

ABSTRACTS

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The Deaf Mute. P. FRANKLIN. (*Lancet*, 1935, i., 316.)

The writer makes a plea for early treatment, similar to that made in 1910, and many times reiterated, by the Abstractor. The results obtained by Franklin at the Hospital in Vincent's Square are described and show the value of apparatus invented of late years. The following points are emphasized: (1) The astonishing ease with which the deaf child's interest and attention are secured; (2) the spontaneity with which the deaf mute reacts to a minimum of treatment by emitting sound "babbling"; and (3), the improvement in the attitude of the family towards the deaf mute child, substituting a natural and encouraging environment for an unnatural and depressing one.

MACLEOD YEARSLEY.

Autopsy in a case of Otogenic Temporo-sphenoidal Abscess.

TOSHIRO GOTOH. (*Oto-Rhino-Laryngologia*, vii., 12, 991.)

The patient was a man, aged 43, who complained of severe pain on the right side of the head. Kernig's test was positive. The cerebrospinal fluid gave a weakly positive globulin reaction with slight pleocytosis. The mastoid cells were filled with masses of granulations. The pyogenic organisms were *streptococcus mucosus* and *staphylococcus*. Trigeminal neuralgia, with facial paralysis and exophthalmos appeared on the right side, and two weeks after the operation the patient died of meningitis. The autopsy revealed acute purulent meningitis and an abscess of the size of a raspberry in the right temporal lobe. Actinomycotic granules were found in the tympanic cavity and in the apical petrous cells of the right side.

JAMES DUNDAS-GRANT.

Otogenic Cerebellar Abscess. TETSUASABURÔ MUTA and

YASUO FUKUCHI. (*Oto-Rhino-Laryngologia*, viii., 1.)

At the radical operation for cholesteatomatous otitis of the left ear in a boy, aged 8, granulations and cholesteatomatous masses were found in the tympanic cavity and an extra-dural abscess in the posterior cranial fossa. There were also vomiting, double vision and spontaneous nystagmus to the left. Incision of the meninges in front of the sigmoid sinus gave vent to about 100 c.cm.

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of evil-smelling coffee-like pus. After drainage with a rubber tube recovery resulted in two months. The pyogenic organisms were *diplococci*.
JAMES DUNDAS-GRANT.

A Healed Case of Otogenic Cerebellar Abscess. ITSUO IWATA.
(*Oto-Rhino-Laryngologia*, viii., 1, 7.)

A boy, aged 14, came with symptoms of purulent meningitis and chronic cholesteatomatous otitis of the right ear. At the mastoid operation perisinus and extra-dural abscesses were found. Nine days later a cerebellar abscess was detected and the patient remained comatose for about a month. Recovery took place in eight weeks after the evacuation of pus by means of a gauze tampon, aspiration with a syringe, and an indiarubber drain.

JAMES DUNDAS-GRANT.

Treatment of Labyrinthine Fistula by the Quartz Lamp.
KUCHI HANE. (*Oto-Rhino-Laryngologia*, vii., 12, 999.)

The patient, aged 30, had suffered from otitis media on the right side for fourteen years and was subjected to the radical operation. About five years previously there had been an exacerbation, with a feeling of giddiness, after swimming. Recently the discharge had become freer on the right side; a granulation mass of the size of a pin's head was found on the promontory. Touching the prominence of the facial canal or a sudden movement of the body brought about a feeling of giddiness. In spite of curetting and cauterization, the granulation formation persisted, but four or five local irradiations with a quartz lamp brought about healing.

JAMES DUNDAS-GRANT.

On the Chemical Diagnosis of Cholesteatoma. C. R. GRIEBEL.
(*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 244-7.)

Some years ago Retjö described a chemical method of diagnosing cholesteatoma which he claimed was infallible under all conditions. The test depends on the fact that cholesterol is soluble in absolute alcohol or, still better, in carbon tetrachloride. If the meatus is washed out with these solutions, the presence or absence of cholesterol can be decided by several delicate chemical tests depending on colorimetric reactions.

The author was unable to confirm any of Retjö's claims. Traces of cholesterol were found in cases with accumulations of cerumen, in many cases of otitis externa, and of simple otitis media without cholesteatoma. Positive reactions could also be obtained from nasal secretions in chronic sinus suppuration. In fact secretions of all types of inflammation will show a more or less marked positive reaction for cholesterol, provided masses of degenerated leucocytes are present.

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Further, Griebel investigated the cholesterin content of the blood in relation to cholesteatoma in chronic middle-ear suppuration. Again it was impossible to establish any relation between the two conditions, as hypercholesterinæmia was found to depend on other factors altogether. It is most unlikely that the cholesterin content of the blood can be influenced by a local cholesteatoma.

J. A. KEEN.

Experimental Studies on the Mechanism of the Sound-conducting Chain. H. TSUKAMOTO and H. NAGAMI. (*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 236-43.)

The authors have studied pressure variations in the labyrinthine fluids in relation to air pressures in the external auditory meatus. They claim that this is the first time that the subject has been investigated in living animals. After a short historical review (Politzer, Helmholtz, Bezold), they describe their method of investigation.

In rabbits, anæsthetized by urethane solution, the middle ear is exposed and a minute glass cannula (0.8 mm. diameter) is fixed in a hole which has been bored into the promontory. The connection is made air-tight by Canada balsam. The column of physiological saline solution in the glass cannula carries a drop of liquid paraffin. A beam of light is directed through the upper part of the column, and becomes interrupted at the line of junction between the saline and paraffin; the shadow is used in order to register the pressure variations on sensitive paper. The pressure variations of the air in the meatus are registered at the same time in a more usual way. During the operation of exposing the promontory, the tympanic membrane and ossicles are carefully preserved.

Two animals were experimented on and the results are given. In both instances the pressures registered by the labyrinth manometer showed an enormous reduction in amplitude as compared with the air pressures in the meatus. The proportion in one animal was roughly 1/10,000 and in the other animal 5/10,000. The great differences in the two animals are explained by variations in the elasticity of the tympanic membranes, the internal resistance of the labyrinth manometers, and the permeability of the *aqueductus cochleæ*. Further, there are factors connected with the more or less complete interference with the round window mechanism which are an unavoidable result of the operation on the promontory.

J. A. KEEN.

Is there such a lesion as "concussion" of the Labyrinth? O. VOSS. (*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 264-88.)

