

## Abstracts

A general examination showed : Spleen, normal. No ganglions. B.W. negative. Metabolism, under 0·7. Blood calcium, normal.

The writers recall the hypotheses already put forward concerning the etiology and pathology of Schonberg's disease and point out the advisability of prolonged observation for the interpretation of the slight modifications in the blood which they noted in this patient.

## ABSTRACTS

### EAR

*The unilateral predominance of the direction of provoked nystagmus.*

EDMUND BARBEY (Geneva). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938, xxv, 3.)

The unilateral predominance of the direction of nystagmus which has been provoked calorically is a certain sign of injury or lesion of the central supravestibular nervous paths, as has been established by different authors. Although this sign may sometimes be inconstant in the same subject, it is of great diagnostic value for various central neurological affections. This is particularly the case in post-traumatic encephalopathies, whose objective symptomatology is revealed with difficulty.

[Author's summary.]

H. V. FORSTER.

*The acoustic reactions of Tullio in man.* C. E. BENJAMINS (Groningen). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938, xxv, 3.)

Introductory remarks on Tullio's phenomenon in which vestibular reactions appear on acoustic excitation, after a small aperture has been made in one of the canals. This was demonstrated in pigeons, chickens and rabbits by its discoverer. The author lays stress on the fact that this discovery would gain in importance if the reaction could be demonstrated in man also. Very few records of it are to be found in the literature, but sufficient attention has not always been paid in those cases as to whether a pure cochlear reflex or a Tullio reflex was in question, the latter requiring an intact middle-ear apparatus.

It was, therefore, of great importance that these reactions could be provoked and studied in a patient with cholesteatoma and fistula symptom. The reactions disappeared after a radical operation, though the cochlear function and fistula symptom remained.

[Author's summary.]

H. V. FORSTER.

## Abstracts

### *Sedimentation reaction in Otitis Media and its Complications.*

P. FRENCKNER (Stockholm). (*Acta Oto-Laryngologica*, July 1st-August 31st, 1938, xxvi, 4.)

Examinations were carried out on clinical material comprising about 1,300 cases and some tens of thousands of observations. The cases were divided into pure cases of otitis and its complications and cases with other manifestations of the same or other infection. The sedimentation rate was observed every two to three days, which has proved most suitable for obtaining reliable and valuable data. With the foregoing procedure fairly typical curves for S.R. values are obtained.

Acute suppurative otitis media and its complications give as a rule high S.R. values in comparison with other infections. Especially valuable for differential diagnosis and as indications for operation.

If in the course of the otitis, the S.R. rises simultaneously with or before the temperature this generally indicates a developing complication: a new infection, e.g. an angina, gives first a rise in temperature and later, after two or three days, a rise in the S.R.

Cases with other infectious manifestations give very varying S.R., according to the kind of infection, but even here the S.R. has a certain value in judging the severity of the otitis media.

If an adult S.R. shows a value of 100 or over during some part of the course of the otitis the case is almost without exception one for operation, that is to say, sooner or later mastoiditis or another complication makes its appearance. The same is common in the case of children, but not with quite the same regularity, when the S.R. is over 60.

Complications other than mastoiditis, extra dural, perisinous and subperiosteal abscesses, serous and purulent labyrinthitis and abscess of the brain give low S.R. values; while sinus thrombosis, apicitis and deep seated post-operative residual bone infection, give high values, as also does meningitis after the course of two days.

Uncomplicated chronic otitis does not affect the S.R. nor as a rule does otitis externa.

[Author's summary.]

H. V. FORSTER.

### *The Anatomical, Pathological and Clinical Relationship between Tumours and Inflammation in the Middle Ear.*

ANT. PRĚCĚCHTĚL (Prague). (*Acta Oto-Laryngologica*, July 1st-August 31st, 1938, xxvi, 4.)

In a period of thirteen years the writer observed nine cases of tumour of the middle ear. There were two benign tumours: one congenital cholesteatoma and one epithelioma hydradenoides

## Ear

cysticum starting from the ceruminous glands of the meatus and growing secondarily into a cavity left by radical operative treatment.

Out of seven malignant tumours, one malphigian carcinoma was no doubt of primary middle ear origin. Two tumours (canceroid and carcinoma spinocellulare) were observed in a more advanced stage and occupied both the middle ear and external meatus. These most probably started from the annulus tympanicus.

