive patients with perennial hay-fever or vaso-motor rhinitis, provided there are no demonstrable abnormalities, growths, and the like in the nasal cavities or sinuses, are sometimes benefited by autogenous vaccines made from the nasal secretions.

Olfactory vaso-motor rhinitis, or pseudo-hay-fever caused by mechanical, thermal, chemical, and odorific irritants, is not uncommon and should be recognised.

The ingestion of foods may cause symptoms referable to the eyes alone. Therefore, although protein sensitisation should not be considered as a "cure all" or a cause of all obscure conditions, the cutaneous test deserves a place among diagnostic tests, and when properly performed and interpreted, it is a very useful test.

ARCHER RYLAND.

The Middle Turbinate in Relation to Acute Inflammation in the Sinuses. LUBET-BARBON and BERNADIE. (*L'Oto-Rhino-Laryngologie Internationale*, March 1921.)

Certain patients, during the course of an ordinary cold in the head, either towards the end of the illness or sometimes when it has almost disappeared, suffer from a constant, depressing pain in the region of the sinuses.

When the maxillary sinus is at fault, the patient complains of hunger and of a feeling of weight in the jaw-bones; when the frontal sinus is affected, the pain is very depressing. The patient is unable to carry out his customary duties, and the pain is intermittent in character, appearing in the forenoon, gradually becoming worse, and moderating in severity in the afternoon without any treatment. Sometimes, when the pain is at its worst, a small bead of pus may be blown from the nose, at other times a gelatinous mass, and this gives temporary relief.

On examination, the nasal mucous membrane is found to be engorged; but after cocainisation, one sees a little pus in the middle meatus—not a stream of pus filling the whole meatus and flowing over the inferior turbinal, but a little quantity of pus between the head of the middle turbinal and the agger cells. Sometimes the middle turbinal touches the septum, which is thickened at that point. On the affected side, the head of the turbinal is enlarged, the ethmoidal bulla is not easily made out, and the agger cells are prominent. Sometimes the posterior end of the turbinal blocks the posterior sinuses, causing obstruction to the drainage of these cells.

Abstracts

Any inflammation of the nasal mucous membrane extends to all the sinuses, just as the mastoid antrum is always involved in otitis media. Probably, as the attacks become repeated, the drainage becomes inefficient, and in a patient who is subject to sinusitis, the middle turbinals are never symmetrical. Transillumination very often gives an equal result, or there may be a little darkness of the affected side. Proof puncture is always negative.

Treatment. — During the acute attack, daily drying and the cocainisation of the middle turbinal and meatus at the worst or most painful time are indicated. If the attacks return, the writers recommend resection of the turbinal, of the head for the maxillary and frontal sinuses, with perhaps curettage of the ethmoidal bulla, and of the posterior portion for the sphenoidal sinus.

GAVIN YOUNG.

The Treatment of Acute Nasal Sinusitis. SIR ST CLAIR THOMSON. (*Practitioner*, January 1921.)

In a short paper, the symptoms of the acute condition are dealt with for the benefit of the general practitioner who sees the patient, as a rule, at that stage. The author asserts that comparatively few cases would reach the more serious chronic condition if proper treatment were applied at the outset. The relationship of sinus invasion to an ordinary nasal coryza is explained, and Skillern's diagram of pain-areas is reproduced. Treatment consists in facilitating discharge and soothing pain, rest in bed, local heat, inhalations, analgesics, salicylates, and the electric head-bath. In cases which have passed to the subacute stage repeated lavage is strongly urged—every second day. Lavage should be given a trial in all cases with a history of less than a year, and the radical operation can thus be frequently avoided.

T. RITCHIE RODGER.

The Maxillary Antrum. LOMBARD and LE MÉE. (*Revue de Laryngologie*, December 1920.)

These authors have investigated radioscopically the drainage of the antrum after operation. The antrum was filled with bismuth paste, which was allowed to flow out again after a short interval. Radiographic examination showed where the evacuation of the paste was incomplete. The results showed that the anterior angle of the sinus between the nasal, buccal, and palatine walls was the most important "dead space," and that drainage of this space could only be satisfactorily effected by an operation involving the removal of the anterior angle. The actual operation described

only differs from Denker's procedure in that a more limited removal of the anterior wall and of the inferior turbinal is rightly insisted on.

G. WILKINSON.

LARYNX.

The Possibilities of curing Advanced Laryngeal Tuberculosis. WOLFF FREUDENTHAL. (*Annals of Otology*, September 1920.)

The author ventures to say that the cure of laryngeal tuberculosis is possible even in the advanced stage. His experience with this disease extends over twenty-five years, during which time he treated hundreds of cases annually.

The greater part of the paper is devoted to the three principal symptoms, viz., cough, dysphagia, and stenosis of the larynx.

