understood that a tumour of the carotid body was a species of endothelioma. In the particular case which he had examined, the tumour was locally malignant; a chain of hard glands in the neck was secondary to it. The swelling in the present case seemed to be too high up to be a tumour of the carotid body.

Dr DOUGLAS GUTHRIE said that the diagnostic points were the position between the carotids, the mobility from side to side and not up and down, the ovoid shape, the pulsation and the slow and painless growth. The patient did not have laryngeal paralysis, as had been very frequently reported, and did not show any pigmentation of the skin. Diagnosis was confirmed by the pathological report by Dr Dawson; the slides had been compared with several published cases in which slides were illustrated. Although the tumour resembled a giant-celled sarcoma, it was more probably a tumour of the carotid body as it had been growing for three and a half years. He had hoped that members would have made some suggestion as to treatment. The tumour was adherent to the carotids, jugular, vagus, etc. The mortality in these cases was very high. In some cases it might be advisable to do a decompression operation, tying the common carotid and dividing the sterno-mastoid muscle, so that the tumour might tend to grow outwards rather than inwards, and the symptoms —difficulty in swallowing—might then be alleviated.

Laryngeal Paralysis following Thyroidectomy—Dr DOUGLAS GUTHRIE.—Patient, a female, had the left lobe and part of the right lobe of the thyroid gland removed. Six months later, when she reported, the right vocal cord was found immobile.

ABSTRACTS

THE EAR.

Some Indications for the Radical Mastoid Operation in Otitis Media Purulenta Chronica. H. H. BURNHAM, M.B., Toronto. (*Canadian Medical Association Journal*, May 1924, p. 367.)

The author reviews briefly the development of the radical mastoid operation and gives a few of the indications for operation. Special stress is laid on the question of acute reactions occurring in a chronic suppurative otitis and the presence of cholesteatoma.

Another question discussed is as to whether operation should be undertaken during the acute reaction or after the acute symptoms have subsided. This he would decide according to the urgency of the clinical signs of a serious complication, and the type of infection present as shown by culture. E. HAMILTON WHITE.

Abstracts

Examinations concerning the Permanent Results of Total Extirpation of the Middle Ear. P. HENIUS. (*Acta Oto-Laryngologica*, Vol. iii., fasc., February 1924.)

All cases of radical mastoid operation do not escape the necessity for after-care of the operated ear, but we must not be discouraged, because they are free from the serious complications possible in all cases of inflammation of the temporal bone. The author got in touch with patients treated from 1901-20 in the St Joseph Hospital, in Odense, and obtained their after-history. During these years 301 patients were treated. Of these, 13 patients died of intracranial complications during their stay in hospital, in 12 of whom complications had been present before operation. In the 13th case, which died of post-operative meningitis, labyrinthitis was also present before operation. Of 288 discharged from hospital, 234 were traced; of these, 11 had died, but none of them of ear trouble; of the others, 135 were examined in hospital, and 45 per cent. were found completely cured, while the remaining 55 per cent. were not completely cured. In the latter group there was usually slight trouble about the opening of the Eustachian tube or in the middle ear; in rarer cases there was secretion from other parts of the operation cavity. H. V. FORSTER.

Diabetes and Middle-Ear Disease. EDMUND WERTHEIM (Breslau). (*Zentralblatt für Hals-, Nasen-, und Ohrenheilkunde*, 25th January and 10th February 1924.)

Diabetes is frequently the predisposing cause of middle-ear disease, but the disease is often present in a diabetic without any apparent association between the two conditions. Lesion of the auditory nerve with consequent deafness is also a common *sequela* of diabetes in chronic cases in elderly people. The author considers also that the diabetic condition is responsible for the unfavourable course taken by independent otitis media and the frequent bone necrosis that occurs in diabetics. In these cases there is a lowered resistance to infection and this may account for the serious course of otitis. A considerable improvement in the ear conditions is found when the patient is put on an anti-diabetic regime.

