ABSTRACTS

EAR

The Present Status of Otitic Meningitis. JAMES G. DWYER. (*The Laryngoscope*, lxvi., April, 1936, 245.)

This much-discussed question is considered as regards the spinal fluid, the blood count, and the pathways of infection. The usual points in connection with examination of cerebrospinal fluid are mentioned but particular attention is given to the bacteriological aspects.

An extradural infection will give rise to a cloudy spinal fluid with no organisms and many such cases are wrongly diagnosed as generalized meningitis. Another not well realized fact is that organisms normally Gram-positive are often injured or undergo autolysis when they lose the property of taking the Gram stain and become Gram-negative. Not infrequently such organisms are so injured that they will not grow in cultures.

Great importance is attached to the question of the blood count. The writer regards it as being of the greatest value both in diagnosis and in deciding when to operate on a brain abscess.

Concerning the pathway of infection, the conclusion is reached that a large majority of mastoid deaths are really not due to the mastoid, but result from an extension from the sphenoid in the form of a low-grade osteomyelitis or thrombophlebitis which causes a meningitis. Several illustrative cases are cited.

MYLES L. FORMBY.

Diabetes and Suppuration of Middle Ear, Sinuses and Tonsils. DRS. BRUNO KECHT and HANS DIBOLD. (*Zeitschrift für Hals-Nasen-und Ohrenheilkunde*, March, 1936.)

Otitis. The course of otitis media leads more often to mastoiditis in the diabetic than in the non-diabetic.

As a rule, the mastoiditis does not show any peculiarities.

Mortality of mastoiditis is higher—23 per cent. against 11 per cent. in the non-diabetic.

Prognosis in young persons always good, even if the diabetes is severe ; in the elderly (above 55 years) bad.

Indication for operation : On the whole the diabetic ought to be operated on earlier than the non-diabetic because the diabetes gets worse with suppuration and improves when a focus of suppuration

is eradicated. In a series of 17 cases, 11 operations were performed under ether anæsthesia.

Sinuses and Peritonsillar suppurations did not present special features in the diabetic. F. C. W. CAPPS.

Operation on Tip of Pyramidal Bone. PROF. SIEGFRIED UNTERBERGER. (*Zeitschrift für Hals-Nasen-und Ohrenheilkunde*, May, 1936.)

The tip of the pyramidal bone is approached from the middle cranial fossa, not as in other methods from the posterior cranial fossa; the whole of the inner ear is not opened but only the tegmen above the facial nerve and the internal meatus are removed.

Advantages of this route :—

(i.) It gives the nearest approach.

(ii.) It is less dangerous because lesions of sinus and bulb occur more often when operating from the posterior fossa. Further, the internal meatus is not completely removed, and a hernia of the brain is avoided. The facial nerve is better protected by this method.

(iii.) The chiselling away of the obstructing part of the labyrinth is easier than that procedure from the posterior fossa because the chisel is easier to use.

(iv.) Breaking the pyramidal bone from the temporal and occipital bone is avoided, an accident which may occur in other methods.

(v.) View of the field of operation and subsequent drainage during the after-treatment are better.

On diagnosis of latent pyramidal suppuration causing meningitis, the inner ear ought to be sacrificed.

The meningitis in three cases operated upon was too far advanced and the patients died. F. C. W. CAPPS.

The Treatment of Labyrinthitis. DR. HANS ESCHWEILER. (*Zeitschrift für Hals-Nasen-und Ohrenheilkunde*, May, 1936.)

At the Leipzig Clinic indication for operation on the labyrinth is not founded on the uncertain diagnosis of a purulent or serous type of labyrinthitis.

To determine the lines of treatment cases are divided into " open " labyrinthitis, cases with endocranial complications (especially meningitis); and " closed ", with no accompanying complications.

They operate only on the " open " cases, though not in every case. For instance, a mere increase of cells in the cerebrospinal fluid in a case of early labyrinthitis does not constitute an indication to open the labyrinth as long as the clinical picture remains good. In their experience such a " starting meningitis " recedes. Very often a " drainage operation " is sufficient and, in their experience,

there is not necessarily a danger of the labyrinthitis spreading to the meninges. In such cases an operation on the labyrinth may even be harmful.

During recent years thirty-four cases of labyrinthitis have been seen.

Sixteen " closed " cases have been treated :—

Following acute otitis media, seven cases. Antrotomy in three cases : two cured with total deafness, one with normal function restored. The remaining four cases were treated only by paracentesis or without any surgical treatment. Result : three cured with total deafness, one with normal function restored.

Following chronic otitis, nine cases. Radical mastoid done in every case. Four cases recovered with normal function restored. Five cases recovered with total deafness.

Fourteen " open " cases :—

After acute otitis media, eight cases. Five died, three recovered.

After chronic otitis, six cases. Two died, four recovered.

Labyrinthitis following subacute otitis media, four cases. One died, three recovered.

F. C. W. CAPPS.

NOSE AND ACCESSORY SINUSES

Surgical Approach to the Nasal Accessory Sinuses. WILLIAM MITHOEFER. (*The Laryngoscope*, lxvi., April, 1936, 266.)