The main conclusions are:—(1) Primary tuberculosis of the larynx does occur, and more frequently than has hitherto been accepted. (2) The prognosis of an established tuberculosis of the upper air passages is better than it used to be years ago. (3) All patients suffering from pulmonary tuberculosis should be advised to undergo a laryngeal examination, not only when the disease is diagnosed or on entering a sanatorium, but also at regular intervals, irrespective of their complaints. (4) The means at our disposal for the treatment of such patients are numerous and should be used. (5) Success depends upon untiring and arduous work on the part of the attending laryngologist. (6) Whenever the larynx is affected, the patient should be under the supervision of a laryngologist who is to take care of his lungs as well. In other words, the laryngologist should direct the general as well as the special treatment in all cases with laryngeal involvement.

ARCHER RYLAND.

The Treatment of Laryngeal Tuberculosis, especially with X-Rays. P. RAMDOHR. (*Z. f. Ohrenheilk*, Bd. 79, H. 1-2, 1920.)

The author gives a detailed account of his experiences with X-rays in the treatment of laryngeal tuberculosis. He uses much larger doses than is the habit with most other specialists. He concludes that in the presence of pain and inflammatory œdema, a certain amount of relief from pain is obtained by the use of X-rays. In infiltrative processes, especially on the posterior wall of the larynx, there is improvement, and the healing over of ulcers is hastened. X-rays should be tried in all cases in which local therapy is indicated, and especially when other methods have been unavailing. In deep infiltrations they are to be preferred to active local treatment in order to avoid artificial ulceration, and pain and discomfort to the patient.

J. K. MILNE DICKIE.

Abstracts

The Treatment of Laryngeal Tuberculosis by Means of General Carbon Arc-Light Baths. N. R. BLEGVAD. (*Acta Oto-Laryngologica*, Vol. ii., fasc. 3.)

After reference to the history of the subject, the author describes the method practised in his clinic during the last two and a half years. The patient, lying completely naked, is exposed to the light of four powerful 20-ampere arc lamps. The sittings, which take place daily, last at first for a quarter of an hour, and their duration is gradually increased to one hour. Of the 74 patients treated, complete healing of the laryngeal disease took place in 17; 35 showed improvement, which was marked in 16 and of moderate degree in 19; 6 remained unaltered, and in 16 the disease progressed in spite of the treatment. Many of the cases also received local treatment, especially galvano-cautery puncture.

The light baths gave the most rapid results in cases of ulceration and of œdematous swelling of the arytenoid region. Tuberculous infiltrations were also favourably influenced, but when these were of large size the galvano-cautery puncture was found to be of great assistance, giving sometimes wonderfully good results. The pain also in cases of ulceration about the introitus laryngis was greatly relieved by the light baths.

In some cases the laryngeal and the lung disease improved *pari passu;* in many, however, the two affections showed no parallelism, the laryngeal disease healing while the pulmonary advanced or *vice versâ* a fact which serves to emphasise the importance of regarding laryngeal tuberculosis (like true "surgical" tuberculosis) as a condition which demands separate and special treatment of a kind which can only be satisfactorily carried out by a trained laryngologist.

Although the light baths do not yield quite such good results in laryngeal as in true "surgical" tuberculosis, the writer believes them, when combined with local surgical treatment, to be more successful than any other known method.

A large number of the case histories are given with diagrams showing the extent and variety of the local disease.

THOMAS GUTHRIE.

A Case of Chondroma of the Larynx. H. DE GROOT. (*Acta Oto-Laryngologica*, Vol. ii., fasc. 3.)

Chondromata of the larynx are rare growths, the case here reported being the forty-fifth on record. The tumour grew from the arytenoid, a situation recorded in only four of the previous cases, and among these it was unique in that it attained the size of a nut and weighed 6 grams. In spite of its size it produced no difficulty of respiration or

deglutition, but the patient, a soldier, 37 years of age, had been hoarse for nine years, and when seen by the author was almost aphonic. The diagnosis was much assisted by radiography and by digital palpation, a growth of hard consistence in the larynx being always suggestive of chondroma.

Removal by laryngo-fissure was successfully accomplished, but the voice remained hoarse owing chiefly to fixation of the right arytenoid from which the growth originated. THOMAS GUTHRIE.

MISCELLANEOUS.

The Surgical Treatment of Cysts of the Thyro-glossal Tract. W. E. SISTRUNK (Mayo Clinic). (*American Journal of Surgery*, February 1920.)

The duct, as far up as the hyoid bone, is isolated by dissection in the ordinary way. Between the hyoid bone and the foramen cæcum, however, the epithelial tract is so small and friable that it is easily broken and difficult to follow. The author makes no attempt to define this portion of the duct, but instead resects the central portion of the hyoid bone, and above this a strand of tissue about a quarter of an inch across, stretching from the hyoid bone to the foramen cæcum, and presumably having the epithelial tract in its centre. This strand of resected tissue stretches backwards in the middle line at an angle of 45° from the upper surface of the centre of the hyoid bone. The tissue resected from below upwards consists of the central portion of the hyoid bone, a portion of the median raphæ of the mylo-hyoid muscles, and of the genio-hyo-glossus muscle and the foramen cæcum. The opening into the mouth is closed with sutures, and buried sutures are used for approximating the genio-hyo-glossus muscles. No ill effects result from the hyoid resection, and no serious sepsis results from the wound entering the mouth. GILBERT CHUBB.

