ABSTRACTS

EAR

The Treatment of Suppurative Otitis Media with Small Perforation of Tympanic Membrane. Dr THEODORE VON LIEBERMAN, Buda-Pesth. (*Wiener Klinische Wochenschrift*, 15th March 1923.)

Lieberman deprecates the method of treatment of middle-ear disease advocated in nearly all text-books, of enlarging perforations in the drum for the purpose of medication of the tympanum, as this causes a collection of blood in the tympanum and favours the ingress of fresh micro-organisms.

He does not believe in attempts at medication of the middle ear through the Eustachian tube, as this causes a collection of secretion which prevents the lotion reaching the tympanum. He himself fills the meatus with the lotion of choice, and closes it by pressure on the tragus or by the nozzle of the Politzer bag and instructs the patient to swallow repeatedly. In this way the lotion reaches the tympanum and finds its way into the Eustachian tube and even into the pharynx. This method can be used with the smallest of perforations, unless the membrane is swollen and œdematous or the perforation is blocked by granulation tissue. These conditions are treated by alcohol or salicylic acid and by chemical or electric cautery, and then by intratympanic medication.

In early cases the author uses as his lotion of medication a solution of peroxide of hydrogen and later a mixture of peroxide and alcohol. In chronic cases he uses the latter alternately with a 1 to 2 per cent. solution of silver nitrate.

F. C. ORMEROD.

Herpes Zoster of the Seventh and Eighth Cranial Nerves. A. BLOCH, Paris. (*Annales des Maladies de l'Oreille, du Nez, du Pharynx et du Larynx*, February 1923.)

A case is described in considerable detail, the gist being as follows:—

1. Signs of general infection, fever, headache, and some meningeal reaction shown by lymphocytosis in the cerebro-spinal fluid.
2. Herpetic eruption in a well-defined skin area.
3. Peripheral facial paralysis of the same side.
4. Auditory disorders—tinnitus and some loss of hearing with vestibular disorganisation, giddiness, vomiting, spontaneous nystagmus and vestibular hyperexcitability.

GAVIN YOUNG.

Abstracts

Contribution to the Pathological Anatomy and Pathogenesis of Deaf-mutism. II. "Post-hydropic Degenerative Changes in the Internal Ear as a Cause of Deaf-mutism." O. STEURER, Jena. (*Zeitsch. f. Hals- Nasen- und Ohrenheilkunde*, Bd. II., p. 172.)

The basis of this article is Wittmaack's view that "dropsical" increase of endolymph occurs as the result of increased secretion, but chiefly of diffusion. Two cases of his own and 10 of other authors are described and illustrated. He considers that the conditions found are regressive degenerative changes rather than developmental defects. Out of the 10 cases of other authors, 7 were considered developmental defects, 2 cases of intra-uterine labyrinthitis and 1 labyrinthitis caused by meningitis. Steurer is of the opinion that many cases of deaf-mutism must, in the light of our present-day knowledge of the pathological anatomy of the ear, be interpreted as regards their genesis, in a different way to that adopted by their describers. Above all, the number of those attributed to developmental defects and malformations must be greatly diminished in the light of our knowledge of the origin of degenerative changes in the internal ear.

JAMES DUNDAS-GRANT.

Deaf-mutism: Etiology and Prophylaxis. Dr JOUET. (*Bulletin d'Oto-Rhino-Laryngologie*, Paris, March 1923.)

The author reviews the present state of our knowledge on this subject, in the light of statistics of 750 cases (institutional). Congenital and acquired causes are present in almost exactly equal frequency.

1. Consanguinity, once thought to be of greatest importance, is found to account for 8 per cent. only. It is rare to find more than one case in a family.
2. Heredity. Intermarriage between deaf-mutes is frequent, only 10 cases however were found in which either parent was deaf-mute: 2 cases had deaf-mute grandparents.
3. Syphilis of parents is important. Of cases in children presenting *no other* sign of syphilis, 10 per cent. of the deaf-mutes had syphilitic parents.
4. In over 60 per cent. of cases the etiology is unknown: the disease is commoner in mountainous areas.

Acquired disease:—

5. 43 per cent. are due to meningitis, chiefly cerebro-spinal.
6. 20 „ „ late congenital syphilis.
7. 30 „ „ exanthemata.
8. 4 „ „ trauma (fractured base, etc.).

Ear

In addition to the obvious prophylaxis directed to consanguinity and syphilis, Dr Jouet advises:

(*a*) Systematic disinfection of nasal fossæ at birth.
(*b*) Surgical treatment of adenoid hypertrophy at any age.

E. WATSON-WILLIAMS.

Is Adult Lip-reading Worth While? Dr G. BERRY. (*Laryngoscope*, Vol. xxxii., No. 9, p. 645.)