It is difficult to collect accurate statistics as the majority of diabetics are not of the hospital class. Kutz reported 692 cases of diabetes with 46 suffering from ear disease, but only 1 was directly connected with the general disease; of the 46 cases, 9 had middle-ear lesions and 2 mastoiditis. At Rostock, 21 cases of acute otitis media in diabetics included 10 cases of mastoiditis, whereas in 50 similar cases in non-diabetics at the same clinic only 8 had mastoid complications. Eulenstein reported and collected 50 cases of otitis in association with diabetes, and of these 11 had acute and 17 had chronic mastoid

disease. Furuncles and other conditions of the external ear are often the first symptom of diabetes and are better not operated upon unless very painful.

The occurrence of otitis media during the course of the disease may be the "agent provocateur" of an onset of coma and, on the other hand, may be so acutely spreading that meningitis and other intracranial lesions ensue at an early date. The bone necrosis is often complicated by burrowing abscesses which penetrate for a considerable distance before showing any localising symptoms.

The bad post-operative results are due to the extensive necrosis of bone which takes place and to occasional severe hæmorrhage. The author pleads for bolder operating, and states that a very radical and early operation is necessary. The heart is often affected by diabetes and should be treated by digitalis before operation.

Post-operative sepsis is a common *sequela*, but the author considers that this can be mitigated by the most scrupulous asepsis. Post-operative thrombosis and embolism are said to be common, but the author has not seen a fatal case from this cause. Phillipowicz gives three reasons for the thrombosis—lesion of the veins, reabsorption of wound secretion, and reduced efficiency of the circulatory system.

Before operation the author recommends cleansing the ear with ether or tincture of iodine, nursing the patient's strength, and giving injections of anti-pyogenic preparations. After the operation the patient should be out of bed as soon as possible and encouraged to move actively. The onset of coma should be met by alkali therapy and insulin. Pre-operative and post-operative injections of insulin are administered, but the author states that the possibilities of this line of treatment have not been fully exploited. Many authors do not consider chloroform more dangerous than ether, but local anæsthesia is dangerous on account of the probability of gangrene of the injected tissues. The operation should be early, as radical as possible, and, above all, should be very rapidly performed.

F. C. Ormerod.

A New and Simple Method of Nystagmography. G. I. Grünberg, St Petersburg. (*Zeitschrift fur Hals-, Nasen- und Ohrenheilkunde*, Band vii., Heft 4, April 1924, p. 382.)

A small cushion attached to a fine lever rests on the closed upper eyelid and is set in motion each time that the convex corneal projection passes under it. The movement is conveyed by a system of levers to a smoked strip of paper in a British sphygmographic apparatus. The whole is fastened by means of a band round the head. The instrument is, according to the tracings with which the paper is illustrated, best adapted for horizontal nystagmus, especially the induced caloric.

James Dundas-Grant.

Abstracts

A Table for the Investigation of Labyrinth Reflexes in Adults. O. Voss, Frankfort. (*Zeitschrift für Hals-, Nasen- und Ohrenheilkunde*, Band vii., Heft 4, April 1924, p. 378.)

The table is primarily designed for the purpose of excluding "neck" reflexes so that the pure labyrinthine static reflexes can be investigated. It consists of a legless table-top suspended by a block and tackle on each side and ropes at head and foot, so that it can be inclined in any direction. There are raised margins at the foot and on each side, curved supports to fix the shoulders, and a head-rest to keep the head immovable. The action of the otoliths in different static positions can thus be tested in the light of Magnus and de Kleijn's experiments.

JAMES DUNDAS-GRANT.

On the Origin of Cold Water Nystagmus in Guinea-pigs. A. DE KLEIJN and R. LUND. (*Acta Oto-Laryngologica*, Vol. iii., fasc. 1-2, February 1924.)

The caloric nystagmus in mammals has its origin, contrary to what Bori has remarked in doves, in the semicircular canals and not in the otolith organs. To support this we have the fact that in the rabbit the position of the horizontal canal decides the direction of nystagmus. In bilateral ear syringing with cold water the position of the eyes, depending upon the otolith organs, remains unchanged.

