

ABSTRACTS

EAR.

On the Inheritance of Fistula Auris: Being a Clinical Contribution on this Subject. J. SCHÜLLER. (*Münch Med. Wochenschrift*, No. 4, Jahr 76, S. 160.)

By *Fistula Auris* is understood a fistula which lies typically immediately in front of the ascending helix, or on this structure at its junction with the crus helicis. It is estimated by various authorities to occur about twice in a thousand people. The writer has had the interesting experience of being able to discover twenty-six cases of the abnormality amongst seventy members of a particularly prolific family of barely three generations. The family tree is diagrammatically represented showing the incidence of the affection. In those families in which there was any case of the inherited abnormality the percentage of the affected was decidedly greater than that of the non-affected, the general ratio being 23 : 11. The degree of deformity also appeared to be hereditary.

The affection was bilateral in twenty-three out of the twenty-six cases. In sixteen cases the canal of the fistula was capable of being probed, and occasionally showed some secretion. Fourteen of the latter cases complained of occasional redness, irritation, or even pain, in the proximity of the fistula. This was followed by the occurrence of a thick evil-smelling yellow discharge, especially upon pressure. The remaining cases had no trouble whatsoever. Among the fourteen cases in which there was an occasional discharge there were three cases which resulted in abscess formation anterior to the auricle. These abscesses, after spontaneous rupture or incision, were followed by ulceration and protracted suppuration. A couple of such cases terminated by spontaneous cicatrisation and cure, but the obvious treatment is the excision of the fistula. Two of the troublesome cases are illustrated.

J. B. HORGAN.

Epitympanic Suppuration. SIR WILLIAM MILLIGAN. (*Practitioner*, August, 1929.)

The causes of the chronicity of this condition are explained and the symptoms of the acute and chronic types are discussed. In the treatment of acute cases immediate incision is called for, in chronic cases enlargement of the perforation may be necessary.

From experience the author prefers to open the antrum and aditus, and is guided as to any further procedure by the conditions found at operation. The dangers of cholesteatoma in the epitympanum are emphasised.

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Eradication of nasopharyngeal sepsis is advocated on general grounds, and the possibility of latent hyperplastic infantile catarrh as a factor in the causation of chronicity is discussed.

Recurring headaches are important danger-signals of complications, and the value of lumbar puncture in the diagnosis of these is mentioned.

The prognosis in epitympanic suppuration as influenced by the site of the suppuration is given. R. R. SIMPSON.

The Problem of Otosclerosis. MACLEOD YEARSLEY.
(*The Practitioner*, June 1929.)

In this article a theory of otosclerosis, based on clinical evidence, is formulated. The salient facts of the disease are enumerated and it is suggested that they indicate more a slow-poisoning of the cortical cells in the cerebral auditory apparatus from chronic intestinal intoxication, and not so much a progressive change in the ear itself. Referring to the work of M'Donagh on chronic intestinal intoxication, the author thinks that it throws light on the causation and course of otosclerosis. Every case of otosclerosis exhibits some of the cardinal signs of familial chronic intestinal intoxication; a summary of these signs is quoted from M'Donagh. The changes in the labyrinthine capsule are more easily explained as being rather in the nature of trophic alterations than as the primary cause of otosclerosis. It is suggested that the real primary changes in the brain are due to precipitation of the altered protein particles of the plasma in the pericapillary lymphatics of the temporo-sphenoidal lobes. These altered protein particles, by taking electrons away from the neurones, would cause the cortical cells to undergo degeneration. The author believes that the elucidation of otosclerosis will be found in an examination of the cerebral cortex of the temporo-sphenoidal lobes. The general indications for treatment are disinfection of the colon, prevention of re-infection by careful revision of diet, and the use of vaccines made from the intestinal flora. In local treatment the author has had good results from the electro-phonoid method of Zund-Burguet, but a warning is given that it is necessary to be prepared to persevere for one or possibly two years.

A selection of case-histories is given to illustrate the points of the article. R. R. SIMPSON.