The results of teaching 108 deaf American soldiers are given. No one who could hear conversation over five feet was admitted. Many were totally deaf. Each case received an intensive course of three lessons of forty-five minutes each, daily. Individual tuition was found to be essential. The results are graded, excellent, good, average, fair, and poor. The course for the "excellent" averaged 2.1 months, and in that time they were able to read 90 to 100 per cent. of what was said; while the "excellent" and "good" together could read 80 per cent. The "poor" averaged six months, but the average for all cases was only 2.7 months. Among the "excellent" were 13 totally deaf and 10 hearing a shout only. A good education was not necessary, in fact the poorly educated seemed to do even better in this series. The "poor" grade shows a preponderance of totally deaf, but this is explained by the sluggish mentality of the meningitic deaf. The system was an army one and the pupils under complete military control. Civilian schools compare badly with the above results, probably owing to the long intervals between lessons and lack of sufficient control.

ANDREW CAMPBELL.

A Case of Streptococcal Meningitis. S. G. ASKEY. (*Lancet*, 1923, i., 952.)

The author records the case of a boy of 12, with an adenoid history. On 22nd January 1923, he had earache and right deafness. Beyond slightly tender glands about the right sterno-mastoid, symptoms were negative. 29th January: severe occipital neuralgia; pulse and temperature normal. No mastoid tenderness. 3rd February: sudden vomiting with cessation of neuralgia, temperature 103.5°, pulse 108, no other signs. In the evening, Kernig's sign present, neck muscles rigid, knee-jerks absent. No other symptoms. Cerebro-spinal fluid turbid under reduced pressure; yielded pure culture of streptococcus. 4th February: operation, small area of diseased bone at mastoid tip, pus in cells and antrum; dura mater not touched. Immediate improvement and uninterrupted recovery.

MACLEOD YEARSLEY.

Abstracts

PHARYNX.

Chronic Infection of the Tonsils by Fusiform Spirilla. Drs SEQUIN, BOUCHET, AND LOGEAIS, Laënnec Hospital. (*Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx*, February 1923.)

The subject is treated very thoroughly, and is divided into three parts—Histological, Clinical, and Treatment. The conclusions arrived at are:—

1. These organisms cause chronic tonsillitis affecting particularly the crypts: the parallel is drawn between the infection of the gums and that of the tonsils, the treatment of both being difficult to carry out successfully.

2. Chronic fuso-spirillar tonsillitis causes destruction of the epithelium, and ulceration of the superficial lymphoid tissue. The squamous epithelium becomes thickened, forming a kind of leukoplakia.

3. In Vincent's angina, spirochætes and fusiforms invade the tonsillar tissue, destroying it, and this stimulates a polynuclear invasion of the tissue. In chronic tonsillitis of the fuso-spirillar variety, there is no polynuclear influx, lymphocytes alone being present. These areas of ulceration are difficult to eradicate. They predispose to re-infection of the tonsil and to repeated attacks of acute tonsillitis.

Treatment with arsenobenzol glycerine is suggested for the milder cases, enucleation for the more severe. GAVIN YOUNG.

Persistent Cranio-Pharyngeal Canal. Dr PILPEL. *Monatsschrift für Ohrenheilkunde Laryngo-Rhinologie*, Vol. ii., 1922.

A small, very thin, pale girl of three was admitted to the Children's Hospital of Leopoldstadt on the 18th of July 1920. She was unconscious, cried if disturbed, but could not be "roused." Pupils unequal; marked trismus; extreme rigidity of neck; opisthotonus; positive Kernig and increased reflexes.

Except for rather backward development, and an attack of measles, there was nothing important in her history. On account, however, of continued snoring and mouth breathing, an operation for adenoids had been performed at another hospital six days previously. The following night she had fever and vomiting. The neck stiffness had existed for three days, since when the child had taken no food.

Lumbar puncture revealed a slowly flowing, very turbid fluid, which contained numerous pus cells, various cocci and bacteria. The following day the child died. *Diagnosis.*—Purulent meningitis. Post-mortem examination showed a purulent inflammation of the meninges, especially at the base, with an empyema of the ventricles.

Pharynx

After removal of the brain, a large defect was found in the body of the sphenoid bone, where in place of the sella turcica there was an oval hole, measuring 21 by 14 mm., in which brain tissue lay. Further investigation showed that the pharyngeal end of this hole was merely closed by damaged periosteum, and the infiltrated mucous membrane of the pharynx.

The author considers that the meningitis was the direct result of the previous operation.

He gives a résumé of the literature he has been able to find of this abnormality, and it is with some surprise one reads a report of over two hundred cases—recorded by different investigators—where this condition (which he states is one of the commonest maldevelopments) apparently was found in some 10 per cent. of bodies examined. The subject is discussed at length with a note on the normal development of the pharyngeal hypophysis, its blood supply, and the connections of this with the intra-cranial vascular system, raising in addition interesting speculations as to possible association between this part of morphology and the development of adenoids. ALEX. R. TWEEDIE.

