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wireless. She gets on normally at school. The only thing that puzzles her is dictation. Dr. Connal asked if it was possible that that child could be getting on so well just with lip-reading. He tried her with dropping things behind her and ringing a bell but she did not notice them. She did not blink at all. He tried speaking into a stethoscope into her ear. He could not understand a child of that age getting on so well. He said she played with her companions and there was no abnormality noticeable in her play at all. She was very shy, but she spoke quite well to her parents. She got on well with her reading and picked up new words. She was excellent in all her school subjects with the one exception—dictation.

DISCUSSION

Mr. TUMARKIN said he had a similar case of a child whom he watched for several years. They sent her to a psychotherapist, as they thought she was hysterical, but got no help. That child was exactly the same. She was now thirteen and got on normally in her classes.

ABSTRACTS

EAR

The Study of Psychic Deafness. DOMENICO DELLA CIOPPA. (*Bollettino delle Malattie dell'Orecchio, della Gola e del Naso.* 1938, lvi, 325.)

The author describes the case of a girl of eight years who received a slap on the side of the face from a woman. The blow was not one that could have any material consequences, but the child's father made a great scene with the woman, following which the child was very frightened and suffered from intense tremors. Her speech, hearing and sight were normal until she went to bed at night, when she became very feverish and complained of severe headache and vomited repeatedly. During the night she was worse, she became incontinent, completely deaf in both ears and could articulate only with difficulty.

She remained very ill for several days and then began to recover, but was left with a general lowering of nervous tone, sluggish reflexes and complete bilateral deafness. Her memory was disordered and her conversation consisted of disconnected sentences. At the end of six weeks she had quite recovered except that the deafness remained stationary. On examination her nervous system was found to react normally, except that sensation to touch, heat and pain were lost in the skin of the pinna, the external auditory meatus and in the tympanic membrane. She heard forks of 128, 256, and 512 cycles by bone conduction, but only when vibrating with

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considerable amplitude and only for a short time. The cochleo-palpebral reflex was absent and all the vestibular tests gave negative results.

Psychic deafness was diagnosed and six months after the original blow a mock operation was staged, with full ether anæsthesia, but it was unsuccessful and the hearing remained completely lost.

Hysterical deafness may be determined by generalized disease, injury to the head, and by neurotic and hysterical disturbances. Toxic absorption after typhoid fever has given rise to such deafness and it has been reported after the passing of an intestinal worm. The most usual cause, however, is psychic trauma. Many neurologists agree that psychic trauma only produces its effects when there is a suitable organic predisposition. The last great war, however, provided many examples of hysteria occurring in otherwise quite normal individuals. In these cases, however, it is a question of lack of power of resistance rather than a predisposition. Predisposition includes nervous conditions such as fatigue, insomnia, digestive troubles and intoxication due to tobacco, alcohol and also hyperemotionalism.

The determining factor of psychic deafness may be mechanical or acoustic trauma or some terrifying experience. Following Charcot's reasoning, such shock causes a break of continuity in the association paths between the various centres which constitute the central auditory mechanism.

The auditory field is reduced with a uniform loss throughout the scale, just as the optic field shows a concentric constriction in hysterical amblyopia. In the case described there was no laterization in Weber's test as the deafness is complete. In psychic cases Rinne's test tends to be positive when the deafness is moderate and negative when the deafness is severe.

Similar cases have been reported by Gradenigo, Campeggiani and Braude and various forms of paraphasia were associated in their cases, difficulty in writing and even in speaking.

The diagnosis of hysterical deafness depends on its sudden onset, without organic, but usually with psychic cause, on associated aphasia and aphonia, on the lack of paralytic phenomena and often on its rapid and spontaneous cure. The anæsthesia of the external auditory meatus and tympanic membrane, and the absence of the cochleo-palpebral reflex confirm but do not prove the functional nature of the condition.

Psychic deafness may last a few hours or several days, but occasional cases may continue for months or years. The recovery is likely to be slower when the onset is due to some severe emotional disturbance. Prognosis is good in the majority of cases.

Treatment consists in remedying the general nervous condition and also the organic state. Gradenigo treated the patients by

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immersing them in a bath of sound, which consisted of exposure to powerful sounds of various pitches.

Mingazzi used galvanic and faradic currents—which may have acted by suggestion.

The pretence of performing operations on the ear and throat have produced good results in some cases.

F. C. ORMEROD.

Fluid Balance in Ménière's Disease. T. CAWTHORNE and M. N. FAWCETT. (*Lancet*, 1938, ii, 1404.)

The authors describe and discuss the changes in labyrinthine activity that may result from varying the salt and fluid intake of patients suffering from Ménière's Disease (i.e. when the lesion responsible for the symptoms is situated in the end-organ of the VIIIth nerve, namely, in the labyrinth). Eleven cases in all were investigated and the conclusions reached are succinctly as follows: Variations of the fluid content of the body are largely controlled by the salt-intake. Although the fluid intake need not be restricted in the presence of a minimal salt-intake, such a régime may not always be easy to follow. It would appear that the most convenient anti-retentional treatment would be a diet restricting partially the fluid as well as the salt-intake, with the addition, if necessary, of measures to encourage the excretion of salt and fluid. The authors consider that the investigation of every case of Ménière's Disease should include a trial with an anti-retentional diet, but this cannot take the place of surgery nor do more than exercise some control over symptoms. As a treatment it is only palliative and can never be curative. If the response to anti-retentional treatment is favourable it will enable the patient to lead a normal life, or may at least afford relief in cases in which operation is risky. If the response is unfavourable or the régime is found too irksome, or relapses ensue after improvement, it will be advisable to resort to operation. Until an anti-retentional diet has been tried, it is impossible to say how any given patient will respond. It has been found that cases may be thus controlled and when premonitory symptoms of an impending attack appear, rapid increase of water excretion may abort or at least modify the severity of the attack. The last sentence appears to give the purport of this paper in a nutshell.

