ABSTRACTS

EAR

Otomycosis: an investigation of effective Fungicidal Agents in Treatment. RALPH MCBURNEY and HARVEY B. SEARCY (Tuscaloosa). (*Annals of O.R.L.*, 1936, xlv, 988.)

The fungicidal effect of sixty-nine substances, alone or in combination, has been compared *in vitro* and in a number of instances *in vivo*.

Similarly the bactericidal effect of thirty-eight of these substances has been studied and compared with the fungicidal.

As a result of these studies a system and formulae for effective treatment of otomycosis are set forth.

Exclusive of twenty-four combinations giving negative results, an average of the effectiveness of eleven combinations containing 2 per cent. thymol compared with twenty-seven containing no thymol showed that the thymol combinations were 2·5 times more effective against aspergilli and 1·5 times more effective against staphylococci. Thymol combinations alone were 1·1 times more effective against aspergilli than against staphylococci.

[Author's summary.] GILROY GLASS.

On the Anatomical and Physiological Relations between Ampulla and Semicircular Canal. CL. F. WERNER. (*Arch. Ohr-., u.s.w. Heilk.*, 1937, cxliii, 257-70.)

In the rotation test some endolymph disturbance arises which stimulates the endorgan in the ampulla. According to the author no more has been proved and it is not even certain that endolymph currents exist at all. The various theories based on the study of models of the labyrinth and on minute mathematical calculations are misleading to a large extent. Anatomically there are wide variations in the planes of the canals, and any particular canal may even be slightly curved in the plane which belongs to it.

The labyrinth of a shark was exposed; the horizontal canal was cut through at its posterior end and then raised artificially to a vertical position (Maxwell). In spite of this, turning the head in the horizontal plane gave rise to the same deviation of the eyes as before. An interesting diagram appears in the text showing rabbits arranged on a turning table. In certain positions of the

animals the movements which result when the table is turned correspond to " physiological " movements, i.e. movements of the head which are likely to occur, such as forwards, or sideways and backwards. Other movements are unlikely to occur under natural conditions, e.g. backwards or with the head sideways and forwards. Lorente de Nó has shown that nystagmus is most marked when the rotation movements take place in these so-called " physiological " planes.

In Werner's opinion the endolymph displacement takes place in the ampulla. The membranous semicircular canal with its very small lumen would act as a sort of safety valve to the wide ampulla, also as a kind of slowing-down mechanism which protects the ampullary endorgan against too violent displacements.

J. A. KEEN.

Suppuration in the Petrous Temporal in Mastoiditis. ERIC GUTTERIDGE (Melbourne). (*The Medical Journal of Australia*, June 12th, 1937.)

In a small proportion of cases of mastoiditis treated by operation, cerebral complications develop after a lapse of a week or ten days, the so-called Kopetzky interval. The infecting organism is streptococcus mucosus and the mastoid process is of the extreme pneumatic type. 11 per cent. of temporal bones have pneumatization of the petrous process extending to the apex. The youngest patient to have a pneumatized tip was aged 15 years. Infection takes the form of a spreading osteitis and in certain cases the labyrinth is destroyed without the appearance of characteristic signs. A second mode of spread is by way of the petrosal sinuses, from the superficial cells. The symptoms may appear with dramatic suddenness after the patient appears to have recovered from the mastoidectomy. Agonizing pain behind the eye is a frequent symptom and there may be a progressive loss of sensation in the trigeminal skin area. The second dramatic sign is paralysis of the VIth nerve. Œdema of the lower eyelid may result from congestion of the pterygoid plexus. X-ray examination with the head in the gargoyle position will often demonstrate the extent of the disease. Operation is indicated when any increase of disease in the petrous bone is revealed by X-rays, when signs of meningeal irritation, such as headache, neck rigidity and vomiting appear, when the Kopetzky latent period coincides with discharge from the middle ear, when there is evidence of septicæmia, and when an increase of local symptoms is noted. As regards operative technique, the writer mentions the methods of Frenckner, Eagleton, Kopetzky and Almour, and Ramadier, but does not state his preference.

DOUGLAS GUTHRIE.

Ear

Suppuration of the Petrous Pyramid. M. C. MYERSON (New York). (*Archives of Oto-Laryngology*, July, 1937, xxv, 1.)