Professor Voss's article, based on an address delivered to the Frankfurt Medical Society, is an extremely interesting survey of

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the complicated question of so-called "*commotio labyrinthi*". Many authors, especially Ulrich, deny the possibility of an injury to the labyrinthine end-organs, apart from fractures of the petrous bone and gross lesions like a tear of the auditory nerve in the internal auditory meatus. They maintain that the symptoms in such cases are due entirely to a traumatic neurosis and that they have no organic basis. Recently Nager of Zürich has also expressed the view that there is no pathological explanation of labyrinth concussion. He believes that with our increasing knowledge of fractures of the petrous bone, and more especially with our improving X-ray technique, a diagnosis of "labyrinth concussion" will become gradually less frequent.

The many animal experiments which have been undertaken from time to time (see numerous references) have not contributed much to the solution of this problem. The author believes that a pure concussion of the labyrinth is possible apart from gross injuries. So far there have been only three cases in which this has been demonstrated histologically (Voss, Wittmaack, Theodore). The trauma need not be applied necessarily to the skull, but may reach the labyrinth more indirectly *viâ* the vertebral column and occipital bones. Cases of labyrinth concussion after landing on the heels or after a fall on the sacral region have been reported.

The sudden pressure disturbances of the labyrinthine fluids which cause "concussion" may act *viâ* the oval window (Wittmaack) or by means of a momentary compression of the saccus endolymphaticus in the posterior fossa of the skull. The correctness of the latter view seems to have been proved by certain experiments of Brunner.

The author concludes by stating that the following pathological lesions must be considered as possible factors in explaining the occurrence of *commotio labyrinthi* :

- (1) Circulatory disturbances as a result of injury to the vaso-motor centres.
- (2) Blood effusions into the labyrinth with secondary degeneration of the nerve elements. All traces of such effusions may have disappeared if the labyrinths are examined after long intervals.
- (3) Microscopic fissures in the labyrinth capsule.

In the slight cases it may be argued that the symptoms are due to a traumatic neurosis. In the severe cases we cannot exclude with any certainty fractures of the labyrinth capsule impossible to demonstrate by the X-rays; neither can we be certain that there has not been a tear of the auditory nerve trunk with a secondary degeneration of the nerve elements in the end organs.

J. A. KEEN.

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Otitis media in Guinea-pigs and its Diagnosis by X-rays.
K. HILLENBRAND. (*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 256-63.)

Guinea-pigs are used a good deal in experimental studies on suppurative otitis and labyrinthitis. There is a form of spontaneous inflammation of the middle ear in these animals which is indistinguishable from those produced by the injection of chemicals into the tympanic cavity and by other forms of trauma. It is always possible that one or other of the animals in a series may have suffered from a spontaneous otitis previously and this fact obviously detracts from the value of such experiments.

In the guinea-pig the bulla and middle-ear cavity form a comparatively large space into which the labyrinth projects like a cone. When an otitis persists for any length of time the middle-ear space becomes filled with newly-formed bone. In this respect the pathology of otitis media differs from that in human beings. This peculiarity provides a ready means of diagnosing an otitis by an X-ray examination of the guinea-pig's head, and the diseased animals can be excluded from the beginning. There are many interesting illustrations in the text.

J. A. KEEN.

A new method for the continuous withdrawal of cerebrospinal fluid by lumbar puncture in the treatment of Orogenous Meningitis. DAIKICHI ODA. (*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 248-55.)

There are many drawbacks to repeated lumbar punctures. One of the main objections to the frequent withdrawal of considerable quantities of cerebrospinal fluid is the intolerable headache from which the patient suffers. After many trials the author invented certain apparatus and evolved a new method of continuous drainage which overcomes these difficulties.

By means of a siphon arrangement which creates a positive pressure, the abnormal diminution of the pressure in the lumbar cisternal space is avoided. The illustrations showing the apparatus, diagrams, and photographs of the apparatus in actual use are very clear. The drainage was kept up for ten days in one case, twenty-one in another; in the second case the total amount of cerebrospinal fluid withdrawn was 200 c.cm. The end-results in six cases were very promising.

J. A. KEEN.

Suppurations of the Petrous Tip. EDMUND P. FOWLER, New York. (*Journ. A.M.A.*, May 19th, 1934.)

During the four years during which routine serial sections of the temporal bone have been made in the Department of Pathology of the Presbyterian Hospital, six cases of meningitis of otitic origin

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have been sectioned out of 1,165 general autopsies. These six cases are reported in some detail and all had petrositis.

Petrositis, which means inflammation of the petrous portion of the temporal bone, should be used as a diagnosis but should have the following as subheadings: (1) osteitis of the tip; (2) osteomyelitis of the tip; (3) osteitis or osteomyelitis, as the case may be, of the perilabyrinthine regions. Petrositis should always be considered in the presence of trigeminal pain, abducens paralysis or a profuse and persistent aural discharge after a well executed mastoidectomy. It should be watched for if the mastoid and zygoma are highly pneumatized. If one side becomes sclerotic, especially about the antrum or hypertympanic region, this sclerotic bone may cut off drainage from the deeper portions and so lead to pockets in the mastoid or petrous. Petrositis usually subsides spontaneously with adequate drainage from the middle ear, but if this is not effected by the ordinary mastoid operation, further curetting in the peritubal or perilabyrinthine regions will often uncover a pocket of pus. Inadequate drainage of the petrous may result in a chronic discharging ear or terminal meningitis. The invasion of the meninges may take place through a subdural abscess, through the labyrinth, carotid sheath, or blood stream.

ANGUS A. CAMPBELL.

Modern Treatment of Brain Abscess. HARRY P. CAHILL, Boston.
(*Journ. A.M.A.*, January 27th, 1934.)

A carefully taken history is always of great value in the diagnosis of brain abscess. In lateral sinus thrombosis, extension of the sterile distal end of the clot to the torcula or even to the cavernous sinus may produce signs and symptoms of severe intracranial pressure simulating abscess. Two such cases are reported. After further discussion of the diagnosis the treatment reviewed is the ordinary procedure used at the Boston Eye and Ear Infirmary. No definite results of treatment are tabulated.

Injection of iodized poppy seed oil is found to be helpful in the after treatment of the capsulated abscess. Röntgen evidence of a residue of this oil in the capsule of an apparently healed abscess has been seen years after the injection. Capsulated brain abscess is most frequently found in the temporal lobe while the non-capsulated abscess is common in the cerebellum. Treatment of the non-capsulated abscess has not been satisfactory. Frontal lobe abscess accompanying acute frontal sinusitis is approached through a vertical median incision joining with the horizontal Killian incision. The posterior wall of the sinus is removed and in about 50 per cent. of cases the dura is diseased or there is a small dural fistula. Either of two methods of after treatment are used. The first method consists of dilatation of the fistula every second

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or third day by the insertion of a catheter until a No. 24 is accepted. The second method consists in removal of a cone of cerebral tissue down to the capsular wall by means of the radio knife and loop of Bovie. A Mosher wire gauze drain is inserted and allowed to remain undisturbed for about four weeks. The scalp sutures are then removed and the brain is permitted to expel the drain gradually.

