

## ABSTRACTS

### EAR

*Otitis in Influenza and Scarlet Fever.* Prof. S. M. KOMPANEJETZ (Charkow). (*Jurnal ushnikh, nossovikh i gorlovikh bolesnej* (*Journal of Otology, Rhinology and Laryngology*), Russian, 1938, xv, 4.)

A general survey including an energetic defence of paracentesis, provoked by recent expressions of opposing views.

The percentage of children with hearing destroyed by scarlatina is decreasing steadily all over the Soviet Union, and it is hoped that this problem, in the near future, will completely lose its previous importance. This remarkable success is due to the fact that the treatment of otitis has been for years in the hands of aural specialists attached to every fever hospital.

A. I. CEMACH.

*Surgical Conservation of Hearing.* ALEXIS TUMARKIN. (*Lancet*, 1939, ii, 189.)

The author points out that chronic perforating epitympanitis produces a type of otorrhœa which may exist for years without serious involvement of drum, ossicles, or mastoid. Unfortunately, this form has, from its chronicity and possible intracranial complications, been regarded as necessitating the radical mastoid operation, to the needless suffering and unnecessary deafness of many patients. The alternative operation of atticotomy has apparently never been performed in England, and the author describes it and points out that gross disease of ossicles and drum or chronic mastoiditis definitely are contra-indications. In uncomplicated cases of chronic epitympanitis (formerly well known as "attic disease") the operation is particularly suitable, for it ensures the requisite drainage and conserves hearing. Surgeons, the writer says, have in the past avoided this operation because of its technical difficulties, real and imaginary. The important point is the failure to distinguish between chronic epitympanitis and chronic pan-otitis.

*Abstractor's Comment.*—The author is in error in stating that atticotomy has never before been performed in England. From time to time the Abstractor has, for some thirty years, employed it successfully on selected cases, but, for a reason which will be explained later, has never published the fact. In his case, he evolved the method from the old ossiculectomy, an operation now apparently obsolete.

MACLEOD YEARSLEY.

# Tonsils

*Otosclerosis or otospongiosis: The influence on the hearing of parathyroidectomy.* JUSTO M. ALONSO and ALBERTO CHIARINO (Montevideo). (*Acta Oto-Laryngologica*, March 1st, 1939-April 29th, 1939, xxvii, 2.)

The authors present the actual result obtained in otosclerotics by means of parathyroidectomy. They have operated up to the present on nineteen cases. They have observed an almost constant improvement in the hearing, which, however, remains at a lower level than the immediate improvement.

The amelioration is more marked to the voice in young subjects.  
[Translation of author's abstract.] H. V. FORSTER.

*My Experiences with regard to the Healing of Wounds.* J. v. VERZAR J. (Debrecen, Ungarn). (*Acta Oto-Laryngologica*, January 1st-February 28th, 1939, xxvii, 1.)

The author discusses the advantages of treatment, without packing, of the cavities made in operations on the ear. After a simple chiselling (antrotomy) as well as after a radical operation, he ceases to pack after six to eight days. His experience gained by this method of treatment shows that the organism produces the healing matter of reconstruction in the wound secretion, which is proved by the following:

(1) On the ground of his clinical experiences, the author affirms that the glue-like matter which appears on the walls of the wound sticks fast to the walls, and on being removed from it tiny bleeding points are visible which show the transformation of this peculiar matter into living tissue.

(2) According to qualitative chemical tests (Prof. J. Bodnar) the secretion of the healing wound cavity is collagen.

(3) According to histobiological tests (Prof. Huzella) a fine microscopic system of fibres forms from the secretion of the healing wound cavity, and microcinematic photos of these fibres clearly show the beginning of cell wandering and reorganization.

[Author's abstract.] H. V. FORSTER.

## TONSILS

*Horner's Syndrome as a Complication following Infiltration Anæsthesia of the Palatine Tonsils.* J. M. FRISHMAN (Charkow). (*Jurnal ushnikh, nossovikh i gorlovikh bolesnej (Journal of Otolology, Rhinology and Laryngology)*, Russian, 1938, xv, 4.)

Report of Horner's syndrome (ptosis, myosis and enophthalmus) which in four cases occurred immediately after local infiltration anæsthesia of the tonsils, and did not improve during an observation period of about two years. The infiltration is alleged to have been applied in the usual way, and a solution of  $\frac{1}{2}$  per cent. Novocain + Adrenalin was used.

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Horner's syndrome is considered to be a consequence of an affection of the Sympathetic, and with regard to its permanent character in the cases concerned, a direct injury of the sympathetic trunk by the syringe needle has to be assumed. An abnormal anatomical position of the trunk must be supposed.

A. I. CEMACH.

*Chronic Joint Affections—Left Displacement of Differential Blood Count—Tonsillectomy.* MARCUS DIAMANT (Halmstad). (*Acta Oto-Laryngologica*, January 1st-February 28th, 1939, xxvii, 1.)

The investigation shows that a left displacement exists in only one-third of a series of fifty patients with joint affections. This series is a current record of certain patients in need of treatment at the rheumatic clinic in Lund.

This left displacement returns to normal within an average of twenty-four days. Only in three cases has a moderate left displacement count remained in evidence for the entire period of observation of an average of fifty-eight days.