The author advises a simplified and conservative plan of treatment for suppuration of the petrous pyramid. There is no need for extensive and difficult operations in the great majority of cases, and the radical procedures advised by Ramadier and Lempert are not justified. The complication occurs once in every 300 cases of otitis media and surgical treatment is necessary in about one-third of the cases of petrositis. Ocular or frontal pain is common, the pulse rate is elevated out of proportion to the temperature and discharge may be profuse from the mastoid but absent from the ear. The X-ray findings are of value as a guide to operation and indicate whether the infection is in the upper or lower part of the bone. When the upper part is involved the superior semicircular canal should be outlined and search should be made for a tract of softened bone. If this is not found, the apex is approached by way of the anterior surface, with elevation of the temporal lobe. The exposure then secured is satisfactory and harmless. In cases of inferiorly placed infection, softened bone may be found just below the posterior semicircular canal, or in front, between the cochlea and the carotid artery. If no softened tract is found it is perfectly safe to wait for the formation of a nasopharyngeal abscess which is then drained from below through a cervical incision. Whenever possible a radical mastoidectomy should be avoided and the writer sees no necessity for it in empyema of the petrous apex.

DOUGLAS GUTHRIE.

A Method of Draining Cerebral Abscess. G. M. ROBISON (Houston, Texas). (*Archives of Oto-Laryngology*, July, 1937, xxvi, 1.)

The method recommended by the writer consists in the introduction of a long strip of $\frac{1}{4}$ in. wide rubber tissue to take the place of the pus and to fill the abscess cavity before its walls collapse. By this means œdema of the brain tissue forming the wall of the abscess is prevented and there is less tendency to " pocketing " during healing. The rubber tissue is non-irritating and is only gradually removed, the process occupying four to six weeks. Four successful cases are described in detail.

DOUGLAS GUTHRIE.

Aural Vertigo. E. MILES ATKINSON. (*Medical Press and Circular*, July 28th, 1937, 5125.)

Although some lesion of the labyrinth or vestibular tract is the most usual cause of vertigo, it is essential, before treating a case, to rule out the other possible causes such as visual defects, lesions of the central nervous system, vascular hyper- and hypotension and toxins, whether chemical or bacterial.

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Cases of aural vertigo may be classified according to the presence or absence of suppuration. Pre-eminent in the former class is labyrinthitis which must be recognized early, as " every case of labyrinthitis is potentially a case of meningitis ". It is often of rapid onset and may thus escape recognition. " A bilious attack in a patient with past or present ear discharge should be considered as an invasion of the labyrinth until the contrary has been proved."

The term " chink " vertigo is applied to cases in which a large perforation or a previous radical mastoid operation exposes the inner tympanic wall to the effects of cold water or cold air and this may constitute a real danger to bathers.

The cases without suppuration form a large and important group, including cases of otosclerosis, of syphilis and of VIIIth nerve tumour. Under this heading are also grouped, somewhat vaguely and unscientifically, the cases of vertigo diagnosed as Ménière's syndrome. The cause of the symptoms is often obscure, though it is certainly not a labyrinthine hæmorrhage, as was originally supposed. The commonest cause is Eustachian obstruction, causing a change of pressure in the middle ear. Mygind and Dederding suggest that a disturbance of water metabolism may explain the attack, while Furstenberg incriminates sodium and advocates a sodium-free diet. The present writer thinks that a central, rather than a peripheral, stimulus may be responsible, the condition being analagous to trigeminal neuralgia. This would explain the success which follows division of the VIIIth nerve in cases of severe and persistent attacks of vertigo. Between attacks the signs are few, hearing is not always impaired and labyrinth tests give little information, though Baldenweck states that a diminution of excitability of one or other labyrinth to the caloric test is the most constant finding.

In treatment, the first step is to ensure the patency of the Eustachian tubes by thorough and repeated catheterization. Of drugs, luminal is the most satisfactory, and another useful drug is chloretone, the basis of many remedies for sea sickness. The writer remains unconvinced of the efficacy of a salt-free diet with limited water intake, and has had no better success with Furstenberg's diet.

As regards operative measures, the formation of a fistula in the external semicircular canal, cerebellar decompression and incision of the saccus endolymphaticus each have their advocates, but the most successful operation consists in division of the VIIIth nerve or of its vestibular portion only, and is the procedure of choice when less drastic measures have failed. In the writer's own practice it has been successful in all eight cases in which it has been tried.

DOUGLAS GUTHRIE.

Ear

X-ray Treatment of the Stellate Ganglion and its Influence on Hearing. R. SANN. (*Hals-, u.s.w. Arzt*, 1937, xxviii, 241-9.)