Asthma and Anaphylaxis. FRANK COLE. (*Brit. Med. Journ.*, 12th March 1921.)

The explanation offered of anaphylaxis is that after an injection of horse-serum the antibody or "digestive substance" is produced by the host to deal with the foreign protein. The continued presence of this digestive substance in the blood constitutes a "sensitive" condition lasting a variable time, sometimes even a lifetime, and a reinjection of the same serum during the sensitive period is liable to produce the clinical symptoms of anaphylaxis. The fatal issue is comparatively rare in man, but seems to be more easily induced in animals.

The writer holds that "half the cases of asthma can be proved to

be due to sensitisation by foreign proteins." "Hay-fever is due to sensitiveness to pollen, not as a mechanical irritant, but from its protein content." He refers to the conjunctival and skin reaction obtained by the use of the test-sets elaborated at St Mary's Hospital, and states that his own testing apparatus includes some 70 foods, 20 bacterial proteins, 10 kinds of animal hair, and 10 pollens. Each case must be patiently studied till the exciting cause is found. This may be the presence of cats, dogs, or horses, as well as certain articles of diet, and, among the latter, of substances closely allied one may be inimical while another is not. The hair of one person may excite asthma in another. The abrupt release from asthma by removing a patient inland from the seaside, or *vice versâ* is in many cases not attributable to change of air but to leaving behind the family cat or dog or feather-bed. Numerous most interesting cases in the author's experience are cited.

His theory seems to be that there is an initial exposure to the exciting cause, with or without a predetermining hereditary element; antibodies are produced as a result, and the victim remains "sensitive," so that every fresh exposure is followed by a modified anaphylaxis which we call an attack of asthma. The earlier in life the cause can be determined the more easy is the cure. Urticaria, eczema, migraine, epilepsy, and paroxysmal hæmoglobinuria are held to be other forms of anaphylaxis.

Probably most of us have been disappointed in the prophylactic and curative value of injections based on the above-mentioned conjunctival tests, but if these or the analogous skin reactions can be used in the less ambitious rôle, as the author describes, of searching out exciting causes so that these can be eliminated from the diet or the environment of the patient, a distinct advance would fall to be recorded in the treatment of one of the most baffling disorders.

T. Ritchie Rodger.

A Case of Amyloid Tumour in the Palate and Nasal Cavity. G. Holmgren. (*Acta Oto-Laryngologica*, vol. ii., fasc. 3.)

The patient was a man 65 years of age who had noticed a solid tumour of the palate for ten years. The growth occupied almost the whole of the hard palate and the front part of the soft. Its surface was smooth, bright red and glossy, excepting at its most dependent part, where was an ulcerated area with necrotic base and extremely fœtid discharge. The middle portion of the floor of the right nasal cavity was occupied by a growth the size of an almond, bleeding freely on palpation.

Portions removed for examination showed only necrotic tissue, and the diagnosis was not established until operation was undertaken for

removal of the entire growth. This was successfully accomplished without perforating the mucous membrane of either the floor of the nasal cavity or the posterior surface of the soft palate. The wound healed without difficulty and radium treatment was subsequently carried out.

Amyloid tumours are rare. The upper air passages are their favourite situation, and 62 cases, including the present one, have been reported. The male sex is affected three times as often as the female. They are met with at any age of adult life. They usually grow slowly and are painless. They occur most often in the larynx, then the trachea, and then the tongue, while isolated examples have been met with in the tonsil, pharynx, and bronchi. The author's case, which involved the palate and nasal floor, is unique in man, but amyloid tumours of the nose have been met with in horses.

THOMAS GUTHRIE.

REVIEW OF BOOK

The Extra Pharmacopœia. MARTINDALE and WESTCOTT. Seventeenth Edition (in two volumes), Vol. I. Revised by W. Harrison Martindale, Ph.D., F.C.S., and W. Wynn Westcott, M.B.Lond., D.P.H. 27s. net. H. K. Lewis: London. 1920.

The first volume of the 17th Edition of Martindale and Westcott's *Extra Pharmacopœia* is now in our hands, as it no doubt is in the hands of all who wish to keep up to date in the therapeutic art. This edition is a specially interesting one as being the first issued since January 1915, and therefore the first to embody the experiences acquired in the course of the great war. A very strong plea is made for the encouragement of our own people in the art of manufacturing, rather than in buying and providing the means to buy the new chemicals and drugs for which in former years we have had to apply to enemy aliens.

Among the new chemicals and drugs to which special reference is made are the hypochlorite compounds, the arseno-benzol developments, peptone injections for asthma, etc., while somewhat faint praise is given to colloidal metals and to hypertonic saline (page xv). The misleading nature of the working formulæ for preparing various organic chemical compounds, as given in the original specifications, is referred to, with the suggestion that this was not in every case unintentional. A large number have been reinvestigated, and much new information with regard to them is given in this work.

The instructions for the manufacture of anæsthesin seem extremely complicated, but it is pleasing to think that this valuable remedy which