submitted to Mr T. W. P. Lawrence, F.R.C.S., and Dr G. W. Nicholson, as Referees, and they report as follows :—

The section examined shows downgrowths of columns and tubes—lined with a single layer of cubical cells—into the deeper tissues. These can be traced to the surface epithelium, which is ulcerating and granulating. It is a basal-celled carcinoma (rodent ulcer).

T. W. P. LAWRENCE, F.R.C.S.

The tumour is more tubular in structure than the average rodent ulcer of squamous epithelium. Parts of it bear a close resemblance to salivary gland tumour. It is therefore possible that the tumour arose in connection with mucous glands. This does not, however, alter the fact that it is a basal-celled carcinoma.

G. W. NICHOLSON, M.D.

ABSTRACTS

THE EAR.

Aural Microscope Magnifying 10 *to* 50 *Times.* LÜSCHER, ERG., Berne. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band xvii., Heft 3, p. 403.)

The speculum is mounted on an upright with facility for movement in any direction. The microscope is attached to the outer end and the light is directed down from a powerful electric lamp at the top of a vertical tube. The ray of light is reflected through the speculum by a perforated mirror at an angle of 45 degrees. The patient is recumbent on a narrow table, the observer sits on a chair at the side. Under higher magnifying power the shape of the membrane as a funnel with convex sides is very evident and many fine blood-vessels, as well as minute dendritic cicatrices, when present, can be detected. Red-free light makes clear features which are obscured by congestion, and the blood-vessels with their moving contents are made plain in black colour. The apparatus can be adapted for binocular vision and for two observers. Measurement in three directions can be made, the relative depth being determined by means of the fine adjustment. The description is enhanced by two beautiful coloured views magnified eight times. The instrument is supplied by Messrs Haag-Streit of Berne.

JAMES DUNDAS-GRANT.

Paracentesis Tympani—A Practitioner's Operation. W. STUART-LOW, F.R.C.S. (*Practitioner*, July 1927.)

The author thinks that paracentesis is not likely to be generally performed as early as it ought to be unless practitioners are prepared to do the operation themselves. He gives details of his own method,

advising the use of chloroform anæsthesia. He does not hesitate to make a second incision if it is required, but this is seldom necessary if a large free incision is made in the first instance.

T. RITCHIE RODGER.

A Case of Facial Paralysis of Aural Origin in an Infant Seven Weeks Old. NEILL HOBHOUSE and JENNINGS MARSHALL. (*Lancet*, 1927, i. p. 1024.)

There was marked loss of movement on the left side of the face, but paralysis was not complete. Aural examination showed an opaque, hyperæmic, bulging drumhead: no mastoid tenderness. The right drum was normal. Paracentesis resulted in evacuation of pus. Complete recovery ensued and, two months later, no facial paralysis was to be found. MACLEOD YEARSLEY.

Artificial Perforation of the Tympanic Membrane to Improve the Hearing. M. SCHIRMUNSKY, Leningrad. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band xvii., Heft 1, p. 96.)

Schirmunsky makes a curved incision round the tip of the handle of the malleus and detaches the tip if (as is usual in the most appropriate cases) it is adherent to the promontory. He claims in this way to obtain a permanent opening and considerable improvement in hearing-power and he describes eleven cases which confirm his claim. The appropriate cases are those of adhesive processes following suppuration or inflammation, not cases of otosclerosis. He formerly made a crucial incision in the postero-inferior (or antero-inferior) segment and cauterised the margins with crystalline chromic acid, but he has given this up in favour of the curved incision above described. JAMES DUNDAS-GRANT.

The Effects of Gun-shot Wounds of the Head on the Organ of Hearing: Animal Experiments. W. UFFENORDE, Marburg. (*Zeitschrift für Laryngologie, Rhinologie*, February 1927, Bd. 15, S. 139-161.)

The animals used were rabbits and dogs. Revolver bullets were fired through the head from front to back, or from side to side; in other animals lesions were caused which only indented the skull. In every instance particular care was taken not to damage the temporal bone region directly. The resulting traumatic changes in the labyrinth are demonstrated in a series of excellent microphotographs.