Two other tumours, one basal-celled carcinoma and one fusocellular sarcoma, grew from the external meatus into the middle ear. The remaining two tumours were metastatic in nature, namely one sarcoma invading the middle ear from the orbit after enucleation of the bulb for sarcoma; the other case was one of metastasis of carcinoma mammae into the mastoid process three years after extirpation of the primary tumour.

In an analysis of these cases the following problems were studied:

1. The importance of inflammation upon the origin of the tumour in the middle ear.
2. The influence of the tumour upon the origin and course of inflammation in the middle ear.
3. The influence of simultaneous inflammation and tumour development on the development of symptoms.
4. Early diagnosis.
5. Principles of treatment.

[Abstract of Author's summary.]

H. V. FORSTER.

*Counter Rolling of the Eyes and the position of the Otoliths in Man.*

KARL GRAHE (Stuttgart). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938. xxv, 3.)

The author constructed a new method for measuring the counter-rolling, with the use of a Thorner ophthalmoscope. By this method Opfer could determine, in normal persons, that the maximum of the counter-rolling on bending the head sideways is about sixty degrees, and Gollas has found that exclusion of one labyrinth causes a considerable diminution of the counter-rolling when the head is bent towards the normal side. This proves that the principal stimulus for the counter-rolling originates in the opposite labyrinth. Comparing this optimum position with the position of the utricular otolith (the saccular otolith does not interfere in vestibular reactions), which de Burlet has determined accurately, we cannot find a characteristic position either for the principal part of the utriculus or for the front or medial parts. It seems therefore impossible, that the counter-rolling is provoked by action of the otoliths in the way accepted at present.

[Author's summary.]

H. V. FORSTER.

## Abstracts

*The Endaural approach to the Mastoid.* W. HOWARTH and G. H. BATEMAN. (*Lancet*, 1938, ii, 1,168.)

Following their own experience in thirty cases (twenty being affected with acute mastoiditis), the authors advocate the employment of the endaural technic. The method is not new and has been employed occasionally by the undersigned, who found it quite easy. The authors follow the method of Lempert of New York. It was used as long ago as 1885 by Kessel and was fairly commonly done in 1892-4. The authors are convinced that the method has many advantages over the post-auricular route, and have not yet had cause to regret its adoption. The triangular window made in the posterior meatal wall permits of an excellent view of the mastoid antrum and packing is not necessary. It remains to be seen whether otologists will follow this lead and resuscitate what was once (and still may be) a well-established and trustworthy surgical procedure.

MACLEOD YEARSLEY.

*On Deafness due to secretory Middle-ear Catarrh.* K. LÖWY (Vienna). (*Monatsschrift für Ohrenheilkunde*, 1938, lxxii, 976.)

In about one-third of the cases of middle-ear catarrh, according to the author, the loss of hearing is very considerable. These cases can sometimes be recognized on otoscopic examination, the whole middle ear being filled with exudate, early adhesive processes being visible.

On testing the cochlear function in these conditions, a concomitant involvement of the inner-ear is frequently diagnosed. After removal of exudate from the tympanum, however, a great improvement in hearing results, and audiometric examination reveals that the inner-ear deafness has to a large extent disappeared. Investigations show that increase in pressure on the round window (by the exudate) is responsible for the apparent inner-ear involvement.

DEREK BROWN KELLY.

### NOSE AND SINUSES

*The Teeth and Diseases of the Antrum.* DR. WILHELM SCHOLZ (Görlitz West). (*Münchener Medizinische Wochenschrift*, November 18th, 1938, 46, 1,778.)

This paper emphasizes the importance of the teeth and maxillary sinuses as foci of infection and indicates the intimate connection between the two. The tooth with a dead pulp is the most dangerous from this point of view and can in fact act as a focus of infection without any changes visible in the X-ray picture in the surrounding bone. The changes to be seen in the maxillary sinus are described and the frequent co-existence of sinus and tooth infection noted, and the writer asks that the teeth should be examined and treated before maxillary sinus operations are undertaken.

G. H. BATEMAN.

# Pharynx

*Extreme Disfigurement resulting from Operation on Frontal Sinus, corrected with Graft of Rib Cartilage.* BRIAN FOSTER (Melbourne). (*The Australian and New Zealand Journal of Surgery*, July, 1938, viii, 1, 85-7.)

A case of severe frontal sinusitis with necrosis of the anterior wall of both sinuses is described. Obliteration of the frontal sinuses was necessary. As these were large an ugly deformity of the forehead resulted.

