first two or three years of employing the method, one's diagnosis had been uncertain ; but facility came with more frequent use.

He appreciated Mr. Stirk Adams's paper very much, having come to the same conclusions about the significance of fragmentation of the lipiodol shadow.

The PRESIDENT, in closing the discussion, said that the Section was grateful to Mr. Bedford Russell for bringing forward this paper and for helping to get some indications formulated as to the utility of the method.

ABSTRACTS

EAR

Office Noises and their effect on Audiometry. W. D. CURRIER (Boston). (*Arch. of Otolaryng.*, July, 1942, xxxviii, 49.)

There is much difference of opinion among otologists regarding the value of sound-proof rooms for hearing tests. The majority are content to use a room not specially sound proofed and in consequence the accuracy of the routine tests is more or less decreased, so that a comparison of records from various offices yield unreliable results.

Using a sound (noise) level meter, the writer measured the extent of adventitious noise in a series of rooms employed for hearing tests. He found that the approximate noise level in the office of laryngologists was 35 decibels and in the rooms they employed for tests of hearing, about 24 decibels. Audiograms taken in these testing rooms were approximately 20 per cent. less accurate than audiograms taken in a sound-proofed room. The audibility of high tones is little affected by extraneous noise ; it is the low tones (below 2048 D.V.) that are chiefly impaired. The author concluded that a sound-proofed room is essential for accurate audiometry. The paper is illustrated by 3 tables and 3 charts, and 27 references are given.

DOUGLAS GUTHRIE.

Acute and Chronic Mastoiditis : Clinical analysis of five hundred and twenty-six consecutive operations. C. E. TOWSON (Philadelphia). (*Archives of Otolaryngology*, July, 1943, xxxviii, 32.)

This paper gives statistical details of 526 consecutive operations on 466 patients in one hospital during a period of ten years. The operations for acute mastoiditis out-numbered the radical operations for chronic mastoiditis by about 2 to 1. The sex incidence was evenly divided and right and left ears were involved with equal frequency, while bilateral acute mastoiditis occurred in 18·8 per cent. of the patients. The ages ranged from 6 weeks to 70 years, acute mastoiditis being most frequent between 4 and 12 years, and the chronic

https://doi.org/10.1017/S0022215100011385 Published online by Cambridge University Press

type between 19 and 30 years. There were fewer operations since the introduction of sulphanilamide treatment but no special investigation of this fact was undertaken. Acute mastoiditis was more frequent during winter and spring months, the greatest number in March and April. The time relationship between the onset of otitis media and the operation for mastoiditis was carefully noted in a series of cases. The third week was found to be the optimum time for operation in acute cases, although many cases go on for much longer before operation, and afterwards make a steady recovery. The initial otitis may be so mild that it is overlooked ; this accounts for the so-called primary mastoiditis (twelve cases in the present series).

Etiological factors were not easy to trace, but head colds, measles, and scarlet fever predominated. The writer does not mention the frequency of nasal sinus infection in mastoiditis but quotes other authors who have noted that the association is very common.

Regarding bacteriology, about twenty-two different organisms were isolated, by far the most frequent being streptococcus hæmolyticus.

Early myringotomy is strongly advised in acute otitis media. Most patients with acute mastoiditis had a leucocyte count of 12,000 to 18,000. X-ray examination was a valuable and accurate aid to diagnosis in most of the cases. In 19 per cent. of the cases of acute mastoiditis and 20 per cent. of the cases of chronic mastoiditis there were intracranial complications. Perisinus abscess was the commonest of the complications—34 in acute cases, 13 in chronic cases. Cerebral abscess was present in 7 cases, cerebellar abscess in 4 cases. About one-half of the cases of chronic mastoiditis showed cholesteatoma ; other writers have found it to be even more frequent.

The mortality rate in the series was 5·8 per cent. ; 6·6 per cent. in acute and 4·5 per cent. in chronic cases. The most usual cause of death was meningitis. The great majority of patients recovered, with dry ears—98 per cent of acute cases and 90 per cent. after radical operations. Sixty-three per cent. of the radical mastoidectomies heard as well or better after the operation, the extent of deafness depending upon the duration of the disease before operation. The statistics showing all the data are given in the 27 tables which illustrate this instructive paper.

DOUGLAS GUTHRIE.

Labyrinthitis secondary to Tympanic Infection. PHILIP MYSEL. (*Annals of Otol.* (*St. Louis*), 1942, li, 761.)

It is the opinion of the author that in such cases there should be no surgery during the acute stages of labyrinthine inflammation. If, however, there are signs of threatening meningitis, he recommends that labyrinthectomy be performed. A radical mastoid is not sufficient, but merely exacerbates the condition. To wait for signs of established meningitis, before the advent of chemotherapy, spelt certain death, and even now the prognosis is much better and the likelihood of cerebellar abscess much less, if operation is performed in the stage of meningial irritation.

Operations should not be undertaken in the presence of localized labyrinthitis, or they may cause a spread of the infection to the intracranial areas. If such a labyrinthitis subsides without any intracranial complication, several

https://doi.org/10.1017/S0022215100011385 Published online by Cambridge University Press

weeks should be allowed to pass before the radical mastoid operation is performed, and that should be carried out with the electric burr, rather than with gouge and hammer, as this is less likely to cause trauma and precipitate a meningitis.