In connection with the technique of making the histological specimens there is a very interesting discussion on the various artefacts, which may arise in the course of preparing and cutting the petrous bone. Fissures may appear during sectioning, especially if the decalcification has been at all irregular; these fissures have sometimes been interpreted as ante-mortem traumatic changes. Again, during the

cutting process red or white corpuscles may be forced out of the vessels and may form small collections; these collections have occasionally been called hæmorrhages or areas of inflammation. On the other hand, squeezing the decalcified block in various directions, even with considerable pressure, seems to leave the various parts of the middle ear and membranous labyrinth practically undisturbed.

The author concludes that the term "commotio labyrinthi" should be abandoned; pure concussion effects are difficult to prove. In gun-shot wounds of the head the changes in the labyrinth always depend on the direct transmission of the sudden shock through brain substance and cerebrospinal fluid. This leads to detachments in various parts of the membranous labyrinth, tearing out of nerve fibres, hæmorrhages, and so on, quite apart from bony fissures which may involve the labyrinth capsule. J. A. KEEN.

So-called Otolith-disease: its Pathogenesis. GÜNTHER, Mayence. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band xvii., Heft 3, p. 362.)

The author describes this case presenting the features of typical otolith-disease, viz., giddiness when walking, headache and vomiting, left facial paresis, coarse nystagmus to the right intensified by looking to the left, compression-pulse, slight paresis of left arm and hand. Hearing was normal, as also were the rotation and caloric reactions. Lying on the left side or gentle turning of the head and trunk to the left caused a rotary and horizontal nystagmus to the right with vertigo. Nothing of the sort occurred during lying on the right side. The patient shortly died and (as might have been expected—J. D. G.) a gliomatous tumour was found in the left lobe of the cerebellum.

Günther asks whether the symptom-complex known as otolith-disease can be of peripheral origin without a part being played by neck-reflexes or other cerebrospinal factors.

JAMES DUNDAS-GRANT.

A Case of Toxic Neurolabyrinthitis. F. PEARCE STURM. (*Lancet*, 1927, ii., p. 329.)

The author describes the case of a woman, aged 32, in whom labour was induced by the administration of quinine and castor oil. Three attempts were made at intervals of a week. The first two doses were followed by severe tinnitus and vertigo for twenty-four hours. After the third dose, the tinnitus became permanent and has remained for three years, varying in intensity and worse at the period, when vertigo also occurs. Hearing is not affected. The doses of quinine are not recorded. As the only functional abnormality is a five seconds shortening of bone conduction, it would seem probable that the toxemia is a cortical one. MACLEOD YEARSLEY.

The Ear

Is Otogenic Sinus-thrombosis more frequent on the Right than the Left Side? L. HAYMANN, Munich. (*Zeitschrift für Hals-, Nasen- und Ohrenheilkunde*, Band xvi., Heft 1, p. 1.)

From the collection of the statistics of many reports, including his own, Haymann found this not to be the case. Out of 752 cases, 364 (48.4 per cent.) were right-sided and 388 (51.6 per cent.) left-sided. This is in contradiction to the theory of Körner. Perisinus changes appear to be rather more frequent on the right side but thrombosis decidedly more frequent on the left. JAMES DUNDAS-GRANT.

The Diagnosis of Obturating or Stenosing Processes of the Sigmoid Sinus, Bulb, and Jugular Vein, by lumbar puncture and right- or left-sided compression of the Jugular Vein. Dr med. R. PERWITZSCHKY. (*Archiv. für Ohren-, Nasen- und Kehlkopfheilkunde*, 116, 3rd March 1927.)

Perwitzschky makes use of the Queckenstedt phenomenon in the following manner. Lumbar puncture is performed under local anæsthesia and the fluid rises to a given height in the manometer tube, a height which increases on temporary compression of both jugular veins if there be no block in the cisterna and communicating channels.

With the thumb resting against the vertebral column, the four fingers compress the vein from before backwards in the carotid triangle. An assistant provided with a stop-watch makes a sign every five seconds, on which the pressure for the time being is noted. The compression of the vein is released twenty seconds after the maximum pressure has been reached, and the test is repeated on the opposite side. It is claimed that by comparison of the two sets of readings even a relative obstruction from perisinus abscess or granulations can be diagnosed.