Small doses of X-rays influence a hyper-excitable autonomic nervous system beneficially, and also have the effect of re-establishing the normal equilibrium between the sympathetic and the parasympathetic. The favourable influence of the X-rays in asthma, the lowering of the calcium level in the blood and other clinical effects of exposure to X-rays may be explained by an action through the sympathetic nervous system.

In several deaf patients who received X-ray treatment to the cervical sympathetic trunk for other reasons, it was found that the hearing improved very markedly. The author decided to investigate this effect on the hearing and experimented with twenty-three patients, some with nerve deafness, others with chronic middle-ear catarrh and a few diagnosed as otosclerosis. The point of attack with the X-rays was the *stellate ganglion* which is the combined lower cervical and first thoracic sympathetic ganglion.

The results on the hearing are shown in tabular form. In nineteen cases there was a definite improvement. The author explains this as a trophic effect on the cochlear nerve cells. The sympathetic impulses reach the inner ear *viâ* the plexuses on the internal carotid, vertebral and internal auditory arteries.

J. A. KEEN.

The Treatment of Otitic Purulent Meningitis. PROF. U. L. TORRINI. (*Archivio Italiano di Otologia*, March, 1937.)

Professor Torrini has been attempting for many years to find some way of draining the intradural spaces. He has not achieved any great success in this search and he prefers to perform daily lumbar puncture.

He relates the case of a young man who had an otitic meningitis. He had all the classical symptoms of meningitis and bacilli were grown from the cerebrospinal fluid. An operation was performed on the mastoid process and a spinal injection of colloidal gold was given.

For three days after the operation the temperature and pulse were much more raised and the signs of meningitis were much more marked. The daily removal of 20 c.cm. of fluid and the intrathecal injection of colloidal gold and of autogenous vaccine were continued. From the third day the patient began to improve and by the end of one month he was able to return home completely cured and without residual symptoms.

The author considers that meningitis is in many cases curable, but that early and complete removal of the infecting focus in the ear and mastoid process is essential. He then advises repeated,

intermittent drainage by lumbar puncture, with the addition of some substance which will increase the resisting powers of the meninges. He thinks that protein therapy is more likely to give good results than vaccine therapy.

F. C. ORMEROD.

NOSE AND ACCESSORY SINUSES

Epistaxis in Angeiomatosis (Osler's disease). W. KINDLER. (*Arch. Ohr-, u.s.w. Heilk.*, 1937, cxliii, 236-40.)

The lesions in Osler's disease are small circumscribed tumours of the blood vessels affecting the skin, mucous membranes and internal organs. The little nodules represent enormously dilated capillaries which possess no elastic or muscle fibres and frequently consist of a single layer of endothelium. When angeiomatosis affects the mucosa of the nasal cavities, and more particularly that covering the septum, constant attacks of severe epistaxis occur. These have ended fatally in many instances. The usual forms of treatment by caustics, electro-coagulation, or even extensive diathermy of the mucous membrane are very seldom successful. As soon as one set of nodules has been dealt with, a fresh crop arises around the destroyed area.

For such cases the author recommends a rather drastic operation which consists in removing practically the whole nasal septum including both layers of mucous membrane. A very large perforation results but the attacks of epistaxis cease. If the patient later complains of a rather dry nose and some crusting, this is a small price to pay in order to be freed from a crippling condition which may threaten life.

J. A. KEEN.

On the influence of Exogenous Factors in the development of the Nasal Sinuses. H. RICHTER. (*Arch. Ohr-, u.s.w., Heilk.*, 1937, cxliii, 251-6.)

According to Albrecht, Leicher and Schwarz, hereditary factors are very important in determining whether the nasal sinuses are well developed or not. Whether other factors (exogenous) can play a rôle is more difficult to answer. The author has in mind the condition of ozæna which in adults is so often associated with a poor development of the accessory nasal sinuses. Among fifty-two patients with ozæna examined at Erlangen, twenty-seven had a deficient development of the frontal sinuses. However, it is impossible to prove whether a tendency to ozæna is present in the fœtus

as we have no means of recognizing this defect at such an early stage. A more promising line of research is the examination of serial sections of the head in fœtuses with congenital syphilis. It is well known that this affection often leads to atrophic rhinitis later in life.

Therefore the author studied such serial sections in ten fœtuses and in fourteen infants who had congenital syphilis. As controls he used sections of similar ages with normally developed sinuses. Special attention was paid to the ethmoid cells which are well developed at birth and to the frontal sinuses which begin as an outgrowth from the ethmoid in early infancy. In the sections from the syphilitic fœtuses and infants, the mucous membrane in the ethmoid region was abnormally thick, resembling the hyperplastic type (Wittmaack). There is little doubt that mucosa which is altered in this manner by an infection is less efficient in pneumatizing the bones and in forming the accessory sinuses than normal mucosa.