Mortality for the period 1923-1933 for labyrinthitis with meningeal complication was 72 per cent. ; during the period 1934-1942 it has fallen to 33 per cent. This is due to :

1. Early diagnosis.
2. Conservative treatment in the absence of intracranial symptoms, and
3. The local application of sulphanilamide powder and the oral administration of sulphadiazine.

F. C. ORMEROD.

LARYNX

Congenital Cyst of the Larynx. (*Lancet*, ccxlv, 508.)

Dr. Jane Davidson reports this case in a child which developed signs of laryngeal atresia twelve hours after birth, and died forty-five days later. It is suggested that the cyst arose by atresia of the laryngeal ventricle—a rare condition. Diagnosis can be made by laryngoscopy or by palpation. Treatment is by resection or simple puncture of the cyst after preliminary tracheotomy.

MACLEOD YEARSLEY.

Neurofibroma of the Larynx. EMILY L. VAN LOON and SYDNEY DIAMOND. (*Anal. Otol.* (*St. Louis*), 1942, li, 122.)

Neurofibroma of the larynx is so rare that only one case was seen in the Mayo Clinic in thirty years. Five others have been reported by Jackson, Colledge, Vail, Tucker and Holmgren and Bergstrand. The present authors describe a case at the Temple University Hospital, Philadelphia.

Of these seven cases all but one were in females and the age varied from 17 to 50 years of age. In Colledge's case alone was there generalized neurofibromatosis. The increase in size of these tumours appeared to be very slow and in three cases there was dyspnœa. In one case there was dysphagia. The new case now recorded occurred in a girl of 17 who gave a history of one year's hoarseness. Attempts to obtain portions for histological examination were unsuccessful, and after watching steady growth of the tumour it was excised by means of laryngofissure. The mucous membrane was incised and dissected off the tumour which was found to be encapsulated and was removed with great care and recovery was uneventful though the voice has remained husky. The tumour was a neurofibroma.

In the seven cases the tumour was removed twice by suspension laryngoscopy, four times by laryngofissure and in one it was left *in situ*. In each case in which it was removed the dissection of the tumour was very easy and Ewing states that the ready enucleability of this tumour is characteristic. In none of these cases has recurrence been noted.

F. C. ORMEROD.

https://doi.org/10.1017/S0022215100011385 Published online by Cambridge University Press

Abstracts

ŒSOPHAGUS

Treatment of Impermeable Stricture of the Œsophagus by External Manipulation. FLETCHER D. WOODWARD. (*Annals Otol.* (*St. Louis*), 1942, li, 94.)

The author describes three cases of impermeable stricture of the œsophagus—two due to drinking lye and one due to marked spasm of the cricopharyngeus muscle.

The first lye case was a boy of 12 who had an impermeable stricture in the upper third of the œsophagus. A gastrostomy was performed and after further attempts had failed, the upper part of the œsophagus was exposed and isolated in the neck. Attempts to penetrate the stricture from above failed, but a bougie passed *viâ* the gastrostomy, and manipulated by the surgeon's right hand, and guided up the cervical œsophagus by his left hand was successfully led through the stricture, after which full dilatation was possible.

The second case was that of a woman of 73 with an unyielding spasm of the upper sphincter : it was treated by cervical exposure of the œsophagus, and by manual manipulation of bougies the œsophagus was found and dilated with complete success.

The third case was a woman of 27 who had swallowed large quantities of lye and had one stricture in the upper and another in the lower third. All attempts to permeate these strictures by the usual methods had failed and so a high abdominal incision was made and a bougie passed *viâ* the stomach and manipulated through the lower stricture. Later a cervical incision was made and the gullet exposed, but no permeation could be achieved from above. The lower stricture had by this time stenosed again and it was not possible to pass a bougie upwards to the cervical stricture though the surgeon considers that if that could have been done, the upper stricture could have been dilated. He proposes to make another attempt on this case and thinks that this method of external exposure and manipulation will result in many otherwise impermeable strictures being dilated.

F. C. ORMEROD.

MISCELLANEOUS

Patulin—The Common Cold. Harold Radstock (*Lancet*, 1943, ii, 627) in collaboration with Surgeon Commander W. A. Hopkins, R.N., and Major Greenwood, in an exhaustive and important article remark that the etiology of the common cold is not yet fully understood, and with the etiology and pathology of this common trouble in its present unsatisfactory position it is difficult to decide as to the merits of a new curative agent because the duration and severity of colds vary greatly with the individual and because a cold is a self-limited disease. The writer claims encouraging results for *Patulin*, which has been given an extensive trial in the Royal Navy. In his summary, the author states that Patulin is about equally bacteriostatic to both gram-positive and gram-negative organisms ; it is much less active than pencillin against gram-positive organisms but much more so against gram-negative ones. During the first four months of this year Patulin was tried in common colds, either by nasal spray or snuffed up from the hand. The results were encouraging, 57 per cent. of the cases recovering completely within 48 hours as compared with 9·4 per cent. of the controls. No ill effects were observed. *Patulin* is a derivative of *Pencillium patulum.*

MACLEOD YEARSLEY.

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