The paper is accompanied by clinical notes and charts of the readings in a series of cases. A bibliography is appended.

W. O. LODGE.

THE NOSE AND ACCESSORY SINUSES

Nasal Infection in Children. LEONARD MACKAY, M.D., M.R.C.P. (*Brit. Med. Journ.*, June 1927.)

This is a record of 85 cases of children treated by autogenous vaccines prepared from nasal swabs. The series included cases labelled chronic nasal catarrh, chronic bronchitis, chronic bronchitis with nasal catarrh, and bronchitis with asthma. Fifty-one are spoken of as cured, 27 as improved, while only 5 showed no improvement. The author believes that in most cases of bronchitis and chronic bronchitis in children the cause is to be found in the nasal passages, and very frequently in one or other of the paranasal sinuses.

T. RITCHIE RODGER.

Abstracts

The Significance and Description of a Special Coloration of the Nasal Mucous Membrane in Bronchial Asthma, Nasal Asthma, Vaso-Motor Rhinitis and other Reflex Neuroses of the Nose. W. UNDRITZ, Leningrad. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band xvi., Heft 2, p. 149.)

This is observable between the attacks, and consists in a whitish tint resembling that produced by adrenalin. It frequently occurs in spots and most usually on the septum and the anterior ends of the inferior and middle turbinals. It may have a bluish or blue-grey tinge. Undritz examined a series of 28 cases presenting this coloration. Of these, 18 had pure asthma without nasal symptoms, 4 had the same with simultaneous, pronounced nasal obstruction, the remaining 6 had well-marked vasomotor rhinitis with sneezing but no typical asthma.

Microscopical sections in the early stages showed no anatomical changes, and the condition was, therefore, due to functional spasm of the vessels. In the established stage there was metaplasia of the surface epithelium (the ciliated becoming pavement-epithelium), increase in mucous glands over-distended with secretion, foci of small-celled infiltration, and lastly a thickening of the hyalin-like basement membrane. In the later stages the turbinals took on a greyish-white colour, and no longer shrank on the application of cocain and adrenalin. Experiments seemed to show that there was not a pure vagotonia or sympathicotonia, but a general neurotonia of the vegetative system. The removal or division of the cervical sympathetic had no distinct effect on the coloration. The anatomical changes producing the whitish tint are the metaplasia of the epithelium, the disturbance in the gland secretion and thickening of the basement membrane. The fundamental factor in asthma is an inherited constitution which is often of a neuro-arthritic kind. The white coloration is often an objective diagnostic indication of bronchial asthma and allied conditions. JAMES DUNDAS-GRANT.

Puncture of Maxillary Sinus. S. L. RUSKIN. (*Laryngoscope*, Vol. xxxvi., No. 2, p. 119.)

Because of the dangers of proof puncture of the maxillary antrum through the routes most commonly in use at present, viz., through the inferior meatus and through the middle meatus, the author advocates a third route which he states is safer and easier to do than puncture through the anterior part of the inferior meatus.

The maxillary process of the inferior turbinate is the site of puncture. This is situated immediately below the attachment of the turbinate to the lateral wall of the nose, and is much thinner than the bone usually traversed in proof puncture.

A special needle, shaped somewhat like a metal Eustachian catheter

with a "mule-back tip," is used. The upward curve is such that when the needle is placed in the inferior meatus, under the turbinate, at the proper depth of 4 cm. from the anterior nasal spine, the point lies in the immediate vicinity of the processus maxillaris. Simply pushing the instrument backward with a slight rotation laterally, forces the point into the antrum.

When the needle is in the sinus, rotating it gently will indicate if the tip is free, or caught in the soft tissues. Before syringing, the point of the needle must be rotated downwards towards the floor of the antrum. This last movement is the most important and greatest factor for safety in antrum puncture.

Several hundred proof punctures have been made following this method, and so far it has proved safe and easy.

The article is illustrated very fully. ANDREW CAMPBELL.

THE LARYNX.