J. A. KEEN.

Nasal Secretion and Endocrine Glands. LOUIS CHAVANNE. (*Les Annales d'Oto-Laryngologie*, May, 1937.)

Vasomotor disturbances are usually attributed to some derangement of the endocrine glands. The nasal mucosa should be no exception to this view. The precise rôle played by these glands in the vasomotor control of the nasal mucosa has not yet, however, been established. The present article is an attempt to clarify the matter. Before recording the results of their experiments, the authors summarize our present knowledge of the physiology of the various endocrine glands. They found that their experimental results and their clinical findings agreed with one another. Castration was followed by an atresia of the mucosal glands: whereas Ferreri has described an atrophic rhinitis in a subject with genital insufficiency, and Hass has drawn attention to the excessive secretion and sneezing which occur at puberty when there is a hyperfunction of the genital glands. The thyroid gland exerts a checking influence on the nasal secretion and thyroidectomy is followed either by a hypersecretion or an increase in the sensitivity of the mucous membrane. Hautant prescribes infinitesimally small doses of thyroid extract in certain cases of dryness of the nose and Léopold-Lévi has advised this form of therapy in every case in which a state of hyperthyroidism is suspected. Finally, a number of observers have reported improvement or cure of spasmodic rhinitis after the administration of thyroid extract.

M. VLASTO.

Abstracts

Mixed Tumours in the Nose and Throat. PERRY G. GOLDSMITH and P. E. IRELAND (Toronto). (*Annals of O.R.L.*, 1937, xlv, 940.)

1. Six cases of aberrant mixed tumours of salivary gland type have been reported.

2. The general concensus of opinion is that these tumours are not true teratomas. Those closely associated with the glands proper probably arise from the gland ducts, and the aberrant type from embryonal rests. Cartilage and myxomatous tissue can be developed by metaplasia and their mesodermal origin is not considered essential.

3. Tumours of this type involving the accessory sinuses are rare. One such case has been reported.

4. The treatment by complete surgical removal was the most satisfactory measure in this series.

5. Radiation as a primary treatment should not be considered. Prophylactic post-operative radiation may have some useful effect.

6. Recurrence of the growth is frequent, and no attempt to report any of the cases as cured has been made.

[Author's abstract.] GILROY GLASS.

Cholesteatoma of the Frontal Sinus. A. GESCHELIN (Odessa). (*Acta Oto-Laryngologica*, May-June, 1937, xxv, 3.)

A man, thirty-two years of age, was suffering from a discharging frontal abscess which had developed about a month after an accident to the forehead.

About eight months later the patient consulted a specialist for examination and treatment. A Killian's operation was performed on the right frontal sinus, pus and a large cholesteatoma being found in the cavity of the sinus. The medical literature contains only nine cases of epidermoides of the frontal sinus. The author reviews the work published on the subject and discusses the pathogenesis of cholesteatoma. The case is interesting because of the association of cholesteatoma with an injury.

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

Clinical and Pathological Features of a case of Benign Osteoma of Sinuses. PROF. VON EICKEN and PROF. SCHUMANN. (*Zeitschrift für Hals-Nasen-und-Ohrenheilkunde*, April 15th, 1937.)

The case recorded is of a patient of 47 years of age who was operated upon twenty-one years ago for a tumour which caused proptosis of the left eye. After removal of a hard bony tumour, the man was free from any symptoms for eighteen years. He then began to feel pain in his left eye, and noticed a dislocation of the eyeball which was obvious on examination.

Above the arcus supraorbitalis a fairly hard tumour was palpable. An X-ray showed an intensive shadow of the frontal sinus, ethmoid and sphenoid region. A lateral view showed the tumour to extend into the anterior cerebral fossa. The tumour was then removed and it was found that the dura was exposed in the posterior wall of the frontal sinus.

There was extensive bleeding and the tumour could, therefore, not be removed entirely. The patient made a speedy recovery and the position of the eye became nearly normal.

Histologically the growth was a benign fibro-osteoma with excess of fibrous tissue, while the formation of osteoid tissue and calcification occurred subsequently.

Photographs of the patient and X-rays are shown, also a micro-photograph of the tumour.

F. C. W. CAPPS.

TONSIL

The ætiological rôle of tonsillar tissue in the Tuberculosis of Childhood. M. M. DE GAUDIN DE LAGRANGE. (*Les Annales d'Oto-Laryngologie*, July, 1937.)