In temporo-sphenoidal abscess an extended approach through the mastoid has given the highest average of recoveries, although a subtemporal decompression has grown greatly in favour, especially in moribund patients with sclerotic mastoids. When cerebellar abscess is secondary to sinus disease, drainage through the inner wall of the sinus is the customary procedure. If the labyrinth is involved the paramastoid route through Trautmann's triangle is used.

In all cases great attention should be given at operation to the presence of a granulation over the dura or of a fistula, as these are frequently of great assistance in localizing the abscess.

ANGUS A. CAMPBELL.

Regarding the Facial Expression of Deaf People. Dr. O. MUCK, Essen. (*Munch. Med. Woch.*, 1935, No. 4.)

In the National Gallery in London a self-portrait of Sir Joshua Reynolds may be seen. Anyone looking at the picture immediately gets the impression of the representation of a deaf person listening attentively. Reynolds actually was hard of hearing. This ear complaint for which, we are told, a cold he caught in the Vatican in 1749 was responsible, became distressingly more apparent during the course of the year, until an ear-trumpet became his constant companion.

If a painter paints his own portrait, vanity may not be the reason for it. We need only think of the old and weather-beaten Rembrandt in Cologne. For him it seems much more in the nature of a "problem". Bode, speaking of Reynolds, says "If anything, Reynolds's problem has been to reproduce the true character of the personality both into the pose and also into the gesture" (mannerisms).

We see then, here, how a painter represents himself as a deaf man. His eyes fixed upon the mouth of the person speaking to him; his mouth slightly opened, and his hand behind his ear in order to amplify the sound waves. If we follow up the question, why deaf people in general, in order to hear better, often behave in this way, the expediency of holding the cupped hand in this position is obvious from the first. It is, however, not easy to explain why the mouth should be opened slightly whilst listening. Upon this question Charles Darwin expresses himself as follows:—

"For a long time I imagined that opening the mouth might possibly assist in distinguishing the direction from which noises

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proceed, and by that means that it might afford the sound another entrance to the ear, namely through the Eustachian tube." However, even Darwin himself rejected this suggestion, and rightly so, on the ground that, except during deglutition, the Eustachian tube remains shut.

In the following words he describes better the reason why deaf people frequently keep their mouth open whilst listening intently: "If we want to listen for a particular sound with special attention, we either hold our breath or we breathe with our mouth open, at the same time keeping our body as motionless and still as possible." In these words Darwin accounts for the falling of the lower jaw and the open mouth. If our attention is intensely held for a long time, all our muscles will be relaxed, and the jaw remains in the fallen position, as it was after the mouth had been opened suddenly.

While a deaf man is listening attentively he sets the muscles of his body and at the same time too, the muscular system surrounding his mouth. The result of this is the slightly opened mouth, noticed in many deafly inclined people.

F. C. SCOTT.

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Pyo-mucocele Fronto-ethmoidalis. A. GESCHELIN. (*Acta Otolaryngologica*, xxi., 2-3.)

Since Langenbeck in 1819 first described the condition, many cases of retention cyst of the frontal and ethmoidal cavities have been described, and a few also affecting the sphenoidal sinus. The disease is however a comparatively rare one, and is of some interest, especially in regard to its ætiology.

The author discusses the views of previous writers on the mode of origin of the condition, and describes a case observed by himself in which the history gave a clue to the cause of the disease.

The patient was a woman, 23 years of age, who had suffered eleven years previously from an acute frontal sinusitis, in the course of which the pus had perforated the bone in the region of the glabella, and had been evacuated by a simple incision. After this, the acute infection had evidently subsided and the incision healed, but the fronto-nasal passage had become permanently closed as a result of the inflammatory attack. This had led, by the slow accumulation of mucus, to the formation of a large retention cyst, involving much of the ethmoid in addition to the frontal sinus. Treatment was by external operation with establishment of free drainage to the nasal cavity.

THOMAS GUTHRIE.

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Cytology of Nasal Polypi. T. E. WALSH and J. R. LINDSAY.
(*Archives of Otolaryngology*, xx., No. 5, November, 1934.)

Having examined cytologically nasal polypi from seventy-five cases, it was found that they could be divided into two types, (a) those with many eosinophils and (b) those in which eosinophils were few or absent. In the second group the polypi were associated with infection of nose or sinuses while in the first group there was usually no infection, but demonstrable allergy. It is suggested that the presence of eosinophils in nasal polypi indicates allergy. Surgical treatment of the two types gives very different results. When few or no eosinophils are present the outlook is good, but in the presence of many eosinophils results are apt to be disappointing.

DOUGLAS GUTHRIE.

Incidence and Significance of Sinusitis in Pneumonia. EDWARD H. CAMPBELL. (*Archives of Otolaryngology*, xx., No. 5, November, 1934.)

The writer examined 130 patients suffering from pneumonia and found that nasal sinusitis was present in every case. In 82 cases the pneumonia was lobar and in 48 cases bronchial. The majority of the patients were children, all except seven being under 15 years of age. The routine method of examination was by the use of the nasopharyngoscope after removal of some of the pus by suction and application of 2 per cent. cocaine solution. In almost half the cases all the sinuses were involved. A high incidence of acute suppurative otitis was found in the same series of cases and amounted to 70 per cent. It is suggested that infected sinuses are a possible ætiological factor in the production of pneumonia and that the early efficient removal of the purulent secretions from the sinus by suction might tend to lessen the incidence of pneumonia in infants and children.

DOUGLAS GUTHRIE.

A Study of Frontal Sinus Osteomata. JEAN CAUSSÉ, Toulon.
(*Les Annales d'Oto-Laryngologie*, November, 1934.)