Two Cases of Chronic Stenosing Œdema which simulated Laryngeal Cancer. GHERARDO FERRERI. (*Archivii Italiani di Laringologia*, Anno xlv., Fasc. 4th July 1926.)

Professor Ferreri records two cases of elderly males who came to his clinic with a degree of dyspnœa so urgent that immediate tracheotomy had to be performed. Both cases had a clear previous history and had had a gradually increasing dyspnœa during the last few months with hoarseness and in one case dysphagia. After tracheotomy it was possible to see into the larynx, and there was found to be a very considerable œdema in the glottic and supra-glottic regions. One case showed the edge of an ulcer in the interarytænoid region.

Both of these cases appeared to be advanced cases of cancer of the larynx, and they rapidly lost ground and died. The autopsy in both cases proved that the larynx was not involved in neoplastic change, but was in a condition of tuberculous inflammation with ulceration and œdema. Professor Ferreri remarks on the difficulty of diagnosing such cases without biopsy, and reflects on the possibility of performing a total laryngectomy for a tuberculous laryngitis or even one secondary to some nasal condition. F. C. ORMEROD.

Study of 157 Cases of Laryngeal Stenosis following Measles. MARTIN CALDERIN, Director of the Municipal Institute of Laryngology and Serumtherapy, Madrid. (*Revista Espanola Y Americana de Laringologia*, May 1926.)

1. The etiology of laryngeal stenosis which complicates and follows measles is, in the experience of the writer, of diphtheritic nature in 5 per cent. of cases.

2. Children who are suffering or have suffered from measles, if suddenly attacked with laryngeal stenosis, should immediately be treated systematically with massive doses of serum (25,000 to 30,000 units of antitoxin).

3. Bacteriological and laryngoscopic examination in these patients has only a limited value.

4. Every patient with measles should be immediately vaccinated against diphtheria.

5. Intubation and tracheotomy give poor results in laryngeal stenosis following measles and should be held in reserve so long as may be compatible with the life of the patient.

6. Intubation is to be preferred in cases with a typical pseudo-membrane.

7. Tracheotomy is to be preferred on the other hand, in the forms showing ulceration, erosion and infiltration with œdema, with tendency to the formation of abscesses. LIONEL COLLEDGE.

Clinical Features and Pathological Anatomy of Perichondritis of the Cricoid Cartilage. WILHEIM HAARDT, Vienna-Lainz. *Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde.*, Band xvi., Heft 2, p. 184.

Two cases are narrated with the fullness which the rarity of this condition justifies. The first was that of a woman of 38 in whom the condition appeared to be a result of post-partum blood-poisoning. The main symptom was pain in swallowing, but this suddenly disappeared, apparently on the spontaneous evacuation of an abscess. On post-mortem examination there was found a fistula between the larynx and the hypopharynx which had given rise to no distinctive symptoms during life. There was also a tumour in the medulla, and it is surmised that death was due to involvement of the *nœud vital* in the floor of the fourth ventricle. The absence of laryngeal symptoms and signs was most striking. Extensive loss of the cricoid cartilage was found, and those portions which had undergone ossification were the most actively affected.

In the second case there was dyspnœa for which tracheotomy was required. The patient was a man aged 52 and the condition followed influenza. There was pain on pressure over the thyroid cartilage and the laryngoscope revealed infiltration of the right ventricular and vocal bands with fixation of the cord in the middle line and a swelling at its junction with the interarytænoid space. There were pyæmic foci elsewhere, and death resulted from peritonitis following suppuration in the left iliac region. The cartilages of the larynx were extensively ossified. The disease appeared to have radiated from the crico-arytænoid articulation. In this case the exciting organism was definitely a staphylococcus, and the writer insists that this may be as virulent as

the streptococcus, staphylococcus pyæmia being in his opinion particularly malignant. In extensive cases a fatal ending is all that can be expected, but, in the less extensive, recovery is likely. In some cases there is extension to the tissues of the neck and early evacuation from without is required. JAMES DUNDAS-GRANT.

THE ŒSOPHAGUS

A Case of Double Twist without Stricture of the Terminal Portion of the Œsophagus. HARRIS P. MOSHER, M.D., Sc.D., Boston. (*Annals of Otology, Rhinology, and Laryngology*, December 1926.)