The predilection of Koch's bacillus for lymphoid tissue is well known as is shown by the frequency of tuberculous adenitis. It is probable that the function of the lymphoid tissue is to defend the organism against the invasion of microbes and, in particular, against invasion by Koch's bacillus. This it does by hyperplasia of its elements. The logical deduction from this fact is that the aero-digestive region—so rich in lymphoid tissue—should be the site of election for the penetration of the tubercle bacillus. And yet, primary tuberculosis of the tonsils is rarely seen. There follows a historical survey of the subject starting from pioneer observations of Lermoyez and extending to the work of modern observers and, in particular, to that of Philip Mitchell in this country. The author next discusses the clinical aspect of the problem. It is evident that the appearance of the tonsils is no guide to the possibility of their primary tuberculous infection, and diagnosis rests on the character of the cervical adenitis and on the physical characteristics of the patient. The author then gives us his results when investigating seventy-six cases of children from whom the tonsils and adenoids had been removed and in whom biopsy and guinea pig inoculations had failed to reveal tuberculous infection of the tonsillar and adenoid tissue. Finally, the author discusses the pros and cons of tonsillectomy and adenoidectomy in cases of suspected tuberculous infection of the lymphoid tissue in this region. The result of the discussion is, as usual, quite inconclusive. A useful bibliography is appended.

M. VLASTO.

Abstracts

LARYNX

Acute Laryngeal and Laryngo-tracheal Dyspnœa in childhood. A. LEMARIEY. (*Les Annales d'Oto-Laryngologie*, May, 1937.)

The differential diagnosis of the cause of sudden dyspnœa in the young is often extremely difficult, and the solution is sometimes only to be found after an endoscopic examination. The present clinical study is based on 1,500 such examinations and is therefore an endoscopic as well as a clinical study. Subglottic congestion, said to occur in children with adenoids, has only rarely been directly observed by the author. On the other hand, many cases labelled as false croup have been found to be due either to influenza, a foreign body or a pre-morbilliform condition. All these conditions are now discussed in detail, and special stress is laid on the extreme gravity of acute influenzal laryngitis, the difficulty of intubation and the serious effect on the lungs after tracheotomy. The most frequent diagnosis in cases of relatively prolonged dyspnœa of childhood is that of diphtheria. The diagnosis in many of these cases is erroneous. Attention is next given to cases of acute dyspnœa occurring in the suckling. The commonest cause is tetany, other causes are retro-pharyngeal abscess, distant reflex disturbances which are, perhaps best recognized with the help of a pediatrician, enlargement of the thymus, congenital syphilis, etc. The second part of this article deals with certain rare cases in which the morbid lesion is in the trachea and lower respiratory tract and which was discovered by endoscopy. These conditions belong no longer to the acute laryngeal dyspnœas, but to those of the trachea and of the lungs. M. VLASTO.

Laryngeal Diphtheria and Tracheotomy. W. NAPIER. (*Lancet*, 1937, ii, 637.)

The Author analyses 2,528 cases of laryngeal diphtheria, of which 220 were laryngeal (8·7 per cent.). In these there were 55 tracheotomies, the operation death rate being 25·5 per cent. He advocates early operation as affording the best chance of success. Serious after-effects were rare, but one case of pulmonary tuberculosis was recorded. Pneumonia, toxæmia, and unrelieved obstruction contributed alike to the mortality. The results compared favourably with the published results of intubation, indicating tracheotomy as the better operation for the relief of croup. MACLEOD YEARSLEY.

Blastomycosis of the Larynx. LOUIS H. CLERF and CARL J. BUCHER (Philadelphia). (*Annals of O.R.L.*, 1936, xlv, 923.)

Cases of mycotic infection of the larynx are rare ; the authors have only been able to find six cases in the literature, prior to their

paper, in which they include a further five. These cases are most commonly regarded as tuberculous, and it is only after repeated negative examinations of the sputum, and negative findings in the chest, that this diagnosis is finally regarded as untenable.

In its most typical form blastomycosis of the larynx has the appearance of a chronic inflammatory condition, more or less granular in character with areas of ulceration covered by a greyish membrane and the whole larynx is generally affected. The diagnosis is finally made by microscopic examination of the membrane in which the fungus can be seen.

Of the five cases described here, four were in men. The paper is well illustrated by drawings of the larynx and by microphotographs of the fungus. GILROY GLASS.

Papilloma of the Trachea: report of a case. R. M. Lukens (Philadelphia). (*Annals of O.R.L.*, 1936, xlv, 872.)