The Kidneys and Tonsillar Infection. E. CAUTLEY. (*Archives of Pediatrics*, February 1923.)

Acute nephritis is frequently caused by an infection via the tonsils and should be treated by tonsillectomy. The attacks of hæmaturia or albuminuria are usually ascribed to "chill" and, though comparatively mild, are apt to recur.

A significant fact in etiology is that one of the functions of the kidney is the excretion of organisms and toxins. Such excretion may take place without nephritis. If nephritis does occur, it is not of necessity severe, and indeed a mild degree of albuminuria throughout life is compatible with excellent health. It is important to search for a focus of infection, especially in the tonsils. Two cases are described in which enucleation of the tonsils was followed by rapid disappearance of the symptoms. DOUGLAS GUTHRIE.

Observation on the Results of Roentgen Therapy in Chronic Tonsillitis. JAMES W. BABCOCK, M.D., New York. (*Journ. Amer. Med. Assoc.*, Vol. lxxx., p. 5, 3rd February 1923.)

A summary of the results observed in a series of cases so treated occurring in the practice of Dr C. G. Coakley and the Author, forms the basis of this instructive paper.

The enthusiastic claims of some advocates of this method of treating chronic inflammation of lymphoid tissue, particularly the tonsils, has been very thoroughly examined. Witherbee's claims are

set forth in detail. Lederer's paper on the Roentgen Ray in Tonsillar Disease (*Journ. Amer. Med. Assoc.*, Vol. lxxix., p. 1130, 30th September 1922) is also quoted.

The Author's observations lead to the conclusion that though roentgen therapy, as now advocated, may cause diminution in the size of tonsils or other lymphoid tissue in the pharynx or naso-pharynx, the residue has been observed acutely inflamed, and much increased in size while inflamed. It has been demonstrated that the small fibrous tonsil is as likely to serve as a focus of infection with remote symptoms. The observations on tonsils afterwards excised indicate that they are not made free of pathogenic bacteria, there is no evident increase in connective tissue, diminution of lymphoid tissue, or lack of activity of the germinal centres of widening of the crypts. Neither the adenoids nor the hypertrophic lymph nodules on the posterior wall of the pharynx disappear, they do not change in any appreciable way, and are subject to occasional inflammations similar to those preceding roentgen therapy. General symptoms, involving the heart and joints, have not been relieved in these cases by roentgen therapy, and, in some of the cases, have improved following an operation some time after roentgen therapy.

Until it is more definitely shown that diseased tonsils and other lymphoid tissue in the pharynx and naso-pharynx can be eradicated as efficiently by a less unpleasant process, reliance must be placed on surgery.

PERRY G. GOLDSMITH.

Nine Cases of Pulsation Diverticulum (*Zenker*). VIGGO SCHMIDT. (*Acta Oto-Laryngologica*, Vol. v., fasc. 1.)

Details are given of 9 cases of pharyngeal diverticulum together with an account of the pathology, ætiology, and symptoms of the condition. It is pointed out that in many cases there is present some debilitating disease unconnected with the œsophagus, and that this may play an important part in the formation of the diverticulum "through the general weakening of the nervous system and loss of muscle tone." External œsophagotomy with excision of the sac was performed in 4 cases, in 2 with success. The other 2 were poorly-nourished individuals with chronic nephritis who stood the operation badly and died some little time after it. In 2 other cases Goldmann's operation was successfully employed. This consists in exposing and freeing the diverticulum, and tying the pedicle with a thick silk ligature which drops off together with the gangrenous sac at the end of about a week. The wound, occupied by the ligatured sac, is packed so that, adhesions having formed, the development of an œsophageal fistula, when the sac drops off, is never followed by serious infection.

THOMAS GUTHRIE.

Peroral Endoscopy

PERORAL ENDOSCOPY.

A Case of Leiomyoma of the Œsophagus. E. A. GRÜNBERGER and A. PIJPER. (*Acta Oto-Laryngologica*, Vol. v., fasc. 1.)

A man, 54 years of age, suffered from difficulty in swallowing solids for four months before coming under observation. X-ray examination showed almost complete obstruction just below the manubrium, a thin stream only passing through. Œsophagoscopy revealed normal mucous membrane, which at a distance of 20 c.m. from the teeth bulged into the lumen from in front and to the left, backward and to the right. What remained of the lumen was crescentic in shape and would not admit the thinnest probe. Some temporary improvement followed, but a few weeks later the obstruction became complete even for fluids, and a gastrostomy was performed, the patient dying some days after the operation. The post-mortem examination showed the mucous membrane normal throughout. The muscular coat was somewhat thickened as a whole, and contained at certain levels rather hard masses, microscopic sections of which showed them to consist of very young unstriped muscle fibres. The staining reactions confirmed the view that the tumour must be regarded as a leiomyoma.