Osteomata of the frontal sinus must be distinguished from the diffuse hyperostoses seen in "leontiasis ossea". They are benign tumours which have their origin in the frontal sinus. Their growth is eccentric and slowly and relentlessly progressive. They form no adhesions with the surrounding bony and soft parts, produce no metastases, and do not recur after removal. A minute description is given of the macroscopic and microscopic characteristics of these tumours. There are two varieties of osteomata: those which lie perfectly free in the sinus cavity, and those which are attached to the sinus wall by a pedicle which is sometimes sufficiently broad to increase the difficulty of enucleation. The osteoma

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is of ivory colour and consistency and, if left alone, may reach an enormous size. Reference is made to a specimen presented by Walton, which is to be seen in the museum of the Royal College of Surgeons. The pathogenesis of these tumours is obscure and the views held by various authors on this subject are discussed in detail. Osteomata of the frontal sinus are usually found in young adults and the occurrence of attacks of subacute frontal sinusitis may be an aetiological factor. One can distinguish three periods in the clinical history of the disease: (1) a period of subjective phenomena. These are very slight and defy diagnosis; (2) a period of early objective phenomena. A careful clinician with the help of radiography should diagnose the condition at this stage and this is the optimum period for operative interference; (3) a period of advanced objective phenomena with evidence of compression of neighbouring parts. Diagnosis is now much easier, but operative interference must be much more extensive. The author tells us which are the clinical points on which an early diagnosis can be made. He next proceeds to discuss the complications incidental to these tumours. Of these, the commonest are mucocele and acute frontal sinusitis. The particular features which characterize the radiological findings are discussed, and may be summarized as follows: (1) Presence of an opaque shadow composed of a number of more or less curved masses which appear to mould the sinus cavity. (2) The opacity is not homogeneous. (3) There is a relatively clear outline surrounding the opacity. (4) A lateral view shows that the anterior wall of the frontal sinus is a little thinned by the pressure of the advancing tumour. (5) Occasionally, the pedicle can be distinguished. Considerable space is devoted to differential diagnosis and treatment. The only satisfactory treatment is early and complete extirpation of the tumour. The author describes the various points in the operative technique, but emphasizes the fact that the surgeon will prefer to be guided by the situation and size of the tumour and the co-existence, or not, of infection, rather than rely on any fixed operative procedure. The article is supplemented by a number of photomicrographs and illustrations.

M. VLASTO.

Researches on Nasal Affections observed in Patients suffering from Bronchial Asthma. SENTA BRORSON, Copenhagen. (*Acta Oto-Laryngologica*, xx., 3-4, 1934.)

The observations concern 435 patients, all suffering from bronchial asthma: 165 were men, 188 women, 82 children. They were divided into two main groups:

- (1) Asthmatics with nasal lesions.
- (2) Asthmatics without nasal lesions.

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The numbers of old people and children are relatively small.

Of the total of 435 patients, 292 were found to have nasal affections, but in the remaining 143 nothing abnormal was noted on examination.

In this latter group 21 per cent. of patients were of special interest because they complained of attacks of sneezing, nasal obstruction and nose-running coincident with their asthmatic crises. This, no doubt, was vasomotor rhinitis. This symptom-complex took place in 33 per cent. of the whole series, but of those with nose trouble discovered on examination 50 per cent. were liable to this phenomenon.

A common cause is suggested for both the asthma and vasomotor rhinitis. There were fifty-eight cases of mucous polypi in the writer's material and eighteen cases of proved sinusitis, though ninety-six were actually proof punctured or radiographed. Sinusitis was found to be commoner in the older patients, and was not observed in the children.

Finally, cases are assembled into two groups :

- (1) Vasomotor rhinitis, polyposis and sinusitis.
- (2) Deformity of the nasal septum.

In Group 1 there was a preponderance of cases of asthma of short duration but in Group 2 a high proportion of asthmatics of long-standing.

H. V. FORSTER.

The Naso-phonatory Reflex. J. TARNEAUD. (*Revue Française de Phoniatrie*, April, 1934.)

The nose has three functions which are important in phonation : the establishment of a naso-respiratory reflex during inspiration ; the establishment of a naso-phonatory reflex during inspiration ; and the function of nasal resonance.

The naso-respiratory reflex gives better pulmonary ventilation ; passage of air through a nostril (or the introduction of a wool-carrier into a nostril) increases the ventilation of the homolateral lung. This has been observed, even in laryngectomized patients.

The naso-phonatory reflex produces an improvement in the timbre of the voice ; this effect is quite separate from the increased intensity of the voice which results from the naso-respiratory reflex ; it is a true reflex, producing its effect by changing the tonus of the muscles of the larynx and of the bucco-pharyngeal resonator, and not by any hypothetical increase in nasal so-called " resonance ".

Improvement in nasal ventilation will improve the voice, and any surgical operation must respect, as far as possible, the sensory nerve-endings, the originators of the naso-respiratory and naso-phonatory reflexes.

T. A. CLARKE.

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Allergic Rhinitis. JENS KRAGH, Copenhagen. (*Acta Oto-Laryngologica*, xx., 3-4, 1934.)

1. VASOMOTOR RHINITIS.
2. HAY FEVER.

1. VASOMOTOR RHINITIS.

Historic Survey, Various Theories and Treatments.—There is reason to believe that the view that vasomotor rhinitis is due to hypersensibility was first propounded by French authors who regarded the disease as anaphylactic. This was not carefully considered until a few years later in America.

The writer states that, whilst proceeding in his article to consider vasomotor rhinitis as an allergic disease, he does not wish to assert that there is proof of it always being so according to the present state of our knowledge, and that the results of allergic methods of treatment are not superior to the older methods, almost all of which have achieved excellent results, at least according to those who have written about them.

As the symptoms of vasomotor rhinitis are the same as in hay fever, an allergic disease, it seems reasonable to suppose both to be of the same nature, but an objection to the allergic explanation is that attacks are brought on by accidental occurrences such as changes of temperature, though when the wind blows it may not be the chill but the dust stirred up which is the exciting factor. Many patients have attacks in their bedrooms in the mornings, when not only the temperature factor but also the presence of allergen-bearing furnishings must be considered.

Disposition, Case History, Symptoms and Tests.—Questions must be asked concerning a familial history of the same or other allergic disturbances. Are there other co-existent allergic diseases? Do attacks occur at home, or in other houses, or in the bedroom? What is the condition of the furnishings? Is there old or not upholstered furniture? Does the patient use face powder? There are the factors of occupation, and the season of the year. Do attacks come on before or after the taking of medicines? Are animals kept in the house? Women are supposed to be more affected than men, but men may have less time to be concerned about inconveniences of this nature.

There are sometimes no physical signs between attacks. With regard to the diagnostic tests, the cutaneous tests are not very sensitive and the intra-cutaneous tests are not without risks. The degree of hypersensitivity in two allergic patients may, according to Van Leeuwen, differ more than 10,000 times. The ophthalmological test is not very delicate. Finally, with regard to allergic reaction in vasomotor rhinitis, the literature does not give very definite information as to the frequency of the phenomenon.