A boy, aged seven years, complaining of hoarseness and difficulty with breathing was admitted to hospital. The larynx was normal, but there was a large mass of papillomatous material in the subglottic area extending well down the trachea. The removal of the papillomata was followed by relief of the symptoms.

GILROY GLASS.

The Treatment of Intrinsic Laryngeal Cancer by Radium. A. HERRMANN. (*Hals-, u.s.w. Arzt.*, 1937, xxviii, 273-6.)

The author considers certain fundamental points in the technique of radium treatment. The main danger is necrosis of cartilage. For this reason he has adopted the procedure of removing the entire ala of the thyroid cartilage on the diseased side before applying the radium. Very strict asepsis is required, especially when removing the radium needles. If the wound does not heal by first intention a perichondritis may result and infected cartilage has little resistance to radium. The placing of the radium needles must not be preceded by a splitting of the larynx, as this method gives very poor results. All the patients have a course of calcium treatment beforehand, in order to counteract the tendency to laryngeal œdema during the radium treatment.

J. A. KEEN.

BRONCHUS

The Biplane Fluoroscope as an aid in Bronchoscopy. CHEVALIER L. JACKSON and W. EDWARD CHAMBERLAIN (Philadelphia). (*Annals of O.R.L.*, 1937, xlv, 1,143.)

An apparatus is described which, according to the authors, has the following advantages:

Abstracts

1. Complete protection of patient and attendants against the possibility of electric shock.
2. Absence of any interference with the work of the bronchoscopist or his assistants.
3. Maximum protection of patient, radiologist and others present against exposure to X-rays.
4. Central rays of both beams geometrically set at 90° apart, truly vertical and truly horizontal, respectively.
5. Minimum of "enlargement" and "distortion" of the fluoroscopic images. (The distortion inherent in the production of shadow images is materially reduced by increasing the distance between tube and screen while maintaining the screen as close as possible to the patient.)
6. Ease of manipulation and centering, and instantaneous change over from vertical ray to horizontal and *vice versa*.

[Author's Summary.] GILROY GLASS.

Congenital papilloma of the trachea—diverticulum of trachea—Rupture of diverticulum of trachea into innominate artery. JOHN D. KERNAN (New York). (*Annals of O.R.L.*, 1936, xlv, 865.)

A patient, aged two months, with stridor from birth, was admitted to hospital. Bronchoscopic examination showed a slight mass in the anterior and left wall of the trachea just above the carina. A tracheotomy and long tube was inserted. This was followed by relief of obstruction, but there was some difficulty in keeping the tube sufficiently deep to maintain this relief and, if pushed further, the tube entered one or other of the main bronchi, causing collapse of the opposite lung. Two months later there was a sudden hæmorrhage, followed by death.

At autopsy a papilloma was found in the trachea extending down into the main right bronchus. There was also a fistulous opening into the innominate artery from which hæmorrhage had occurred. GILROY GLASS.

Costophrenic Bronchoscopy for Pins deep in the Tracheobronchial Tree. ELLEN J. PATTERSON (Pittsburgh). (*Annals of O.R.L.*, 1936, xlv, 870.)

Two cases are recorded of removal of pins from the deep bronchus with a costophrenic bronchoscope and double plane fluoroscope.

GILROY GLASS.

Bronchoscopic observations in Asthmatic Children. EMILY LOIS VANLOON (Philadelphia). (*Annals of O.R.L.*, 1936, xlv, 881.)

Bronchoscopy has proved itself to be of service in asthmatic children :

(*a*) In differentiating foreign body or other bronchial obstruction from true asthma.

(*b*) In relieving the dyspnœa of acute attacks by removal of obstructing secretion ; and,

(*c*) By yielding secretion for the preparation of vaccine.

The bronchoscopic findings have shown no uniformity. All but three cases had varying congestion of the mucosa and, of the remaining three, the membrane was pale. Nothing suggestive of spasm was seen, but an accentuation of the narrowing of the bronchial lumen on coughing was an almost constant occurrence, and suggested collapse rather than spasm.

GILROY GLASS.

Bronchoscopic aspects of Hæmoptysis. MERVIN C. MYERSON (New York). (*Annals of O.R.L.*, 1936, xlv, 1101.)