Two years after the original operation the furrow in the forehead was corrected by the introduction of a piece of costal cartilage  $3\frac{1}{2}$  inches long. At an appropriate distance from each end of the graft the cartilage was fractured by a green-stick fracture to enable it to take the lateral curve of the brow. The result, illustrated by photographs, has been very satisfactory.

The author feels that the risk of serious disfigurement of the patient deters surgeons from employing more frequently the operation for obliteration of the frontal sinus. In his opinion it offers the best prospect of permanent cure in cases of chronic frontal sinus suppuration which call for some form of external operation. With grafting it should be possible to reduce disfigurement to a negligible degree.

W. A. MILL.

## PHARYNX

*Disorders of Deglutition due to Paralysis of the Glosso-pharyngeal Nerve.* MAURICE VERNET (Paris). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938, xxvi, 3.)

1. In the analysis of the three phases of intervening contractions, during the act of swallowing, the action of the upper constrictors of the pharynx is predominant from the clinical standpoint.
2. The upper constrictor is alone easily accessible to examination, owing to its anterior position under the mucosa of the posterior wall of the pharynx.
3. When unilaterally paralysed there exist :
  - (a) Functional disturbances on swallowing solid foods.
  - (b) Objectively, "le mouvement de rideau" as described by the author in 1915.
4. In these two symptoms we have the signs of paralysis of the IXth nerve. Anatomy, physiology and clinical examination confirm this (in particular our new experimental researches on the cranial nerves, made together with Réthi, of Budapest).
5. The objections raised by certain surgeons are not to be taken into consideration, for anatomical and functional reasons, which will be given in our paper.
6. When hemi-paraplegia of the pharynx is added to hemi-paraplegia of the soft palate and larynx (syndrome of Avellis and Schmidt) the participation of the XIth nerve is proved.

## Abstracts

The interest of this diagnosis is of capital importance as it allows us to affirm that the seat of the injury is at the "Foramen lacerum posterius".

[Author's summary.]

H. V. FORSTER.

### LARYNX

*Chronic Hypertrophic Laryngitis in Children.* H. ZISCHINSKY. (Vienna). (*Monatsschrift für Ohrenheilkunde*, 1938, lxxi, 940.)

Three cases of chronic hypertrophic laryngitis in children of 11 months, 1 year, and 4½ years, are described. The chief lesion is a chronic, unspecific, inflammation with scar tissue formation in the upper respiratory passages. In two of the cases the process extended to the bronchi—a rare occurrence in adults with this affection. The etiology is obscure: in one instance measles seemed to be a predisposing or exciting factor. Prognosis, as far as one can judge from these few cases, is worse in children than in adults. Two of the patients died despite tracheotomy.

DEREK BROWN KELLY.

*Relief of pain in Laryngeal Tuberculosis.* V. COTTON-CORNWALL (*Lancet*, 1938, ii, 1,109.)

The author summarizes eleven cases, and besides enumerating such agents as Aspergum, Anesthone tablets, Trochisci krameriae et cocainae (B.P.), insufflation of various anæsthetic powders and the 5 per cent. cocain spray, draws special attention to the use of electrical ionization for the relief of pain in tuberculous laryngitis. It is simple, without danger if ordinary care is taken, cheap, and completely effective in most cases over long periods.

MACLEOD YEARSLEY.

### TRACHEA

*A Leech in the Trachea.* DR. O. MELIKIAN. (*Münchener Medizinische Wochenschrift*, November 25th, xlvii, 1,810.)

The case is recorded where a living leech was found in the trachea of a patient. It had been there for a fortnight and the patient was hoarse and short of breath, he also had some blood-stained sputum. On indirect laryngoscopy the leech was seen to be attached to the dorsal surface of the epiglottis and to be passing through the glottis and lying along the anterior wall of the trachea. It was removed by indirect laryngoscopy with Krause's forceps and was found to be 13 cm. long and 2 cm. wide. The patient's symptoms disappeared immediately the leech was removed.

G. H. BATEMAN.

*A case of Amyloid Tumour of the Trachea and main Bronchi in a patient with multiple Peptic Ulcers.* B. FALCONER (Stockholm). (*Acta Oto-Laryngologica*, July 1st-August 31st, xxvi, 4.)

A man of seventy-one years, died from multiple peptic ulcers.