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The writer proceeds to give his experience of the cutaneous reaction ; he did not use the intradermal tests as he considered them unsafe. In ninety-one cases, twenty-one positive reactions were given to the cutaneous test ; every one of the twenty-one cases is discussed.

Bacterial Allergy.—Walker specially emphasizes the factor of nasal bacteria, and goes so far as to mention that when there is no positive cutaneous reaction and a negative finding on rhinoscopy the origin is always bacterial and that an autogenous vaccine should be tried.

With regard to the accessory sinuses, Selfridge found many maxillary sinus cases some of whom were relieved by washing out, and Goodale states that a number were better after operative treatment ; concerning the tonsil as a factor in the disease Selfridge did not find that the nasal symptoms were relieved by tonsillectomy.

Turning again to sinusitis, this disease is more likely to run parallel with vasomotor rhinitis than to be a cause of it, and nasal polypi are the result of the œdema. Storm Van Leeuwen and Robert J. Cooke are very sceptical as to the possibility of bacterial allergy. The chapter concludes with a few remarks on the association of vasomotor rhinitis with intestinal worms.

Alimentary Allergy.—Vasomotor rhinitis based on alimentary hypersensibility is not a common allergic manifestation, and Goodale in 1916, speaking of alimentary hypersensibility, describes such symptoms as asthma and urticaria and local irritations, tickling and itching of the throat, and does not mention vasomotor rhinitis at all.

Storm Van Leeuwen, from the general point of view, does not regard alimentary allergy as common and thinks such hypersensibility to be common to all food, which is an argument for the use of peptone or a non-specific vaccine.

Allergy caused by Dust.—The writer believes that in this field there is a close correspondence between the clinical idiosyncrasy and cutaneous hypersensibility as revealed by the tests.

Walker and G. T. Brown point out that a dust allergen as the cause of disease is probable when, in addition to the other symptoms, there is itching of the eyes, probably due to the direct effect of the dust on the ocular mucous membrane.

The writer had only one case sensitive to face powder, although many cases sensitive, especially to orris root, and some to rice meal, are quoted in the literature. In such cases 95 per cent. agree with the intra-cutaneous test.

In this chapter, as would be expected, there is an opportunity for lengthy discussion. The association of allergic disturbances and vasomotor rhinitis with various substances, straw, hay, furs, drugs, volatile oils (one patient was affected when peeling lemons),

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flour, horse,—dog—and cat hair are discussed. The name of Storm Van Leeuwen is frequently quoted because of his enquiries into the effect of mites and moulds apart from the actual materials with which these are associated; Van Leeuwen believes that the allergen in house dust is to be found in mould fungi.

The rules of hygiene recommended by Rudolph and Cohen for dealing with house dust (though chiefly in asthmatics) are stated.

With regard to the problem of mould fungi, mite and climatic allergens, the writer states: "In this section, I should like to indicate first the prominent place in this field of work held by Storm Van Leeuwen, whose important work is also known in the Scandinavian countries through the papers of Gunnar Holmgren and Sture Berggren. Foremost, there is his demonstration of the presence of allergens in the mould fungi. In consideration of the universal presence of mould spores in the air, this discovery is possibly one of the most important that has been made in the study of asthma and vasomotor rhinitis."

Storm Van Leeuwen divides the climatic allergens into groups A and B.

A—Refers to certain regions—for example, asthma is rare in Switzerland above 1,800 metres.

B—Refers to all the factors causing asthma to develop in certain houses, though less common in hospitals; but in this section, apart from the influence of mould fungi, such climatic factors as humidity have to be considered.

Reference is made to the use by Van Leeuwen of his special rooms ventilated by allergen-free air and to his observation that almost all allergic patients react to tests with extracts of scales from human skin, whereas normal people do not.

Non-Specific Treatment.—In the treatment of hypersensibility Van Leeuwen has used tuberculin in asthmatics, but de Fine Bunkefod used it also in vasomotor rhinitis. In the treatment of vasomotor rhinitis, considered as an allergic disease or a non-allergic one, sulphur and sodium iodide have been used, as well as the more familiar calcium preparations.

Preliminary Aims and Methods of Treatment.—It is doubtful whether cutaneous tests with extracts of food stuffs, for instance, are of sufficient importance in vasomotor rhinitis to justify their general use. Apart from occupational cases of vasomotor rhinitis the causes of which are plainly evident, the disease is to a large extent connected with the home and often originates in the bedroom.

The writer expresses the hope that further research will supplement what we already know of the part played by living things; in addition to mould fungi and mites a part may be played by bacteria, moths and cockroaches.

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In giving advice concerning home hygiene, however, we must remember that not everyone can afford a vacuum cleaner or even a room to himself; finally, a description of three cases illustrates the difficulty of management as regards conditions in the home.

2. HAY FEVER.

It is generally accepted to-day that hay fever is caused by pollen and is an allergic disease. Bostock in 1819, was the first to describe the disease. Elliotson in 1831 maintained that the disease was due to grass flowers, possibly pollen, and Blackley in 1873 clinically and experimentally confirmed this theory, and further showed that the skin, as well as the mucous membrane, was hypersensitive to pollen.

Dunbar (1903) proved that the active principle of pollen could be extracted in water and prepared the antitoxin known as "Pollantin".

Wolff-Eisner (1906) maintained that the disease was due to hypersensibility, and in 1911 Noon and Freeman succeeded in curing a number of cases of hay fever by subcutaneous injections of pollen extract in increasing doses, and it was they who suggested the pollen unit. More recently American authors have been supplementing the pollen unit with a determination of the nitrogen content of the pollen extract by Kjeldahl's method.

Autumn hay fever is the common type in the United States, and perhaps in due time this will become familiar in Denmark because of the importation of one of the most important of the American hay fever plants.

American investigators have for some years counted pollen grains deposited on glass plates from the air, and Baagoe undertook this work in Denmark recently. Hay fever in America occurs at three different seasons; in the Spring, Summer and Autumn.

In the Spring the disease is caused by pollen from trees. Summer hay fever, practically the only kind in the north-west, is caused by the grasses. In the Autumn the ragweeds are the cause of the trouble and one of them *Ambrosia psilostachya* has been cropping up in Denmark, having been imported, probably in chicken food seeds. Sagebrush (*Artemisia*) which is common in Denmark, does not appear to cause hay fever there.

Familial disposition to hay fever is rather common, and the hypersensibility is thought to be inherited as a Mendelian dominant characteristic. The symptoms of an attack are well known, the disease is less marked in quiet, and worse in windy weather.