Paralysis of the last Seven Cranial Nerves in a Case of Tumour of the External Auditory Meatus. DOTT G. BUSACCA. (*Archivio Italiano di Otologia*, June 1929, p. 353.)

A woman, aged 47, had noticed tinnitus for five years and some dullness of hearing in the left ear. Four years ago an attempt was made to remove a polypus from this ear, but the hæmorrhage was

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so great that the attempt was abandoned. Further unsuccessful attempts were made and other treatment applied until, two years ago, a mass of growth appeared at the orifice of the meatus. Two months ago diplopia occurred and there was some difficulty in swallowing. On examination it was found that the left rectus externus was paralysed, and also that there was evidence of paralysis of the 8th, 9th, 10th, 11th, and 12th nerves; there was paralysis of the left vocal cord. The facial nerve was not paralysed. A radical mastoid operation was performed and the growth removed. Two months later the left facial nerve became paralysed. The growth was of a sarcomatous nature, possibly arising in perithelial tissue. The patient also complained of neuralgic pains in the face suggesting that the fifth nerve was affected, and the author considers that this was a case of angiosarcoma spreading along the inside of the skull and gradually involving the cranial nerves as it met them.

F. C. ORMEROD.

NOSE AND ACCESSORY SINUSES.

Foreign Bodies and Nasal Carriers of Diphtheria. BURTON and BALMAIN. (*Lancet*, 1929, ii., 977.)

The authors point out that while nasal carriers of diphtheria are common, foreign bodies producing a carrier condition are rare. In 1968 cases admitted to the Ilford Isolation Hospital, there were three such cases. In one, a boy of six was found to have a piece of rolled tape far back in the right nostril. The other cases, a girl aged 3½, and a boy, age not given, harboured a pea and a shoe button respectively. In the latter case the patient had apparently immunised himself by infecting the nose with diphtheria bacilli from the foreign body, which raises the question whether it would not be practicable to immunise persons against diphtheria through the nasal mucous membrane, instead of by subcutaneous injections.

MACLEOD YEARSLEY.

The Conservative Treatment of Chronic Suppurative Inflammation of the Maxillary Antrum. R. VON MITTERMAIER. (*Münch. Med. Wochenschrift*, Nr. 41, Jahr. 75, S. 1753.)

In cases of chronic suppurative inflammation (purely suppurative form) in which the customary lavage has been unsuccessful a cure may be obtained by the substitution of an effervescent alkaline solution showing a P_H of 8.0. The solution used should be isotonic with Ringer's Solution. The antrum is first washed out with ordinary water. The cavity having been cleared in this way, the water is

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expelled by air douche after which the alkaline solution is injected. The latter is allowed to remain as long as possible in the antrum. Illustrative cases are cited. J. B. HORGAN.

A Method for the Removal of Foreign Bodies from the Nose. W. OBADALEK. (*Münch. Med. Wochenschrift*, Nr. 15, Jahr. 76, S. 634.)

The child is held on its back with the head slightly extended and the mouth held open by means of a gag. The left forefinger of the operator is inserted into the naso-pharynx through the mouth and used to direct into the choana of the affected side a soft rubber catheter of suitable size inserted by the same route. The catheter is gently pressed against the lower boundary of the choana and so is directed forwards through the lower meatus from which it ejects the foreign body. Provision must be made to prevent the latter from being aspirated by the mouth. In the event of the catheter slipping past the foreign body, success may be obtained by winding some silk thread around it about 2 cm. from its tip.

The method is recommended for very refractory children in cases where a general anæsthetic is undesirable, and especially for the removal of soft friable foreign bodies which lie far back in the lower meatus and are not too strongly impacted. J. B. HORGAN.

LARYNX.

Paralysis of the Posterior Crico-Arytenoid Muscles in Infancy. G. BUSACCA. (*Archivio Italiano di Otologia*, July 1929, p. 458.)