In the case of guinea-pigs deprived of otolith organs caloric nystagmus is the same as in normal animals, and alters only in the typical way when the position of the head is changed.

H. V. FORSTER.

The Case of a Congenital One-sided Labyrinth Defect in a Fowl. CÆSAR HIRSCH. (*Acta Oto-Laryngologica*, Vol. iii., fasc. 1-2, February 1924.)

The author describes a hen $1\frac{1}{2}$ years old which, since birth, had held its head turned about 90° to the right (dorsal-ventral axis) and, at the same time, about 45° to the right (sagittal axis), so that the right eye looked behind and down and the left eye in front and up.

The author experimented on the hen to test the statements of Magnus and de Kleijn all of which he found corroborated. Particularly remarkable were the peculiarities of respiratory movement when the fowl was placed on its back. The author recalls the observations of Noël Paton, Allen and Leidler on the influence of the vestibular organ on respiration.

H. V. FORSTER.

The Pharynx

THE PHARYNX.

Tonsillar Focal Infections: A New Diagnostic Point. H. H. LOTT. (*The Surgcal Clinics of North America*, February 1924.)

The writer recalls the fact that whereas in some cases the removal of tonsils, even though not grossly diseased, will cure arthritis, neuritis, and other remote manifestations, in other cases the removal of even grossly infected tonsils will give no relief whatever in this direction.

In his experience the deciding factor is, whether or not the infection is purely or predominantly a streptococcal one; if so, a good result may be expected. On the other hand, however diseased the tonsils may appear, if the infective organism be the staphylococcus or other pyogenic organism, satisfactory results as regards the remote manifestation will not be obtained.

The two types may be recognised clinically. On inspection of the fauces, the well-defined dark red band on the anterior pillar of the tonsils indicates streptococcal infection, whereas the paler less-defined zone which shades off gradually into the surrounding surface indicates a staphylococcus or at any rate a non-streptococcal infection.

A case of each type is quoted in illustration of the theory and of the diagnostic point. J. B. CAVENAGH.

Lympho-Sarcoma of the Tonsil removed by Sluder's Guillotine Enucleation. F. PEARCE STURM, Ch.M. (*Brit. Med. Journ.*, 26th July 1924.)

The patient, a female, aged 72, was able to swallow fluids only, and had pain in the throat shooting up to the left ear, severe enough to prevent sleep. The left tonsil was so large as almost to touch the opposite side of the fauces. It was hard and smooth and covered by a network of tortuous veins contrasting vividly with the ivory pallor of the underlying growth. At the upper pole was a ragged, crater-shaped sensitive ulcer. There was a history of a mutton bone being fixed in the tonsil forty-five years earlier and coming away spontaneously several weeks later after several ineffectual attempts at removal. Enucleation seems to have been undertaken chiefly for examination purposes, and the pathologist reported the tumour to be lympho-sarcoma of the endotheliomatous type: after twenty months the writer finds the patient in excellent health with the tonsil bed cleanly healed. Two months after the operation she had wasted to a skeleton and had three severe attacks of bowel hæmorrhage, but thereafter began to do well. The loss of blood at the operation was negligible.

T. RITCHIE RODGER.

Abstracts

On the Accelerating Action of Tonsil-Substance on the Coagulation of the Blood. G. KELMAN and M. v. GARA, Buda-Pesth. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde*, Band 7, Heft 4, p. 390, April 1924.)

The tests were made by adding 6 drops of blood to one of a 5 and 10 per cent. suspension of extract of tonsil and by noting the length of time for the commencement and completion of coagulation, as compared with the same with normal saline solution. The effect was greater with the stronger suspension, but did not seem to be very considerable and constant. The writers consider the nature of the action still unsettled. JAMES DUNDAS-GRANT.

Report of a Case of Status Lymphaticus with Autopsy. C. L. STONE. (*Laryngoscope*, Vol. xxxiii., No. 6, p. 426.)