The case is presented as one in which excessive action of the lung tips is the only discoverable etiology. The fluoroscope shows this excessive action of the lung tips, especially the left. The author goes fully into the anatomical relationships between the median surfaces of the lungs, lung tips and the œsophagus, showing how not only is the axis of the œsophagus changed from transverse to antero-posterior by the lung tips but how the œsophagus itself may be twisted to the right by these structures.

From his anatomical studies and experiments Dr Mosher concludes that the pressure of the lung tips and the pressure of the median surfaces of the lungs from which these lung tips spring can between them obliterate the anterior half of the œsophagus and cause it to twist to the right, and narrow the posterior half to a thin ribbon. From cadaver experiments, taking as conservative a view as possible, it is shown that the lung tips are capable, in certain cases, of causing bends and twists of the œsophagus. Diagrams of specimens and plaster casts are given. Radiograms are reproduced showing the effect of the inflated left lung tip on the wall of the œsophagus, also radiograms of the case presented showing how, by means of a sausage balloon, the bends in the œsophagus were obliterated.

Two pieces of apparatus (a rubber ball and a rubber sausage balloon for straightening out bends in the œsophagus) are described and illustrated, and their method of use explained. They furnish a method of differentiating between bends and twists of the œsophagus and strictures. NICOL RANKIN.

Spindle-celled Sarcoma of the Œsophagus in a Youth of Sixteen. M. SCHWARZ, Tübingen. (*Archiv. für Ohren,- Nasen-, und Kehlkopf-heilkunde*, March 1927, Band 116, Heft 3, S. 180.)

Œsophagoscopy in a boy aged 10, revealed the presence of a tumour mass, impeding deglutition, and on digital examination the patient coughed up a polypus, histologically an adenoma.

Six years later dysphagia, dyspnœa, and profound anæmia brought the patient again under observation; he improved a little under X-ray treatment, but eventually died. On post-mortem, a typical spindle-celled sarcoma was found in the postcricoid region, with secondary deposits in the lungs.

Bibliographies to be found in Kaufmann's Text-Book of General and Special Pathology and in the new Handbook of Henke-Lubarsch contain no reference to sarcomatous degeneration of benign œsophageal tumours at such an early age. W. O. LODGE.

Sarcoma of the Œsophagus treated by Radium. J. GUISEZ. (*Bulletin d'Oto-Rhino-Laryngologie*, January 1927.)

The author describes a case of sarcoma of the œsophagus in a man, aged 54 years, who had suffered from dysphagia and other symptoms of œsophageal obstruction for eight months. There were also the added symptoms of girdle pains and pains between the shoulder blades, which bore no relation to taking food.

A radiographic examination diagnosed the condition as one of neoplasm of the lower third of the œsophagus with almost complete stenosis. Œsophagoscopy confirmed this report, and a piece taken for microscopy classified the growth histologically as sarcoma.

The patient was treated with eight local applications of radium at intervals of one to two days for a month, the duration of application lasting five to six hours. After the third application swallowing again became possible for liquids and semi-solids and the patency of the œsophagus gradually improved. A month later normal deglutition was found to correspond with a total disappearance of the growth as shown by another œsophagoscopy. This state of improvement persisted for a further month when the patient returned with fresh symptoms of dysphagia. Œsophagoscopy now revealed a recurrence, 4 cm. below the site of the former growth. Histological examination described the recurrence as a "basal-celled epithelioma with some sarcomatous elements." Three more applications of radium were made bringing about a return of patency and full powers of deglutition. However, invasion of glands at the root of the neck occurred causing a left recurrent laryngeal paralysis, and symptoms of mediastinal compression, and the patient died of heart failure about three months later.

The author mentions the comparative rarity of the condition and the cases reported earlier by others, and gives the theories put forward by Herxheimer for the occurrence of epitheliomatous elements in some of these growths. He concludes by briefly describing the technique of his treatment by radium applications, which follows closely that of his previous and more detailed descriptions of the treatment of epithelioma of the œsophagus. L. GRAHAM BROWN.

Miscellaneous

MISCELLANEOUS.