A child of seven years suffered from tonsillitis which was diagnosed as diphtheria. Two injections were given, by the general practitioner, of serum with an interval of a month; symptoms of anaphylaxis occurring after the second. Three weeks after this the child was brought to hospital with marked dyspnoea. It was found that the pharynx was normal but that the vocal cords, though adducting normally, could only abduct 1 to 2 mm. from the middle line. The child was kept absolutely quiet in bed with plenty of nourishing food and was given a regular course of strychnine. After one month the right cord was abducting normally, but the left one remained in the para-median position. The tonsils and adenoids were removed and the child continued to improve; from the history it appeared that the left cord had regained full movement, though opportunity to re-examine did not occur.

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The author concludes that tracheotomy should not be performed in such cases in children unless urgently called for.

F. C. ORMEROD.

The Use of Endothermy in Laryngology. HAROLD G. TOBEY.
(*Archives of Oto-Laryngology*, Vol. x., No. 3, September 1929.)

The heating of the tissues produced by high frequency currents may be turned to advantage in surgery, and three methods are in common use, viz. :—(1) Coagulation; (2) cutting; and (3) desiccation, or fulguration, which is the original method introduced by Pozzi twenty years ago. In his paper, Tobey describes the physical principles on which each of those methods is based. He discusses the technique, especially in laryngeal work. As is well known the most remarkable results are secured in the treatment of malignant disease. *Electro-surgery may be used to secure a bloodless tracheotomy when the neck tissues are infiltrated with cancer or phlegmon, and in angiomata and cysts of the larynx. Opinions vary regarding the success of the method in papilloma of the larynx.*

DOUGLAS GUTHRIE.

Chondroma of the Larynx. LOUIS H. CLERF. (*Archives of Oto-Laryngology*, Vol. x., No. 3, September 1929.)

In his extensive paper published in 1925, Moore found that 62 cases of cartilaginous tumours of the larynx had been recorded. Dr Clerf states that since that date 6 cases have been described, and of these he gives details. He also gives a full account of a case which recently came under his own observation.

The patient was a man, aged 48, who, in 1924, complained of hoarseness and difficulty of breathing. On indirect examination it was found that the left vocal cord was fixed in the middle line, and there was impaired mobility of the right cord. Direct laryngoscopy confirmed those findings, but no evidence of tumour was observed. The patient was not seen again until 1928 (four years later) when he suffered from severe dyspnoea and dysphagia. The larynx on examination was found to be almost occluded by a large globular mass, only a small interval existing between its anterior margin and the anterior commissure of the larynx. Immediate tracheotomy was performed; a portion of the tissue removed for examination was found to be chondroma. It was decided to perform a laryngectomy and this was done under rectal ether anaesthesia. The patient made a good recovery. On examination of the specimen it was obvious that any more conservative form of treatment would have been useless.

Four excellent photographs illustrate the paper.

DOUGLAS GUTHRIE.

Pharynx

PHARYNX.

Pharyngeal Tonsils and Scarlatinal Infection. K. JORDANOFF.
(*Münch. Med. Wochenschrift*, Nr. 51, Jahr 75, S. 2172.)

From recent investigations the streptococcus hæmolyticus scarlatinæ must be looked upon as the typical exciting agent in cases of scarlatina and scarlatinal infection as a streptococcal disease, which, whilst localised in the pharynx, generates a toxin which permeates the organism.

To corroborate these facts clinically the writer endeavoured, in a limited number of cases, to answer two questions:—

- (1) Have scarlatinal patients still got tonsils?
- (2) Does scarlatina occur in children whose tonsils have been removed?

Of 110 cases with scarlatina all had tonsils with the exception of two. In these two the tonsils had only been removed one and two days prior to infection, and the infection was looked upon as a wound infection in both instances.