The tonsil and adenoid operation was undertaken on an Italian, aged 20. Pre-anæsthetic examination revealed apparently normal heart and lungs. From the commencement the ether caused trouble, and the patient stopped breathing and became cyanotic. Oxygen and tongue traction cleared up the difficulty and the patient was fully anæsthetised. On grasping the tongue with the tenaculum the patient stopped breathing and became cyanosed. On attempted tongue traction, it swelled to enormous proportions and completely blocked the pharynx. Rapid tracheotomy was done and a bronchoscope inserted but no compression of the trachea was observed. The patient died in spite of oxygen and artificial respiration and the bronchoscope in the trachea. The post-mortem showed a thymus weighing 30 gms., a small heart and a narrow aorta, enlarged mesenteric nodes, several enlarged bronchial lymph nodes, and general enlargement of the lymph glands of the body, making a complete picture of status lymphaticus.

ANDREW CAMPBELL.

PERORAL ENDOSCOPY.

An unusual Case of Foreign Body in the Trachea of a young Child. LIONEL D. COWLING. (*Med. Journ. of Australia*, 17th May 1924.)

A child, aged 1½ years, after a fall on a gravel path, was seized with choking and difficulty of breathing. No foreign body could be felt or seen in the pharynx. A radiogram showed no foreign body. On the fourth day the symptoms became more urgent. Tracheotomy was performed and pus escaped. The whole length of a silver-wire hook, 6 inches long, was passed down the trachea. Half a pea-nut was recovered. The child made a complete recovery. It was found impossible to pass a bronchoscope on so small a child.

A. J. BRADY.

Miscellaneous

Toothplate removed from the Right Bronchus by Inferior Bronchoscopy. E. B. WAGGETT, M.B., B.C., and E. L. FYFFE, M.B., B.S. (*Brit. Med. Journ.*, 26th July 1924.)

In this interesting case a small toothplate bearing one tooth and a hook stuck in the patient's glottis causing dyspnœa, which was relieved by the patient himself pushing the foreign body downwards with his finger. On admission to hospital he was complaining of pain in the right side of the chest and a certain amount of dyspnœa with expulsive cough.

A radiogram showed the toothplate at about the level of the sixth rib. Œdema of the laryngeal tissues made introduction of the bronchoscope difficult and recourse was had to a low tracheotomy. The foreign body was seen three-quarters of an inch below the bifurcation, but removal was not effected as the hook had penetrated the bronchus which moved when rotation was attempted. The patient's condition not being good he was put back to bed till next day, when Mr Waggett, again using the tracheotomy wound for access, succeeded in removing the plate after rotation and after the coughing up of about an ounce of pus. Local anæsthesia and the sitting posture were employed.

Attention is drawn to the fact that antero-posterior radiography gave a picture exactly like that of a foreign body in the œsophagus, but that a lateral view showed its position to be well removed from the vertebræ. The case is further proof of the inadvisability of dentists using small dentures. T. RITCHIE RODGER.

MISCELLANEOUS.

Surgery of the Pituitary Body. CHARLES H. FRAZIER, M.D., University Hospital, Philadelphia. (*Archives of Surgery*, January 1924.)

In this paper the clinical features of interest, particularly the visual disturbances, are presented. It is pointed out that needless delay in diagnosis is conclusively illustrated by the prevalence of optic atrophy eventuating in total blindness in one eye in more than 40 per cent. of the writer's cases.

"Conclusive evidence in the diagnosis of pituitary lesions usually is revealed in the röentgenogram." The normal antero-posterior dimension of the sella is given as 12 mm. In most of the author's cases this was increased up to 20 to 27 mm. The depth of the sella is the most important dimension indicating primary intrasellar growth. This far exceeded normal in most of the cases. Atrophy of the

posterior clinoid processes indicated extension of the growth beyond the sellar limits, also a lesion of long standing. Encroachment upon the sphenoidal sinuses is also to be noted.

"Since Hirsch first proposed the transsphenoid operation (1910) there has been a continuous reduction in the mortality, so that to-day the operation is devoid of serious risk." NICOL RANKIN.