Desensitization treatment was first introduced by Noon and Freeman, the treatment is given by weekly subcutaneous injections and started fourteen weeks before the usual beginning of the hay fever season. If started late and continued into the season the

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doses during the season need to be small. The treatment is not without danger.

The writer has treated his patients by injections of extracts freshly prepared every year. The treatments were started each year about April 20th and concluded on June 6th.

With regard to the active substance of pollen, it is at any rate easily soluble in the nasal mucus, and as it passes rapidly through the epithelium it is suggested that it is of a crystalline nature. Such a substance has been isolated by the American chemists M. and E. Moore from the pollen of cocksfoot (*Dactylis glomerata* L.) found on analysis to be a glucoside, and called "Dactylin". It was prepared on the same principles by Barfod, and the author tried it by subcutaneous tests, but without eliciting any positive reaction.

A summary of some cases treated by grass pollens is given and a very extensive bibliography is added which contains as many as 310 references. There is also a report of the discussion which followed.

H. V. FORSTER.

LARYNX

A Phlegmonous Pharyngo-laryngitis resembling Vincent's Angina.

KOMAO OSADA. (*Oto-Rhino-Laryngologia*, viii., 1, 34.)

A man, aged 53, complained of hoarseness, dyspnoea, disturbance of speech, and difficulty in swallowing, with rise of temperature up to 100.7° F. since the previous evening. The lower part of the left lateral band was swollen to the size of a pigeon's egg. On account of the excessive oedematous swelling of the epiglottis the larynx could not be seen. After a few days a deep ulcer with a white exudation appeared on the epiglottis. *Streptococci* and gram-negative bacilli were found, but those characteristic of Vincent's angina were absent. Recovery took place in about three weeks' time under conservative treatment.

JAMES DUNDAS-GRANT.

Superior Laryngeal Neuralgia relieved by Operation.

DEAN H. ECHOLS and JAMES H. MAXWELL, Ann. Arbor, Michigan. (*Jour. A.M.A.*, December 29th, 1934.)

The writers report the case of a mechanic, aged fifty-one, who came complaining of burning and lancinating pains in the left side of the neck radiating from the thyroid cartilage to the angle of the jaw. The attacks had begun nine months previously. Each seizure lasted about ten seconds, and increased in frequency until they were occurring almost every twenty minutes. There were no sensory changes in the neck except a tender spot just above the left

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thyroid cartilage, and swallowing often produced pain. On two occasions complete relief from pain was obtained for a ten hour period by the injection of a 1 per cent. procaine hydrochloride solution into the region of the superior laryngeal nerve. Under local anæsthesia the internal branch of the superior laryngeal nerve was exposed and typical neuralgic pain was produced by inserting a needle into the nerve. A section 1.5 cm. long was excised from the nerve and the patient has now been completely free from pain for seven months.

ANGUS A. CAMPBELL.

ŒSOPHAGUS AND ENDOSCOPY

Unusual Case of Injury to the Œsophagus by a Foreign Body.

M. HAJEK. (*Mtschr. für Ohrenheilk.*, December, 1934.)

A young woman was transferred from the surgical side of the hospital on November 1st, 1932, to Hajek's clinic, stating that the day before she had swallowed a piece of bone which had remained stuck in her throat. In spite of a negative X-ray examination, the Surgical Department had urged an endoscopy which the patient declined, as her discomfort had already disappeared, but she promised to report the next day. This she failed to do, but seven days later, she again attended the Surgical Department as a profuse hæmorrhage had occurred from the mouth. Once more she was transferred to Hajek's clinic with the urgent suggestion that the presumed foreign body in the œsophagus should be removed.

On November 10th, 1932, therefore, endoscopy was undertaken under local anæsthesia, but with considerable anxiety, as an erosion of a large vessel was feared which might render manipulation a very dangerous proceeding.

Some 21 cm. from the teeth, just below the cricoid cartilage and on the left side of the posterior wall, a blood-stained lesion was found which indicated a deeper-lying wound in the aortic region. At the lower end of this blood-stained area a foreign body could be seen, the exact details of which were indefinite, but after being seized and withdrawn it proved to be a piece of bone measuring some 2 by 4 cm.

Surprisingly, not the slightest trace of bleeding followed the extraction, and, since the following day no fever, swelling or pain occurred, it was concluded that the foreign body had caused no perforating wound but only a very slight erosion of one of the larger blood vessels of the mucous membrane; although such a marked anæmia from hæmorrhage as the patient showed at her second admission was irreconcilable with the previous experience that the foreign body had not caused perforation. The patient was returned to the Surgical Department the same day that the foreign

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body was extracted. Five days later, although still restricted to rectal feeding, without any known cause a fresh profuse bleeding from the mouth occurred with collapse. For this a blood transfusion of 250 c.cm. was given. In order to assist in the better nourishment of the patient, a soft nasal œsophageal tube was passed with great care and under X-ray control. No further bleeding followed this instrumentation, and the next day the patient was again transferred to Hajek's clinic. The condition of the patient during the next few days was relatively good and on November 21st, 1932, the œsophageal tube was removed as she was still improving, and the same day she swallowed fluids and, three days later, soft foods.

On November 28th, 1932, a further X-ray examination was made which showed no pathological condition and on December 1st, 1932, she was discharged from the hospital with the caution to restrict her diet to fluid and soft foods for yet another week. Two days later, however, she was again brought to the Clinic stating that the day after her discharge, sudden severe abdominal pain had occurred after swallowing bread and cabbage, followed by the passage of many dark stools.

On examination, a marked degree of anæmia of the mucous membrane of the nose was found and on the right side of the septum a necrotic erosion, the cause of which was referred to the effect of the nasal tube, which had caused epistaxis from time to time whilst it was in position. Examination by the Physician revealed nothing abnormal. There was no fever, swallowing was painless and there was no tenderness or other adverse appearance in the throat. The patient was restricted to milk diet.

It became clear, however, from the general condition of the patient and from further attacks of bleeding which occurred that she would not survive without some further active treatment.

The question of an external operation with a view to tying the bleeding points in the œsophagus was considered. Meanwhile, the literature on the subject was carefully explored but the only case found which seemed to correspond, was contained in a report by Zange in 1932, in which a similar occurrence ended with death after twenty-six days, and at the *post mortem* examination the fatal hæmorrhage was traceable to a wound of the inferior thyroid artery. Based, therefore, on this report by Zange, the inferior thyroid artery was exposed on the left side under local anæsthesia, but no lesion was found. It was therefore concluded that the bleeding must have taken place from one of the branches of this vessel in the œsophageal wall. A ligature therefore was placed on the vessel and the wound was closed with a light packing in the mediastinum. The patient's condition was fairly satisfactory after the operation. No blood was found in the stools again and

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the stitches were removed on December 14th, but on the following day the patient suddenly sat up with a cry, then fell forwards in convulsions which ended ten minutes later in death. (This was six weeks and four days after swallowing the foreign body.)