MACLEOD YEARSLEY.

Ménière's Syndrome: an observation. R. PEACOCK. (*Lancet*, 1938, ii, 1409.)

The author alludes to his earlier paper on the destination of alcohol when injected into the labyrinth of the cadaver through the oval window in which he described two cases thus treated in the living subject. He now cites the recent work of Wright, Hallpike

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and Cairns. The observation of the latter observers suggested to the author that it would be justifiable to puncture the labyrinth without injecting alcohol at all. He therefore carried out the experiment on a patient, who remained well and free from vertigo for exactly two months, when he had an attack of great intensity which lasted three days and persisted to some extent for a week. Subsequent injection with alcohol was therefore undertaken. It is not stated how long after this second procedure the patient remained free.

MACLEOD YEARSLEY.

On Operative Injuries of the Sigmoid Sinus and their Results.
L. KLICPERA (Vienna). (*Monatsschrift für Ohrenheilkunde*, 1938, lxxii, 1059.)

Injury to the sigmoid sinus in the course of a complete exenteration of the mastoid cells is not such a dangerous accident as perusal of the literature leads one to suppose. Of twenty cases of sinus injury reviewed by the author, seventeen (85 per cent.) ran a normal post-operative course. In four of these, the trauma affected a pathologically altered sinus wall.

In only three instances was the wounding of the sinus followed by septic complications. In each the dura covering the sinus was obviously diseased. Recovery occurred in all, following operation on the sinus and jugular vein.

The author disagrees with the views of Kriegsmann who maintains that there is special danger in wounding the sinus before the third week of the disease in acute cases, or in the acute exacerbation of chronic cases.

Symptoms due to congestion after packing off the sinus occurred in two instances. Choked disc, severe headache, central nystagmus, and past-pointing to the sound side were observed.

DEREK BROWN KELLY.

NOSE

A Case of Sarcoma of the Nose with Diffuse Metastases treated by X-rays. VIRGILIO SANGIOVANNI. (*Archivio Italiano di Otologia*, 1938, 1, 352.)

The case is reported of a man of 56 who had for some six months suffered from an obstruction of the right side of the nose and repeated hæmorrhages. When seen by the author he had also developed a painful swelling just below the right elbow and another below the left knee.

Examination revealed that the right nostril was filled by a fœtid, ulcerated mass which bled on touch. This mass could also be seen by posterior rhinoscopy. X-ray examination of the right

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ulna and the left tibia showed undoubted metastatic deposits. A portion of the mass from the right nostril was removed and proved to be a polymorphocellular sarcoma. A portion of the tumour mass from the tibia gave a similar microscopical picture.

The patient left hospital as his nasal respiration had much improved on account of removal of part of the tumour for biopsy and the disappearance of more of it on account of sloughing. He remained comfortable for eight months and then after some vague discomfort in the throat, had a severe attack of dyspnoea which necessitated tracheotomy.

A reddish swelling occupied the position of the right ventricular band and overlapped the vocal cord and glottis. The patient was readmitted to hospital and it was found that the tibial metastasis had increased in amount but that the ulnar one had not changed.

The patient was given a course of applications of X-rays to the nose, tibia and ulna by the fractional protracted method of Coutard. There was a gradual amelioration of symptoms and at the end of a year the nose and the larynx appeared normal. The swellings on the tibia and ulna became much smaller and ceased to be painful although they did not entirely disappear.

The patient expressed himself as feeling perfectly well, put on weight and resumed his work as an agricultural labourer.

F. C. ORMEROD.

Changes in the Frontal Sinus following removal of the Mucous Lining.

G. ROSSI. (*L'Otorinolaringologia Italiana*, 1938, viii, 260.)

The author discusses the assertion of Samoilenko that removal of the mucosa from the frontal sinus leads to its obliteration. He carried out a series of experiments on dogs. In the case of four dogs he induced suppurative processes which were continued for periods varying from three months to more than a year. At the end of these periods he opened the sinuses and removed every trace of mucous membrane from the interior of the sinuses. After a further period of from three to six months he investigated the size of the sinuses as compared with their previous extent and he also examined, microscopically, changes that had taken place in the bone since the operation.

Contrary to the statement of Samoilenko the cavity was not obliterated, in fact it was hardly reduced in size at all. Four other dogs were operated on in the same way, but without any previous suppuration having occurred in the sinus. In these animals there were marked changes. In two the sinuses were obliterated and in the third it was very much reduced in size.

Microscopical examination of the bony wall showed that after removal of the mucosa there occurred processes of absorption and of regeneration of bone. The balance between these two processes

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varied in different parts of the sinus wall, but on the whole the process of regeneration gained at the expense of the absorption, and led to the formation of spurs and crests inside the sinus. In the cases which had suppurated the excess of new bone formation was much less than in the non-suppurative ones and the author suggests that the suppurative processes act as a deterrent factor in the osteogenetic activity.

The conclusion drawn is that removal of the mucosal lining does not eliminate the possibility of recurrence or of complications.

F. C. ORMEROD.