A plea is made for the more careful consideration of the nasal sinuses prior to an operation on the nose. Failure to make this study is regarded as the probable reason why nasal sinus surgery has fallen into disrepute. It is pointed out that a general dyscrasia such as that resulting from hypothyroidism, chronic intestinal toxæmia or diabetes, frequently has a disease of the nasal sinuses as its accompaniment. Surgical interference with the sinuses may lead to disaster if the dyscrasia is not recognized and treated beforehand.

The two questions, when to operate and what operation to perform, are discussed in detail. The view is expressed that a chronic serous inflammation of the nasal sinuses can be removed only by operation, and that all vestige of diseased mucous membrane must be eradicated. The suppurative variety of antral inflammation may be relieved by the simple antrum operation.

When the suppurative process is primarily in the antrum but the disease has involved other air cells as well, the author advocates radical antrostomy and exenteration of the ethmoidal cells through the transantral route, preserving the middle turbinate if possible. He is not in favour of operating upon the ethmoidal cells

extra-nasally as a first measure, except where there is marked pansinusitis, especially if the patient happens to be an asthmatic.

One of the causes of failure following a radical antrum operation is held to be the fact that disease of the ethmoidal sinuses has been allowed to remain, the supposition being that disease in this region will care for itself after the antral disease is eradicated. In the writer's opinion such an outcome is of rare occurrence. The ethmoidal sinus is regarded as the " key to the situation " and should be investigated whenever a sinus operation is performed.

For an antrum requiring æration an opening is made in the middle meatal region. This is considered better than an opening on the floor of the nose because the middle meatus is in line with the inspired air current. Also ciliary action of the antral mucosa is towards the normal ostium and an enlarged opening in this locality will allow for better exit of secretion.

The persistence of pain after a well-done, complete nasal operation may be due to the presence of a " silent osteitis " of the alveolar process, and this possibility must be borne in mind.

Finally, a brief description of the various methods of surgical approach commonly employed by the author is given.

MYLES L. FORMBY.

Effects of the Caldwell-Luc Operation on the Teeth. DR. GERTA SCHMIDT. (*Zeitschrift für Hals-Nasen-und Ohrenheilkunde*, March, 1936.)

Forty-five patients in whom sixty-three antra had been operated upon were examined. Of their teeth, which numbered 425, tested electrically, 11 per cent. reacted to the electrical current so as to give a permanent anæsthesia (d'Arsonval high frequency current was used). Two teeth were damaged, their pulp developing necrosis. The disturbances of sensibility were restricted to the area of the premolars. The possibility of post-operative occurrence of pulp necrosis is explained by the anatomical relations of those teeth to the antrum. By making the opening in the facial wall high up and taking care when scraping the floor of the antrum, it is possible to reduce such damage considerably.

Before the antral operation an X-ray examination of the teeth should be done to exclude apical foci.

After the operation the patient ought to be under the observation of the dental surgeon.

The disturbance of sensibility, which is usually only a temporary one, does not affect the vitality of the pulp and is, therefore, not a contra-indication to Caldwell-Luc's operation.

Disturbance of the teeth is more extensive with Denker's modification since a more extensive removal of bone up to the incisura nasalis is carried out in that operation.

F. C. W. CAPPS.

Miscellaneous

MISCELLANEOUS

Helminthiasis in Oto-laryngology. B. M. LIFSCHITZ. (*Acta Oto-Laryngologica*, xxiii., 3 and 4.)

Absorption of toxins produced by worms (especially Ascaris) in the intestine sometimes gives rise to severe affections of the nervous system, such as epilepsy, chorea, hemiplegia, vertigo and serous meningitis. This is especially apt to occur when large numbers of the parasites die and decompose, so that their toxins are set free in the intestine.

Two cases are reported of toxic symptoms caused by Ascaris in the intestine following, in each case, a satisfactory radical operation for chronic suppurative otitis media.

In the first case a serous meningitis developed twenty-six days after the operation. The ear did not seem to be responsible for this and the cause remained in doubt, until, after other measures had failed, specific treatment (Santonin) for removal of Ascaris from the intestine proved immediately successful.

In the second case severe toxic symptoms, with vertigo and vomiting, appeared six weeks after the ear operation, and were followed by the death of the patient. The diagnosis was obscure, but vomiting of worms pointed to toxic absorption from this source as the cause of the condition; and this was confirmed by the autopsy, which disclosed in the small intestine an intertwined mass of dead and decomposing worms, a state of affairs in which, as noted above, abundant toxins are likely to be set free.

THOMAS GUTHRIE.

Galvanic Ionization Therapy in Allergic Rhinitis. HENRY A. BARRETT. (*The Laryngoscope*, xlvi., April, 1936, 262.)

The paper relates the experiences gained in the treatment of forty-five cases of allergic rhinitis with galvanic ionization.

A simple form of apparatus is described and the technique explained concisely. In order to avoid injury to the mucosa a very small dose is employed at the first treatment. There is no way of predicting the degree and character of the reaction.

No attempt is made to explain the *modus operandi* of galvanic ionization. The method of treatment is considered a real boon to a percentage of sufferers from allergic rhinitis, but the available evidence is too conflicting to know just how valuable it is.

Summarizing, the author states that this form of treatment is good in some cases, of moderate value in others, and without benefit in the rest. No figures are given.

MYLES L. FORMBY.