Radiotherapy as an Aid to Oto-Rhino-Laryngology. J. G. EDWARDS. (*Medical Journal of Australia*, 10th July 1926, Vol. ii., p. 44.)

X-ray examination should be looked upon as an additional clinical method and should be considered in conjunction with other signs present and should never be looked upon as a short cut to diagnosis.

An interesting description is given of the method used for radiography and the interpretation of the findings.

The death-rate from status lymphaticus in simple tonsillectomy in some of the large Boston clinics was rather alarming (seven or eight per annum). It was decided to examine radiographically all children before operation. Patients showing enlargement of the thymus were given one or two medium intensity radiotherapeutic doses over the thymus and the operation was deferred for a month. After adoption of this method the death-rate disappeared, and in over a year there have been no deaths from this cause. Radiation treatment of enlargement of the tonsils is of great value in cases where operation is contra-indicated.

A. J. BRADY.

Sympathecotomy: Its application to Oto-Laryngology. Sympathecotomy in Chronic Ulceration of the Larynx. MAURICE JACOD. (*Revue de Laryngologie*, May 1926.)

The operation of periarterial sympathecotomy, or sympathectomy, was brought into prominence in 1919 by Leriche and others. It consists in laying bare the main artery of supply to the site of the lesion it is desired to influence, and denuding the artery by dissection of its adventitia amongst which are found the periarterial filaments of the sympathetic nerves. The operation is followed by spasmodic constriction of the artery at the point operated on, which is succeeded by a dilatation of the arterioles derived from the trunk so treated, which is either permanent or of considerable duration. The area supplied by the trunk thus receives a flushing with arterial blood, which is supposed to act favourably on chronic inflammatory and atrophic conditions.

Jacod has carried out an operation on the same principle in three cases of indolent tuberculous ulceration of the larynx, in which the pulmonary symptoms were in abeyance. In the first case the superior thyroid arteries were denuded from their origin down to the site of origin of the laryngeal branches. This operation was followed by an acute swelling of the thyroid lasting for forty-eight hours, accompanied by symptoms of hyperthyroidism. In the other two cases the laryngeal branches only of the superior thyroid were denuded. All the operations were followed by a remarkable degree of reddening and some swelling

of the larynx, and the ulcerations underwent a notable improvement. In only one case was the improvement maintained up to the time of reporting (nine months later). The other two cases died nine and six months respectively after the operation of acute extension of the tuberculous process in the lungs. G. WILKINSON.

Sympathecotomy for Ozæna. GEORGES PORTMANN. (*Revue de Laryngologie*, October 1926.)

The operation was proposed by Berten, and has been carried out by Beyer and Asteriades, and also by d'Halphen and Mlle Schulemann. These operations were done on the external carotid only.

Portmann expected better results from operation on the common carotid. Ozæna attacks the nasopharynx, pharynx and larynx, as well as the nose, and by operating on the main trunk the destruction of the sympathetic branches going to the superior laryngeal, and ascending pharyngeal which arise from the external carotid close to its origin could be assured. Four cases in all were operated on. The artery was denuded for 3 cm. of its length immediately below its bifurcation.

For the first few days after the operation the mucous membranes were swollen and congested, and the secretion was increased. Crusts were discharged and the odour disappeared in twenty-four to forty-eight hours. The cases had been under observation two to six months at the time of reporting. All had improved, but a certain amount of crusting was present in all, and the atrophic condition persisted, though it seemed to be less marked. G. WILKINSON.

LETTER TO THE EDITORS

NERVOUS AFFECTIONS OF THE ŒSOPHAGUS.

THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—I have read Dr Brown Kelly's excellent article on "Nervous Affections of the Œsophagus" in the *Journal* of April and would like to ask at this late date, a few questions.

He quotes Dr Abel thus: "The uniformity of the coats (of the œsophagus) and the absence of a sphincter are clearly demonstrated. Stimulation of the peripheral ends of the cut vagi causes contraction over the whole œsophagus, but dilatation of the cardiac canal, as takes place in normal deglutition; whereas, section of the vagi without stimulation is followed by dilatation of the œsophagus, without relaxation of the cardia."