Post mortem examination.—An abnormal course of the right sub-clavian artery was found which indicated the source of the bleeding. This vessel arose as a separate and *last* branch from the aortic arch and passed upwards behind the left subclavian artery, between the œsophagus and the vertebral column to the right upper extremity. At the point where it lay in contact with the œsophagus a fistulous opening was found in connection with the lumen of the œsophagus, which was thus a sequel to the injury by the foreign body.

In commentary, the Author suggests that such a vessel must obviously have caused an obstruction to the lumen of the œsophagus; the other factors being an attempt, in an otherwise strong young woman, to swallow what proved to be a piece of chicken bone, which effort had led to perforation of this vessel causing an aneurismal perforating erosion of the œsophageal wall and, finally, death.

The Author states a similar account of such a sequence of events has been found only in a case reported by Kirby (*Dublin Hospital Reports*, ii., 224); but the records of this anatomical abnormality are described in fifteen other works, to which he gives references.

ALEX. R. TWEEDIE.

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A Contribution to the Study of Lateral Aberrant Thyroids.

VAN DEN WILDENBERG, Louvain. (*Les Annales d'Oto-Laryngologie*, October, 1934.)

Errors in the diagnosis of thyroid tumours are frequent. They become still more so when these tumours belong to the group of lateral thyroid tumours of the aberrant type. Although these tumours are rare, they are not exceptional and the fact that the statistics of published cases has almost doubled in the last five years shows that many of the cases must have previously been overlooked. The extirpation of these aberrant goitres should be carried out not because the swellings are unsightly but because there is a considerable tendency to malignant transformation. The cysto-adenomo-papilliferous structure of these tumours predisposes towards cancer. They are more suitable even than the thyroid gland for the study of precancerous conditions. The malignancy of these tumours does not appear to be active, and early operation combined with post-operative irradiations have effected many cures.

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The article concludes with a detailed description (perhaps the first that has been published) of an aberrant lateral pharyngeal thyroid tumour.

M. VLASTO.

A New Method of Treatment for painful Dysphagia in Affections of the Upper Respiratory Tract. J. SOBIN, Moscow. (*Les Annales d'Oto-Laryngologie.*)

The suppression of pain is not only one of the surgeon's primary duties, but it is also an important therapeutic factor. The author briefly sketches the various therapeutic measures which are adopted as a routine in painful dysphagia. He is referring particularly to ulcerative tuberculous affections and it is a little surprising that no mention is made of orthoform insufflations. Complete relief of pain can be obtained by applications of tannic acid in solution. Not only is the relief immediate, but the anæsthetic effect lasts sometimes for several days if the ulceration is limited to the interior of the larynx. If, on the other hand, the ulceration is outside the larynx, the traumatic effect of deglutition will shorten the period of anæsthesia and increase the number of applications that may be required. The formula of the solution which is applied with a brush is as follows: Sp. vin. rect. gr. 155, Acidi tannici gr. 155, Anæsthesin gr. 46½. This solution provokes, in the inflamed tissues, a series of physico-chemical processes which rapidly abolish pain and, indeed, accelerate the cicatrization of the ulcerated area.

M. VLASTO.

The Voice of Deaf-mute Infants. G. DE PARREL and H. HOFFER. (*Revue Française de Phoniatrie*, April, 1934.)

Until two or three years of age the utterances of a deaf child do not differ from those of a normal child. The training of deaf children should begin at two years of age, for at this age children are capable of observing the lip and jaw movements, and unconsciously receive their first lessons in lip reading; their familiars must talk to them as if they heard, and must not use explanatory gestures too freely.

Much patience is needed. Educational games are of first importance, and maintenance in the family is essential; the mother must be taught to co-operate, a programme of work being arranged for her. First, breathing exercises are practised, particularly the control of expiration. The small, clear, sound which many deaf-mutes unconsciously make is used as the starting point of speech. The psycho-visual and tactile attention is developed. The remains of hearing are increased if possible.

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The voice of a deaf infant, educated from this early age, may be very good, different from that attained by those whose education is not started until they reach six or seven years of age.

T. A. CLARKE.

Schick Immunity and Diphtheria Infection. E. A. UNDERWOOD.
(*Lancet*, 1935, ii., 364.)

The author deals with notified cases of diphtheria in a Schick-negative population of 2,761 persons in Leeds. Twenty cases of diphtheria were notified, sixteen of which were definite clinical cases. Eighteen of thirteen serum treated cases gave negative response to the Schick test at time of onset of illness. In nineteen out of the twenty the infecting organism was of the *gravis* strain. It is concluded that this strain caused the breakdown of immunity in these cases. Blood titration at the onset was carried out in eight of these cases. According to the accepted standards for the antitoxin level of immune subjects, five of the seven definite cases in which this was done should have been immune; the other two cases should have had a reasonable degree of immunity. It is calculated that in Leeds in 1933-4 the case rate of diphtheria (in cases under fifteen years) was 11.01 per 1,000 susceptible children under fifteen. In the same period the case-rate for diphtheria in children rendered artificially immune was 5.46 per 1,000 immune children under fifteen years. Non-inoculated children were therefore more than twice as liable to develop diphtheria in Leeds as were children who had been "immunized" according to accepted standards. The case-mortality rate from diphtheria in Leeds rose from 9.5 per cent. in the first three months of 1934. In the twenty cases with which the paper deals no deaths occurred. It is concluded that, although natural and artificial immunity is much more likely to be broken down in a community in which *gravis* infections predominate, the resulting disease is much milder than it would otherwise have been. Although one of the thirteen cases which required serum was "severe", and five others were of "moderate severity", the only complication which occurred was albuminuria.

MACLEOD YEARSLEY.

Allergy in Oto-Rhino-Laryngological Practice. A. B. KEITH WATKINS.
(*The Medical Journal of Australia*, 1934, December 22nd.)

Allergic phenomena are very common in nasal disease, and as they are not revealed by the ordinary means of examination used by the rhino-laryngologist they are liable to be overlooked. Failure to recognize the presence of allergy is responsible for lack of success in many operations on the nose.