The general subject of hæmoptysis, as it relates to the bronchoscopist, is reviewed. Bleeding from a varix of the base of the tongue should not be seriously considered. It rarely occurs. There exists a relatively large group of cases in which hæmoptysis is the predominant symptom, in which the patients are in apparently perfect health and in which the X-ray study and physical examinations yield negative results. Many of these cases can be found to have superficial ulcerations of the bronchus ; in others it is impossible to ascertain the exact cause of the bleeding. Neither anatomical and pathological studies nor clinical experience justify the impression that varix of the bronchus exists as a cause of hæmoptysis. Bronchoscopy might be permissible immediately after an hæmoptysis which consists of a few drops or a mere streak of blood, but is dangerous, in the writer's opinion, when the bleeding is copious.

[Author's Summary.]

GILROY GLASS.

Bronchial obstruction in chronic Tuberculosis. KENNETH A. PHELPS (Minneapolis). (*Annals of O.R.L.*, 1936, xlv, 1133.)

There are three types of bronchial obstruction due to tuberculosis :

1. Intramural.
2. Mural, and
3. Extramural.

Intramural obstruction is most frequent in children, and is caused by a suppurating peribronchial gland breaking through, but in adults a similar condition may result from cartilaginous sequestra or a broncholith.

Mural stenosis can be divided into three stages : submucous tuberculoma, superficial ulceration, or cicatricial stenosis.

Abstracts

Extramural obstruction is most commonly due to the pressure of an enlarged peribronchial tubercular gland.

A series of cases is described to illustrate the various types mentioned.

GILROY GLASS.

How to Prevent the Slipping of an Obstructing Foreign Body from one Bronchus into the other during the Extraction. DR. WURT and DR. BAGER (Berlin). (*Zeitschrift für Hals-Nasen-und-Ohrenheilkunde*, February, 1937.)

To prevent this dangerous accident the authors had a cup-shaped instrument constructed, made from four bent spring wires, which previous to the extraction is introduced into the bronchus of the non-affected side. The cup is secured by a silk string. If, during extraction, the foreign body should slip, it would be arrested on falling on to the wire net without blocking the air passage.

There is a photographic illustration of this simple but effective little device. F. C. W. CAPPS.

ŒSOPHAGUS

Cardiospasm. E. K. FREY and L. DUSCHL (Düsseldorf). (*Münchener Medizinische Wochenschrift*, August 27th, 1937, XXXV, 1374.)

The symptomatology and diagnosis of cardiospasm are fully described. The pathogenesis is discussed, but no conclusion is arrived at. The treatment is fully described, and dilatation of the cardia with the Starck instrument is recommended for all cases except those with very great dilatation of the œsophagus. Various operations are discussed, but œsophago-gastrostomy is the operation recommended. This is performed by the transthoracic route. A case in which this operation was performed, for which a low mortality is claimed, is described in detail.

G. H. BATEMAN.

Difficulties and pitfalls in the introduction of the Œsophagoscope. CHEVALIER JACKSON (Philadelphia). (*Annals of O.R.L.*, 1936, XLV, 1109.)

Œsophagoscopy is always a more dangerous procedure than bronchoscopy, but many of the dangers can be eliminated by careful team work, patience and, especially, by the precaution to be sure of the lumen before passing the œsophagoscope forwards. For this purpose the lumen finder, which is tipped with soft rubber, is a great advantage.

GILROY GLASS.

Œsophagus

Some problems in Œsophageal Atresia. CLYDE A. HEATLEY (Rochester, N.Y.). (*Annals of O.R.L.*, 1936, xlv, 1122.)

Two cases are described in which infants, born with œsophageal atresia, survived, in one case 34 days, and in the second 145 days. The author is convinced that the cause of death was due to the regurgitation of fluid into the lung, rather than from the overflow, and advised the following surgical treatment for an attempt to save these cases :

1. Immediate laparotomy with occlusion of the cardiac end of the stomach by means of a fascial strip accompanied by permanent gastrostomy. This insures adequate feeding without regurgitation into the lungs.
2. Closure of the fistulous communication with the trachea by means of a stenosis produced by a sclerosing solution, such as aqueous acid acriflavine (sol. 25 per cent.), introduced by a swab through the bronchoscope.
3. Temporary management of the blind upper segment by frequent aspiration rather than by immediate surgery. It is to be emphasized, however, that early external drainage is desirable.

[Author's summary.] GILROY GLASS.

Some remarks about a case of Œsophageal Diverticulitis. A. MOULONGUET and GRINGOIRE. (*Les Annales d'Oto-Laryngologie*, July, 1937.)