## Œsophagus

He had suffered from difficulty in breathing during the last two months. At autopsy a diffuse tumour narrowing the lumen of both main bronchi to one-quarter or one-fifth was seen. The thickness of the tumour was 3-7 mm. and ended in the trachea in the shape of a wedge. Under the microscope masses of amyloid material were seen with secondary changes such as calcium deposits, new formation of bone and giant cells.

A survey of the literature is given of cases of amyloid tumours of the respiratory tract which showed symptoms of dyspnœa.

[Author's summary.]

H. V. FORSTER.

### ŒSOPHAGUS

*A simple method of opening Posterior Mediastinitis in certain cases.*

O. Voss (Frankfurt). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938, xxv, 3.)

The author reports four cases of posterior mediastinitis. In one the cause was unknown, one occurred from a contusion of the neck from outside, one from trauma of the œsophagus from inside through swallowing a bone, and one by a tonsillogenic sepsis after scarlet fever. These four cases were cured by breaking down every connective tissue strand in the retro-œsophageal space with a glove-covered finger either through an incision in the posterior wall of the pharynx, or through a lateral wound in the neck, thus allowing the purulent matter to escape. As a consequence of this treatment a sudden improvement of every subjective and objective symptom occurred and was followed by an ultimate recovery.

[Author's abstract.]

H. V. FORSTER.

### MISCELLANEOUS

*Allergic Symptoms in the Mucous Membrane of the Respiratory Tract in Bakers and Millers.* VLADIMIR HLAVÁČEK (Prague). (*Acta Oto-Laryngologica*, July 1st-August 31st, 1938, xxvi, 4.)

The author describes his observations on eight patients sensitive to wheat and rye flour. They worked in bakeries and mills. The allergic symptoms were localized in the nasal mucosa or more rarely in the bronchi. The symptoms were only aroused by the inhalation of flour. The digestion was unaffected so far as it was possible to prove experimentally.

The vasomotor crises and the indisposition were artificially provoked by the introduction of the flour on the nasal mucous membrane and one could observe the changes in the nasal mucosa during the paroxysm.

At first swelling of the mucosa with sneezing developed and then soon afterwards abundant secretion. The swelling of the mucosa persisted to the end of the paroxysm whereas the secretion ceased soon after it had begun.

## Abstracts

The author has analysed the influence of heredity in the manifestation of allergy in his patients. It has been possible to ascertain that this influence was positive in thirteen of the cases. In order to determine this heredity influence the author examined in this direction seventy bakers who had worked for a long time in flour without any apparent allergic troubles. Seven of the number (10 per cent.) had a positive heredity influence. Amongst them four patients presented allergic symptoms with the nasal mucosa hypertrophied or with polypi present. Five patients gave positive tests.

The treatment of this hypersensibility by immunological methods is not satisfactory. The only satisfactory principle is to forbid all contact with flour in these subjects, which means that all men with hereditary weakness in this respect should give up their jobs.

[Translation of Author's résumé.]

H. V. FORSTER.

*Comparative Anatomical Studies of the Junction of Larynx and Resonant Tube.* G. KELEMEN (Budapest). (*Acta Oto-Laryngologica*, May 1st-June 30th, 1938, xxv, 3.)

The organ of voice has to be conceived as a functional unit. Phonetic achievement depends on co-operation of its component parts. Therefore, the sites of junction, where regions forming separate units in themselves, i.e. larynx, pharynx, oral and nasal cavities, communicate with each other are of especial interest. These sites show considerable differences within the animal range: continuity, a characteristic feature of the human organ of voice, is attained by rather roundabout ways. The respective structural principles are grouped around archetypes characterized by features such as the intercalation of regions which have no phonetic rôle in man, or, on the contrary, elimination of parts that, in man, are of decisive importance. A group of opinions, among which the clearest is perhaps that of Lampert, is inclined to seek the prerequisites for the production of language rather in the structure of the brain than in the condition of the larynx. If, however, examples like the above are examined intently, one cannot escape the conclusion that the anatomical basis of phonation is often inferior to many other arrangements of the animal body. With the primates, the central mechanism would certainly allow a more differentiated phonetic achievement than their organ of voice (arrested at a disproportionately primate stage of development), can make possible. Phonetic achievement lags behind, because the anatomical structure of the larynx and its accessory parts failed to keep pace with the "needs" and "intelligences" of the animal in question.

[Author's summary.]

H. V. FORSTER.