Hay fever, vasomotor rhinitis and asthma present, of course, little difficulty in diagnosis, and when nasal symptoms are associated

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with wheezing or bronchitis, a careful general investigation should be made. Asthma is often relieved by operation for any existing nasal obstruction, but permanent cure is rare. Polypi, with or without sinusitis, are often co-existent with allergy and, although stress has been laid on the discovery of eosinophil cells in the nasal secretion, they are not always easy to demonstrate.

Before proceeding to the tedium of a detailed skin reaction test the urine test of Oriel and Barber may be useful. A specimen of urine, acidified to Congo red paper by sulphuric acid, is shaken with one-fifth of its volume of ether and allowed to stand. In allergic cases a gelatinous plug collects on the surface so that the test tube may be inverted without spilling. Should the allergic symptoms—sneezing, lachrymation, rhinorrhœa—be produced by touching the nasal mucosa, the cautery may give relief. The immediate relief produced by a spray of ephedrine is due to shrinkage of the nasal mucosa.

Sinusitis is very often associated with nasal allergy, and may arise from secondary infection arising from the nasal obstruction incidental to the allergic attacks. If operation is undertaken before the allergy has been controlled the patient is made worse.

The sinus infection may, however, be the primary lesion, the patient having become allergic to his organisms. In this event sinus drainage gives satisfactory results.

A third possibility is that the sinus symptoms—thickened mucosa and mucoid discharge—may be purely allergic. Operation is useless, but treatment of the allergy causes the mucosa to return to normal.

Repeated operations on nasal polypi are often futile until the underlying allergy has received attention. Recurrent sore throat, lasting only a few hours, is a common allergic phenomenon.

The usual tests cannot include all the possible allergens so that specific treatment is not always possible. Many failures are due to the use of stale test solutions. The scratch test should be followed by an intradermic test, but the material is so varied and expensive and the time occupied so considerable that only an expert allergist, with suitable equipment and assistance, can be expected to carry out the investigation with any degree of accuracy. Recognition of this fact will reduce the scepticism regarding the whole question of allergy which still prevails despite an increasing number of successes.

DOUGLAS GUTHRIE.

Studies of Hypersensitiveness to the Emanations of Caddis Flies.

SALVATORE J. PARLATO, Buffalo. (*Journ. A.M.A.*, March 24th, 1934.)

The caddis fly has a wide distribution in America and Europe. It ranks very highly as a food for fresh-water fish, and fishermen

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use it for bait. The United States Government assists in its propagation and distribution whenever it seeks to replenish the fish supply. Its emanations are made up of scaly epithelium and easily identified hairs. In a series of 850 allergic patients with hay fever, asthma or both, forty-three or 5 per cent. were found to be hypersensitive to the caddis fly. Thirty-two patients received inoculations of the fly extract. The results indicated that specific treatment can be given effectively during, as well as before, the fly season. The writer is convinced that permanent relief can be obtained from a single course of treatment consisting of from fifteen to eighteen graduated doses.

The article is illustrated, has a table and a bibliography.

ANGUS A. CAMPBELL.

The Effect of Vitamin A on the Common Cold. GERALD S. SHIBLY and TOM D. SPIES, Cleveland. (*Jour. A.M.A.*, December 29th, 1934.)

With a view of ascertaining whether supplementary feeding with Vitamin A would influence the incidence, severity, or duration of colds, a group of students from the Western Reserve School of Medicine were chosen for experiment. Two hundred and eleven young adults averaging twenty-four years of age were kept under observation from February, 1933, to March, 1934, a period of fifty-six weeks. They were divided at random into three equal groups.

Group A were given weekly doses of halibut liver oil, each dose containing 200,000 international units of Vitamin A. The other two groups were controls: Group B receiving the viosterol equivalent of the halibut liver oil and Group C receiving plain maize oil.

The total of 753 colds included mild to moderately severe infections of the upper respiratory tract characterized by coryza, rhinitis and nasopharyngitis. The following three criteria were arbitrarily selected for the study: (1) aching or malaise, (2) fever at onset as recorded by thermometer, (3) going to bed.

The weekly attack rate was essentially the same in the Vitamin A group as in the controls. Respiratory infections other than colds appeared with the same frequency in the three groups.

The writer concludes that Vitamin A has no effect on the incidence or severity of colds although suggestive, but not conclusive, evidence indicates that Vitamin A shortens colds by two or three days in the winter months.

ANGUS A. CAMPBELL.

Immunization against Diphtheria by means of a single dose of Alum-Precipitated Toxoid (A.P.T.). E. ASHWORTH. (*Lancet*, 1935, i., 137.)

The author tested a potent batch of "A.P.T." on five groups of Schick-positive children. Each received 1 c.cm. and in 152

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cases a final Schick test was performed one month after the injection. The figure $83.6 + 2.0$ represents the average percentage of children who became Schick-negative within four weeks. The reactions were of three types: general, local erythema, and local indurations. These reactions were generally very mild, but the occurrence of much more severe reactions in two cases shows the necessity for due care, and emphasizes the need for a strict interpretation of the Moloney test.

MACLEOD YEARSLEY.

Clinical Observations. TARO MATSUI. (*Oto-Rhino-Laryngologia*, vii., 12, 1020.)

(1) *Singers' Nodules and Latent Syphilis.* A vocalist, aged 19, complained of hoarseness for about four months. Wassermann was positive; typical nodules on both vocal cords disappeared rapidly with rest and anti-syphilitic treatment.

(2) *Otitis and Pneumonia in Childhood.* A boy, aged 5, developed high fever and right-sided otalgia. In spite of paracentesis of the right tympanic membrane the high temperature persisted. Under warm applications to the chest the pneumonic signs in the right upper lobe resolved by crisis in two days' time.

(3) *Ophthalmic and Rhinogenic Headaches.*—In a patient, aged 20, severe pains in the head which failed to subside in spite of irrigation and radical operation on both maxillary antra, yielded quickly when suitable spectacles for hypermetropic astigmatism were adopted.

JAMES DUNDAS-GRANT.

REVIEWS OF BOOKS

La Diathermie—en Oto-Rhino-Laryngologie. By JOSEPH LEMOINE. Deuxième édition.

This treatise is highly technical and 228 of the 358 pages are devoted to the discussion of the physical principle underlying the use of diathermy and the instruments employed in its application. Much of the book will be of interest to those concerned in the designing of apparatus rather than to practical laryngologists. The actual clinical sections, although relatively short, deal with diathermy as it is employed by Dr. Borngois and his colleagues at l'Hopital Brettman. Many and various are the conditions which have been treated by diathermy at this institution, e.g. headache due to sinusitis, fissures and eczema of the anterior nares, ozæna, spasmodic rhinorrhœa, epistaxis, removal of portions of the