Whether an operation was carried out or not the course of the left displacement count remained unaltered.

Unless there is some other reason to perform tonsillectomy a marked left displacement phenomenon should not indicate it.

The usual short duration of the persistence of the left displacement count, namely four to five weeks, may be conveniently allowed to pass should it be desired to operate as then it may be done with greater assurance that the patient is in a free interval when post operative complications are less likely to supervene.

[Author's abstract.]

H. V. FORSTER.

### LARYNX

*On the Relation between Laryngeal Tuberculosis and Artificial Pneumothorax.* G. LVOVITCH and G. PODGAJESKY (KIJEW). (*Jurnal ushnikh, nossovikh bolesnej* (*Journal of Otology, Rhinology and Laryngology*), Russian, 1938, xv, 4.)

Artificial pneumothorax was applied to thirty-five patients suffering from tuberculosis of the lungs and the larynx. Local treatment was given simultaneously, but mostly consisted merely of menthol instillation. The larynx healed in three cases, improved in twenty-nine, but remained stationary in two cases. A remarkable result considering that, out of 100 other patients in the same infirmary treated without pneumothorax, few improved, whilst the majority showed a deterioration of the laryngeal disease. The author, therefore, regards artificial pneumothorax as a very efficacious treatment indicated in every case of laryngeal tuberculosis.

A. I. CEMACH.

## Miscellaneous

### TRACHEA

*Goitre Nodes in the Trachea.* B. SZENDE (Budapest). (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 37.)

Tumours of thyroid tissue are among the rarest benign growths found in the trachea. Bruns found only twenty-two cases recorded in the literature. To these the author adds the case of a man aged 61 years, with the complaint of dyspnoea lasting three weeks. Three years previously, a malignant goitre had been removed, the operation being followed by Coutard therapy.

Endoscopic examination revealed a right recurrent palsy. The trachea at the level of the first and second rings was found to be narrowed by a smooth tumour, the size of a hazel nut. The mucosa covering it appeared to be normal. The growth arose from the right postero-lateral aspect of the trachea and left only a small crescentic chink for an airway.

A low tracheotomy was performed, the trachea above the opening split, and the tumour removed by sharp dissection. On pathological examination this proved to be a benign tumour composed of colloid thyroid tissue. This was surprising as the goitre removed three years previously was an adenocarcinoma.

Bruns suggested that such nodes of thyroid tissue were due to the enlargement of embryonic thyroid rests as compensation after removal of a thyroid gland. Paltauf maintained that the growths arose from the posterior surface of the thyroid gland and penetrated the tracheal wall. The author inclines to accept the former theory. DEREK BROWN KELLY.

### MISCELLANEOUS

*Rhinology and Otology in Relation to Cyclical Troubles of Menstruation.* E. ROSENBAUM (Palestine). (*Acta Oto-Laryngologica*, January 1st-February 2nd, 1939, xxvii, 1.)

This treatise departs from the endogenous aetiology of hay fever. This, as the author sees it, is to be conceived as a special form of vasomotor rhinitis. He shows in the article the development of his theories, and how because of the associated disturbances of the autonomic nervous system he is to lead to a consideration of the problem of the hormones.

In fourteen cases, which are described, he points out the relationship between vasomotor rhinitis, migraine, external otitis, climacteric mandibular arthritis and the cyclical troubles of menstruation.

Details follow relating to the corresponding treatment with hormones from the ovary and anterior pituitary.

He warns his readers not to attach too much importance to a case of otosclerosis, which is cited in the paper. The author expresses the hope that the idea of a hormonal aetiology and the value of his therapy will be confirmed by later experience.

[Author's abstract.]

H. V. FORSTER.

## Abstracts

*Reduction of Potassium Tellurite in Diphtheria and other Throat Conditions.* K. E. COOPER, B. A. PETERS, J. M. DAVIES and J. WISEMAN. (*Lancet*, 1939, ii, 248.)

The authors have tested the claim of Manzullo for a rapid diagnosis of diphtheria by means of potassium tellurite. Manzullo states that if a 2 per cent. solution of that drug, not more than a month old, be painted on the white exudate on the tonsil of a person with diphtheria, the membrane blackens within fifteen minutes (due to reduction of the tellurite), but in streptococcal tonsillitis no change occurs. He also claimed that a rapid bacterial diagnosis could be made *in vitro* by incubating a swab in a special liquid tellurite medium for three hours. In cases of diphtheria black colonies occurred on the swab, but not otherwise. The authors have made independent tests in a series of eighty-four cases *in vivo*, and of 277 swabs *in vitro*. In the former, the test failed in 20 per cent. of cases. Details are given and, with so high a percentage in both directions, they consider that it is doubtful if the test is of "any great value". Similarly, in the *in vitro* cases, it was apparent that in some conditions the test is misleading and of doubtful value. The paper concludes with the following words: "Until a knowledge of the factors contributing to the reduction of the tellurite is obtained, its real significance cannot be assessed. Seeing that 'bacterial cultures are nearly always strongly reducing systems' (Hewitt, 1935) during the early stages of bacterial growth, it is not unexpected that the test is not specific for diphtheria."

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