A question was sent to the parents of all children upon whom tonsillectomy had been carried out in the author's clinic between the years 1914 to 1928, as to the subsequent occurrence of scarlatina. He received 362 replies, of which only 12 were positive. Of these twelve cases the infection occurred so soon after operation in three of them that they could be looked upon as cases of wound infection. Of the remaining nine it was found upon personal examination that more or less large amounts of tonsil tissue had not been removed at operation. In six of the families which contained one of the children on whom tonsillectomy had been done, scarlatina occurred and this child alone escaped. The question of removing the tonsils in the early stage of infection with angina is discussed, and reference is made to a case reported by Friedemann and Deicher in which a scarlatinal nephritis was promptly cured by the removal of the tonsils during the disease.

J. B. HORGAN.

ŒSOPHAGUS ENDOSCOPY.

Stenosis of the Trachea and Œsophagus by a Saccular Aneurysm of the Arch of the Aorta. DOTT G. G. BETTIN. (*Archivii Italiani di Laryngologia*, Anno xlix., Fasc. 1-2, 1929.)

A man aged 66 had been treated for asthma, until a laryngeal examination revealed that the left half of the larynx was paralysed. A few days later it was found that the right cord was not moving fully. Respiration was bad and tracheotomy advised, but refused by the patient, who left hospital. He returned five months later with very

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severe dyspnœa. Tracheotomy was performed without complete relief, and bronchoscopy revealed a very marked stenosis of the lower part of the trachea. A long tracheal cannula with a flexible descending portion (of the König type) was passed beyond the obstruction. The patient breathed quite comfortably and had several quiet nights, but rapidly developed pneumonia and died. Just before death deglutition became almost impossible.

Post-mortem examination showed a large saccular aneurysm of the descending limb of the arch of the aorta, which was pressing on the trachea and œsophagus and which had, at a very early stage, compressed and paralysed the left recurrent nerve.

F. C. ORMEROD.

Surgical Intervention at the Cardia and in the Abdominal Part of the Œsophagus in Non-Malignant Conditions. E. GESSE, Russia. (*Zent. f. Hals-, Nasen-, und Ohrenheilkunde*, 1929, Vol. xiv., p. 204.)

After a brief discussion of various methods of surgical procedure undertaken nowadays for cardiospasm—intrathoracic œsophagolysis, excision of œsophageal wall, œsophagoplication, vagolysis, and extramucous œsophago-gastrotomy—the author deals particularly with the method of Mikulicz. In this procedure the stomach is opened and the 5th, 4th, 3rd, and 2nd fingers successively are introduced; the dilatation must be carried out gradually and gently, and should last at least fifteen minutes. The author regards this as simple and safe in non-malignant cases. He has operated on four cases by this method. In three there was complete recovery; one patient died.

In one case of impaction of a foreign body (a tooth-plate) at the level of the 7th dorsal vertebra, where all attempts at removal by the œsophagoscope had failed, Gesse performed a gastrótomý, and was able to pass his hand into the œsophagus for 13 cm. above the hiatus diaphragmaticus, loosen the tooth plate, and extract it through the stomach. The patient recovered. The author points out the great practical importance of this case, as up to the present it has always been taught that extraction of a foreign body of the œsophagus through a gastrotomy is only possible if the body is within 7 cm. of the cardiac orifice.

Gesse describes another case of a woman, aged 24, with complete cicatricial obstruction of the œsophagus caused by swallowing corrosive sublimate. Under local anæsthesia the abdominal part of the œsophagus was mobilised and an anastomosis was performed between the jejunum and the œsophagus (“Œsophago-jejuno-stomia intra-peritonealis antecolica lateralis”) with a stoma 5 cm. long. The result was excellent; the patient gained 20 kg. in eight months.

F. W. WATKYN-THOMAS.

Miscellaneous

MISCELLANEOUS.

Operative Relief from Pain in Lesions of the Mouth, Tongue and Throat.
WALTER E. DANDY. (*Archives of Surgery*, 1929, xix., 143-148.)