THOMAS GUTHRIE.

Carcinoma of the Œsophagus with Perforation of the Aorta. JOSEPH J. MAYER, M.D. (*Journ. Amer. Med. Assoc.*, Vol. lxxix., No. 18, 14th October 1922.)

Female, aged 47, an Austrian, complained of inability to swallow solids, though fluids would pass if small amounts were swallowed slowly. Regurgitation of food had been going on for two months, but was thought by the patient to be vomiting of undigested food. There was pain behind the sternum and in the stomach, with progressive weakness and loss of weight. The Wassermann reaction was negative. Roentgen-ray examination revealed an irregular stricture of the œsophagus two inches from the top of the sternum. Gastrostomy was performed and was followed by an improvement in general condition sufficient to permit her going about the ward. One month after the operation, directly after getting into bed, she was found gasping for breath and died in a few minutes. There was no bleeding from the mouth. Necropsy revealed a fibrous malignant growth of the gullet, three inches in length, opposite the bifurcation of the trachea. The lumen would only admit a small-sized probe, and in the centre of the growth was an ulceration the size of an ordinary lead pencil which invaded the aorta. The stomach was filled with blood. No metastasis or other abnormality was found.

PERRY G. GOLDSMITH.

Abstracts

The Early Treatment of Œsophageal Stricture. Prof. HANS SALZER. (*Wiener Klinische Wochenschrift*, 19th April 1923.)

Following a previous communication Professor Salzer considers the best method of treating stricture of the œsophagus is to begin dilatation three to six days after the onset of obstruction or as soon as the swelling of reaction has subsided, not waiting for the lapse of six to eight weeks as usually recommended, for by that time a hard cicatrix has formed and makes dilatation much more difficult. Of 24 cases of stenosis in the last three years 21 were cured, 2 died before treatment was commenced and one died of broncho-pneumonia after four dilatations. The most severe cases of stricture were dealt with at an early date without perforation, though this is an accident which has always to be guarded against.

Of a complete total of 37 cases treated, 33 were cured, and several which have been observed over periods of three years and more are quite healthy.

In Hungary the prevalence of œsophageal stricture in children is very striking, accounting for 6 per cent. of the cases at some of the children's clinics. Bokai treated 78 cases by this early method with 4 cases of perforation and 72 cures.

Early dilatation has been so successful with children that the author recommends its being applied to similar cases in adults, an opportunity of doing which he has not yet had.

F. C. ORMEROD.

Two Cases of Cancer of the Œsophagus detected at an Early Stage by Œsophagoscopy. E. BRATTSTRÖM. (*Acta Oto-Laryngologica*, Vol. v., fasc. 1.)

The idea is widely prevalent that in cases presenting symptoms suggestive of cancer of the œsophagus, the first proceeding should be an X-ray examination, and that if this gives a negative result it is safe to assume the absence of serious disease. In the two cases recorded in this paper, however, œsophagoscopy with excision of a specimen proved the presence of a malignant growth in each, at a time when radiography failed to show any definite evidence of œsophageal disease, although the symptoms (pain and obstruction) had been present for some months. It is inferred, therefore, that no reliance should be placed on the absence of X-ray evidence of disease, and that an early resort to œsophagoscopy will not only settle the diagnosis but, if a growth be found, enable treatment by radium to be carried out at an early stage. THOMAS GUTHRIE.

Peroral Endoscopy

Late Results of Radium for Cancer of Œsophagus. Dr J. GUISEZ. (*Bulletin d'Oto-Rhino-Laryngologie*, Paris, November 1922.)

Dr Guisez divides his observations into three groups:—

1. Early cases (3) in which apparent complete cure followed treatment. The oldest cases had survived eleven years from treatment.
2. Late cases with large tumours (4). Disappearance of all signs of tumour, but some cicatricial stenosis. All cases improved very much and survived at least three years.
3. Cases too recent for any deduction as to permanence of cure; rapid improvement of symptoms has followed the technique recently developed.

The author regards tumours of either extremity of the tube unfavourable. Extreme cachexia renders improvement doubtful. Otherwise, any case should be treated in which a lumen can be discovered. Hyperplastic and bleeding growths render the treatment more difficult to apply, but the type of growth has no prognostic significance. About 10 centigrams of radium bromide is used in two or three tubes. A screen of 1.5 mm. platinum and 1 mm. silver is used, and the whole enclosed in a gum-elastic tube, with a wire style. A long tube has been found the only satisfactory means of fixing the radium for a protracted seance. Five or six applications of ten hours each should be considered a minimum treatment. The normal tissues are not affected by this method. E. WATSON-WILLIAMS.