

ABSTRACTS

EAR

The Treatment of Acute Suppurative Otitis with Penicillin. LOUIS WEINSTEIN, M.D., Ph.D. and HILTON B. ATHERTON, M.D., (Boston). *Journal A.M.A.*, October 13th, 1945. CXXIX, 7, 503.

Fifty cases of acute suppurative otitis media, 48 complicating scarlet fever, 1 measles and 1 streptococcic pharyngitis were studied.

Bacteriological studies revealed hæmolytic staphylococcus aureus alone in 11 cases, beta-hæmolytic streptococcus alone in 21 cases, non-hæmolytic staphylococcus alone in 10, beta-hæmolytic streptococcus and hæmolytic staphylococcus were found together in five.

Immediately discharge was noticed penicillin was administered to each of the patients in doses of 10,000 units intramuscularly every three hours and continued until the ear discharge had been absent for at least 24 hours. The average time for the discharge to disappear was 3.9 days. Four cases recurred and were easily controlled by further treatment.

Infections of the middle ear with staphylococcus are more refractory than the beta-hæmolytic streptococcus.

None of the patients had any clinical evidence of mastoiditis but X-ray studies revealed clouding of the mastoid cells coincident with the first appearance of the discharge.

Two patients had facial paralysis, one only required a mastoidectomy.

Because of the recurrences the writers recommend that the treatment be continued for 72 hours after the ears are dry.

The article contains four tables.

ANGUS A. CAMPBELL.

Aural Manifestations of Leukemia. JOSEPH G. DRUSS (New York) (*Archives of Otolaryngology*, 1945, XLII, iv, 267-274.

The medical records of 148 subjects with leukæmia are reviewed, with particular attention to aural involvement and a more detailed study has been made of 4 of the patients who died and from each of whom a temporal bone was procured for histological examination.

Aural complications of leukæmia are more prevalent than is generally believed. They occurred in 25 of the 148 cases reviewed (16.8 per cent.).

The aural complications include diseases of the external, middle and internal ear and their adnexa. The pathological changes in the ear as elsewhere are comprised chiefly of hæmorrhage, cellular (leukæmic) infiltration and inflammation and may be revealed on histological examination even in cases in which there was no clinical evidence of aural disease.

A brief review of literature is given and 8 photomicrographs are presented.

R. B. LUMSDEN.

Abstracts

Vestibular Nystagmus caused by Acoustic Stimulation. P. G. GERLINGS and A. DE KLEYN. *Proc. Nederl. Akademie van Wetenschappen*, 1941, XLIV, 800.

A case described of a woman age 35 who complained of dizziness on pronunciation of the letter N. On examination it was found that pronunciation of the letter N. produced a rotary nystagmus on moving to the left with sometimes deviation of the eyes upwards. Tonal stimulation produced a marked vertical nystagmus with the quick component upwards for the tones 1024 D.V., 2048 D.V., and 4096 D.V.

The author summarizes as follows:—

1. Acoustic stimulation can elicit vestibular symptoms, e.g., a nystagmus, in certain patients.
2. The acoustic stimulation propagates directly to the cristae if a fistula is present in one of the semi-circular canals. This could be demonstrated experimentally by TULLIO, JELLINEK, and HUIZINGA; in man this phenomenon was reported by BENJAMINS.
3. Acoustic reflexes can cause a nystagmus from the cochlea upon the vestibular system. This was experimentally proved in rabbits; the symptoms found in two patients without fistulae and with normal hearing (one patient of BENJAMINS and one patient in our clinic), could be explained in the best way by these facts.

J. GILROY GLASS.

A New Form of Position Nystagmus. D. VON DEVIVERE and A. DE KLEYN. *Proc. Nederl. Akademie van Wetenschappen*, 1941, XLIV, 8, 921.

Five cases are described in which a positional nystagmus was elicited by maintaining the head in the lateral position for some minutes and then moving the head to the contra lateral position.

“This position nystagmus showed different forms: once a horizontal, once a rotary, once a vertical and once a rotary-horizontal nystagmus developed while in the last case some vertical movements were followed by some horizontal ones. Of the horizontal and rotary nystagmus the quick component was in three cases directed to the left with patient in left lateral position, and to the right with patient in right lateral position. In one case (patient V) the nystagmus had its quick component horizontally to the left with the patient in right lateral position. In one case an unadulterated vertical nystagmus upwards was found.

“It is very probable that inductive symptoms of SHERRINGTON play an important part in this form of position nystagmus.

“To comprehend this symptom the patients must be supposed to have a ‘Bereitschaft’ for a position nystagmus when being in a certain lateral position, e.g., in the left one; however, this mere lateral position offers no sufficient stimulation to elicit the nystagmus. If, however, the opposite (right) lateral position by which the irritability of the antagonistic centra is enlarged (induction of SHERRINGTON) is taken first, the changing to the left lateral position accounts sufficiently for the eliciting of a position nystagmus.

Nose

"All patients showing the above-mentioned form of position nystagmus were females. However, the number (5) was too small to draw conclusions."

Only one similar case was found in the literature, a case described in 1916 by Urbantschitsch. (*Monat. f. Ohrenheilk.*, (1916) 50, 199.)

J. GILROY GLASS.

NOSE

The Use and Abuse of Nasal Vaso-Constrictor Medications. BARNEY M. KULLY, M.D. (Los Angeles). *Journal A.M.A.*, February 10th, 1945, cxxvii, 6.

The writer attempts a reevaluation of the increased use of nasal vasoconstrictor drugs. The primary vasoconstrictor effect of sympathomimetic drugs is usually followed by a secondary vasodilatation. This secondary dilatation is influenced by the type and amount of drug used and the sensitivity of the individual.

Judicious use of vasoconstrictor drugs is indicated in surgical procedures and in some nasal infections, particularly acute sinusitis.

The indiscriminate use of this medication in acute rhinitis lengthens the course of the infection and increases the incidence of sinus and ear complications.

Vasoconstrictor drugs may of themselves produce a vasomotor rhinitis indistinguishable from that due to allergy. Vasomotor rhinitis of allergic origin is aggravated by constrictor medication.

The use of vasoconstrictor drugs in chronic obstructive conditions adds secondary congestion to the obstruction already present.

The addition of antiseptics, particularly sulfathiazole to vasoconstrictor drugs, increases the irritant properties without compensating therapeutic benefits.

ANGUS A. CAMPBELL.

MISCELLANEOUS

Local Use of Penicillin in the Ear, Nose and Throat. FLETCHER D. WOODWARD, M.D., and THOMAS HOLT, M.D. (Charlottesville, Va.). *Journal A.M.A.*, October 27th, 1945, cxxix, 9.

In their study the writers used penicillin lozenges containing 800 units each, solutions containing 500 units per cubic centimetre, and a water soluble jelly containing 1,000 units per gram.

Local use of penicillin has proved helpful in the control of acute and subacute infections of the nose but it has been of no value in the common cold or acute otitis media. The local application of penicillin does not produce any real change in the bacterial flora present in the nose and throat.

No systemic toxic reactions were noted but one patient developed a pronounced dermatitis of the external ear.

ANGUS A. CAMPBELL.