A detailed description is given of a case of an œsophageal pouch in a man aged 54 years. The fact that radiography showed that the pouch tended towards the right side, induced a surgeon to operate through the right side of the neck. He had considerable difficulty in identifying the sac, injured the right recurrent nerve and the result was so bad that the case came under the care of the writers of the present article, and he gives a full clinical record of the case with full details of the operative technique employed. An interesting complication was a marked laryngeal œdema which supervened forty-eight hours after the operation and necessitated a tracheotomy. Certain conclusions are reached which are as follows : even if the pouch tends towards the right side of the neck, it is always preferable to operate along the anterior border of the left sterno-mastoid. The cause of the laryngeal œdema remains unexplained. Whereas diverticulopexy is probably the operation of choice in large œsophageal pouches, the smaller ones should be resected. As to whether this should be carried out by a one or a two stage operation depends on the experience of the operator. Finally, the successful result of the operation must partly be ascribed to the fact that the circular fibres at the stoma of the sac were incised. M. VLASTO.

Abstracts

MISCELLANEOUS

Vertigo in brain tumours, with special reference to the results of labyrinth examination. E. A. SPIEGEL and A. ALEXANDER (Philadelphia and Vienna). (*Annals of O.R.L.*, 1936, xlv, 979.)

The observations on brain tumours seem to corroborate the assumption of a representation of the labyrinth in the cerebral cortex, particularly in the temporal lobe. Parts of the frontal lobe, especially the centro-opercular region, must also be taken into consideration as a place where vestibular and spinal impulses, joined in the subcortex (cerebellum-ruber system) may enter. The conception that vertigo in brain tumours is only a general symptom of increased intracranial pressure seems to need a revision. In a large number of cases symptoms of choked labyrinth, hyper-excitability of this organ, differences in excitability between both sides, nystagmus, diplopia, and cerebellar disturbances are found, and the appearance of vertigo is explicable as due to these effects of increased intracranial pressure. Yet there remains a group of cases in which such an effect of pressure upon the labyrinth or upon the brain stem is absent. In these cases, at least, it seems not unreasonable to assume that the vertigo may appear as a local symptom of the cerebral cortex due to direct lesion (stimulation) of the aforementioned cerebral areas, or due to pressure upon these foci by tumours in neighbouring regions. In general, it seems that tumours close to the Sylvian fissure induce vertigo more easily than do tumours more distant from this fissure.

[Author's summary.] GILROY GLASS.

Heart-block periodically induced by the swallowing of food in a patient with Cardiospasm (vagovagal syncope). SAMUEL IGLAUER and BERNARD A. SCHWARTZ (Cincinnati). (*Annals of O.R.L.*, 1936, xlv, 875.)

A typical case of cardiospasm has been described. When the patient partakes of food, syncope occasionally ensues, during which transient complete heart-block can be demonstrated in the electrocardiogram. Between attacks the heart action is normal. The case is regarded as a typical one of vagovagal syncope. An attempt has been made to interrupt the reflex arc by dilating the cardiospasm, and the patient's condition is much improved.

[Author's summary.] GILROY GLASS.

Minor points in Diphtheria Immunization. H. A. RAEBURN. (*Lancet*, 1937, ii, 621.)

The Author discusses this question in an account of work done in urban and rural schools and institutions from 1934-6. He offers

no definite conclusions because the numbers are too small, but gives the results of various methods and summarizes his experiences under three headings. (1) That sensitive subjects can be eliminated by the Moloney and " detector dose " tests ; and that some unusual reactions are to be noted. (2) Toxoid-antitoxin mixture was found to produce serum sensitization to a therapeutic serum. Toxoid-antitoxin floccules and anatoxin or formal toxoid were also used. (3) The behaviour of a small epidemic of diphtheria in an immunized community is recorded.

MACLEOD YEARSLEY.

Two Cases of Phlegmonous Inflammation with an unusual complication caused by a Carious Molar. EELCO HUIZINGA (Groningen). (*Acta Oto-Laryngologica*, May-June, 1937, xxv, 3.)

(A) In the case of a thirty-year-old man there arose a cellulitis of the floor of the mouth and throat, originating from a carious third left lower molar. After an incision the inflammatory process healed, but seven days afterwards serious bleeding occurred, which could only be controlled after ligature of both external carotids.

(B) A description is given of a very extensive gas gangrene of the floor of the mouth, neck and the left half of the face in a twenty-four-year-old man, which arose from carious molars of the lower right jaw. Many extensive incisions were needed but the patient recovered. The success in this case appeared to be due in part to the use of anti-gas gangrene serum. This case is typical of the disease as recently described by Grahe.

[Author's summary.]

The temperature chart of both patients is illustrated, as well as a photograph of the second case.

H. V. FORSTER.