For the last two years at the Johns Hopkins Hospital the Krause-Hartley approach to the Gasserian ganglion along the floor of the middle fossa has been abandoned in favour of a sub-cerebellar exposure. The advantages of the method are that the motor root and sensory root are here separate, there is almost complete absence of corneal trophic changes, and, for some reason not yet understood, some facial sensation is usually retained.

As the tongue and pharynx are supplied by the glosso-pharyngeal and the trigeminal lesions frequently overlap the territory of both nerves; it is quite easy to divide the root of the 9th at the same operation that exposes the 5th. In the case which Dandy describes, a man of 40 suffered intense pain from an old ulcer on the right side of the tongue. It is probable that the ulcer was non-malignant. After the use of radium the pain became even more violent, although the site of the ulcer had healed. A unilateral cerebellar exposure was made on the right side; the gap extended to the mastoid cells which were not opened. The cisterna magna was punctured, the cerebellum was raised with a spatula, and the lateral cistern exposed. The 5th and 9th nerves were easily isolated and divided. The whole operation took about 40 minutes. The relief from pain was immediate, complete, and permanent. The operation has now been performed on four cases with satisfactory results; in two cases the upper cervical sensory roots have also been divided intradurally on account of lesions extending into that territory.

It is interesting to note that in none of these cases has there been any loss of taste over the posterior third of the tongue, in spite of a complete loss of common sensation. Intra-cranial division of the glosso-pharyngeal is much safer than cervical division as there is no danger of damage to the vagus; also, supranuclear division of the fibres makes regeneration impossible.

F. W. WATKYN-THOMAS.

Experiences with the Local Anæsthetic Perkin. H. VON FLÖRCKEN
and O. MUES. (*Münch. Med. Wochenschrift*, Nr. 41, Jahr 76,
S. 1714.)

This drug, which is a quinine derivative, is a product of the firm "Ciba" of Berlin. It is a white, crystalline powder freely soluble in water, and this solution can be sterilised without decomposition. Alkalis—even an alkaline glass vessel—will cause decomposition, and

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it is therefore advisable to add a few drops of very dilute hydrochloric acid to the solution, which also mixes with solutions of adrenalin or suprarenin. For infiltration anæsthesia the amount used should not exceed 20 c.cm. of a 1/2000 solution, whilst for superficial anæsthesia of the mucous membrane a 1/1000 solution is advised.

The writers have used the product for all kinds of major and minor operation with satisfactory results. Whilst its toxicity is five times that of cocaine (the heart being primarily involved) its efficiency is many times greater. The time taken for its elimination is greater, but the period of anæsthesia is much longer, lasting indeed for hours. As the safe maximal dose for human beings has not yet been decided, the doses mentioned should not be exceeded.

J. B. HORGAN.

REVIEW OF BOOK

The Nose, Throat, and Ear, and their Diseases, edited by CHEVALIER JACKSON and GEORGE MORRISON COATES. Published by W. B. Saunders Co. Price 60s.

This work, which is a systematic treatise written by a variety of authors, mainly American, but with a few British and Continental colleagues, is sponsored by Professor Chevalier Jackson. This alone is enough to satisfy English speaking laryngologists and otologists that every care has been taken to see that the various subjects are carefully and accurately presented by those well qualified to do so.

Naturally one turns in the first place to Professor Jackson's own contribution. Peroral endoscopy is dealt with in its various aspects in a space of some one hundred pages. This suffices for the author to touch on almost every variety of œsophageal and bronchial condition, and though there is not such a wealth of detail as Professor Chevalier Jackson's well-known text-book affords, yet this shorter exposition is in some ways better and has the additional advantage of embodying his most recent experiences. A particularly useful section is that entitled "Bronchoscopy for Disease other than Foreign Body." At the outset a valuable list of contra-indications to bronchoscopy in lung suppuration is given, and the possibilities of treatment of suitable cases are admirably described: postulating that the fundamental etiological factor in all suppurative diseases of the lung is bronchial or bronchiolar obstruction, it will be seen what a considerable field is opened up for bronchoscopic treatment. Particularly does he lay stress on the