Prosopodiaschysis (!) *for Sequestra of the Base of the Cranium.* Dr GORIS. A case shown at the Congrès Belge de Laryngol., July 1923. (*Bulletin d'Oto-Rhino-Laryngologie*, Paris, May 1924.)

Dr Goris recalls that he published, in 1909, an account of the operation that he has distinguished by this arresting name. (See *Bull. de l'Acad. Royale de Med. Belgique*, 29/11/09.) The salient points of his technique are:—

1. Tracheotomy, and plugging of pharynx.
2. Median incision from the root of the nose to the margin of the upper lip; reflection of face in two lateral flaps.
3. Removal of anterior and internal walls of antrum on one side.
4. Removal of anterior and inferior walls of frontal sinus, and of agger nasi and ethmoidal labyrinth, and opening of sphenoidal sinus by the route thus made; careful plugging of the large cavity created.
5. Steps 2, 3, and 4 also carried out on the opposite side.

The third patient appeared in December 1922, having had an operation on the (? left) antrum in 1921; a large sequestrum had just been coughed up, coming apparently from the region of the left sphenoidal sinus. There was intense and constant headache, paralysis of the left external rectus, and hemiatrophy of the tongue. The man was very wasted. Skiagraphy showed severe damage in the region of the left sphenoidal sinus, and posterior rhinoscopy revealed granulations in this part. The nervous lesions indicated damage to the skull extending far back. At the operation, after removing the parts as described, there were found numerous sequestra of the left side of the sphenoid, and of the floor of the nose. A sequestrum of the right antrum was also present.

"Convalescence was not without incident." On the fifth day supervened a peritracheal abscess; on the twelfth, erysipelas; fever continued until the thirtieth day, when rigors ushered in septic endocarditis, followed by several pulmonary abscesses. Headache was entirely relieved and, ultimately, recovery took place.

E. WATSON-WILLIAMS.

Miscellaneous

A Case of Specific Thyroiditis. DUTHEILLET DE LAMOTHE, Limoges. (*Annales des Maladies de l'Oreille, etc.*, January 1924.)

The patient was a young man of 17, with nothing to note in his own or family history—no stigmata of syphilis. In April 1921 a gland appeared about the size of a walnut in front of the right mastoid. This disappeared spontaneously. In September 1922 a hard, painless swelling appeared at the level of the right thyroid cartilage. A month later this broke down and a large quantity of pus was evacuated. A fistula persisted until July 1923, when he sought advice on account of difficulty in breathing. At this time the neck was fixed and swollen, respirations were hurried, and head movements were almost impossible. The fistula was found a little to the right of the middle line at the lower border of the cricoid. Palpation revealed that there was a hard, firm mass reaching to the sterno-mastoid on each side. The mass adhered firmly to the underlying organs, causing great difficulty in swallowing and breathing. Indirect laryngoscopy revealed no perichondritis nor other intra-laryngeal lesion. Hot fomentations reduced the hardness of the swelling and antispecific treatment was carried out with success. Much scarring subcutaneously has resulted and treatment for thyroid insufficiency has been found necessary. GAVIN YOUNG.

The Influence of Hunger on the Reaction of Lymphatic Glands to Suppurative Processes. W. UNDRITZ, St Petersburg. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk*, Band VIII., Heft 1, p. 1, May 1924.)

Inspired by observation of the abnormal frequency of lymphatic glandular complications of ordinary suppurative processes during the waves of starvation in Russia, Undritz investigated the changes effected in the lymphatic glands in otherwise normal guinea-pigs by hunger alone, and by hunger in guinea-pigs infected with staphylococci. Hunger alone was shown to produce diminution in the number of lymphocytes so as to leave the reticular cells and medullary strands unduly conspicuous, as also dilatation of blood vessels. The diminution in lymphocytes lowered the powers of resistance to toxic infection and increased the tendency of the glands to suppuration. He finds that the "epidemics" of glandular inflammation run parallel with the incidence of under-nutrition among the populace.

JAMES DUNDAS-GRANT.