

Abstracts

(b) Adamantinomata, which infiltrate locally and have characteristic basal amchoblastic layer, as seen in enamel origin.

(c) Squamous carcinomata with metastases in cervical lymph glands.

(This origin can be definitely ruled out.)

(2) *Adenocarcinomata of hypophyseal stalk* :

These widen and absorb the sella turcica and destroy the clinoid processes. They usually remain long and solid, but may form colloid cysts or show hæmorrhage and necrosis. In advanced cases they may infiltrate the cavernous sinus, erode bone, and enter the nasopharynx and superior nares.

Metastases occasionally occur (brain and spinal cord.)

Stricture :

(a) Adenomatoid hyperplasia with solid cords and compact groups of polygonal epithelium.

(b) (Atypical.) These show acinar arrangements and cysts. Perivascular arrangement of cuboid and cylindrical cells is common, resembling angiosarcoma, with much variety throughout the tumour. They are often reported as sarcoma, angiosarcoma, perithelioma and endothelioma.

I consider this case to be an atypical adenocarcinoma of the hypophyseal stalk, arising from an ependymal rest.

ABSTRACTS

EAR

The Frequency of Otitis Media and its Complications. V. TVERMOES.
(*Acta Oto-Laryngologica*, xx., fasc. 3-4.)

So far as the author is aware, no previous discussion of this subject has been based on material such as that which he employed.

His observations were concerned with 768 middle-ear inflammations, affecting, during the years 1928 to 1932 inclusive, 646 patients (19.3% men, 21.3% women and 59.4% children), who belonged to a "sick-club" in Copenhagen, with a total membership of 19,600.

Curves are given showing the frequency of otitis media in each month during the period; they demonstrate no striking regularity, apart from the low numbers during the summer months (in spite of otitis due to bathing).

During the five years sixty-two patients with acute otitis media were admitted to hospital as in-patients (ten men, ten women, and forty-two children). Of these, twenty-six required no operative treatment beyond paracentesis. Among the remainder there were

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twenty-five cases of mastoiditis without other complications (3·3% of 768 middle-ear inflammations), while the total number of complications (sometimes more than one in the same patient) including simple mastoiditis, was forty-one or 5·3%.

During the same five year period 276 patients (89 men, 116 women and 71 children) were seen with chronic, or acute exacerbation of chronic, suppurative otitis media, of whom twenty-four were admitted to hospital. Thirteen of these underwent operation, and of them five had the fistula symptom and two had labyrinth symptoms of other kinds. In the whole group of patients with chronic disease there were no cases of sinus phlebitis, meningitis, purulent labyrinthitis or brain abscess, and no deaths occurred.

THOMAS GUTHRIE.

Presbycusis and its Treatment. MACLEOD YEARSLEY. (*Lancet*, 1934, ii., 306.)

The writer gives a table of thirty-one cases of presbycusis treated by the electrophonoide method without any failures. He makes a strong plea for systematic pathological research into the condition of both middle and internal ears of elderly and aged people, and gives a résumé of the little work that has been done. He insists strongly upon the influence of toxæmias in these cases, and suggests a serial connection between certain forms of congenital deafness, otosclerosis, certain anomalous cases of insidious chronic deafness occurring in middle age, and true presbycusis. [Author's summary.]

MACLEOD YEARSLEY.

The Treatment of Deafness. D. F. FRASER-HARRIS. (*Lancet*, 1934, ii., 481.)

The writer suggests that "the time has come for a concerted effort to be made to form in this country a body of 'auricians' . . . to correspond to the opticians." The suggestion is based upon the use of the Audiometer as furnishing an accurate and scientific indication of the form of deaf aid required by the patient. Dr. Fraser-Harris illustrates his point by quoting actual cases, and his reasoning appears sound. It would appear, however, that the suggested method is to usurp the place of other treatments, both local and general, for the cure of deafness: its *alleviation*, when incurable, by other and mechanical means, is another matter; Whether otologists will take kindly to Dr. Fraser-Harris's suggestion or will resent any encroachment upon their sphere of practice further than that which they already suffer from the advertisements of unscrupulous quacks is doubtful; ophthalmologists and opticians have not always been happy together by any means.

MACLEOD YEARSLEY.

Abstracts

The Electrical Activity of the Cochlea in certain Pathological Conditions.

M. H. LURIE, H. DAVIS and A. J. DERBYSHIRE. (*Annals of O.R.L.*, 1934, xliii., 321.)

In the experimental work on the physiology of the ear conducted by the authors, a certain number of animals gave evidence of functional abnormalities. The middle and internal ears were examined histologically and a correlation of pathology and function is made from the results. The conclusions are as follows :

1. The cochlear response depends upon the organ of Corti, for :
 - (a) It is absent when the organ of Corti is absent ;
 - (b) It has never been absent when the organ of Corti has been entirely normal ; and
 - (c) Partial degenerations or deficiencies of the organ of Corti give partial, and sometimes complete, deficiencies in the cochlear response.
2. Nerve impulses are probably initiated by the cochlear response, for :
 - (a) The threshold curves for both run parallel in most animals ;
 - (b) Nerve impulses may be seriously deficient or absent, with the cochlear response present ;
 - (c) Nerve impulses have not been found in the absence of the cochlear response, except,
 - (i.) When the threshold of the latter is raised by unfavourable local electrical conditions of detection or by interference from nervous response, and,
 - (ii.) In one doubtful case.
3. The basal portion of the cochlea responds to high tones and the apical to low, but with a rather wide extent of physical vibration to strong tones. Deficiency of the organ of Corti in the basal turn causes greater elevation of threshold in the high than in the low tonal range, but no abrupt transitions have been encountered.
4. The cochlear response is probably a good indicator of the activity of the organ of Corti, but the extent of an animal's hearing can be better evaluated from the action-potentials of the auditory nerve. Even this may lead to error in cases of true central nerve deafness.

E. J. GILROY GLASS.

Methods for preparing and studying Temporal Bone Specimens.

J. J. POTTER and D. M. LIERLE. (*Annals of O.R.L.*, 1934, xliii., 166.)

Details are given of the technique used in the preparation and mounting of specimens in the department of Oto-laryngology in the

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State University of Iowa. Three methods are given which are adaptable for infant specimens, where some transparency or otherwise is desired, and also for adult specimens.

E. J. GILROY GLASS.

On Otoneurological Examination. Prof. A. LASKIEWICZ. (*L'Otorinolaringologia Italiana*, Anno III, No. 5, Sept., 1933.)

The author contributes a valuable résumé of all the signs and symptoms referable to the ear due to a great variety of lesions of the head, and urges the need for the closest collaboration between the neurologist and otologist. He first discusses the changes in the sensation of hearing and points out that, in lesions along the central course of the cochlear nerve, there is a slight loss for whisper and voice, but a more marked loss for tuning forks, and there is a contraction of the field for lower tones.

Lesions in the region of the pons and medulla give a unilateral deafness. In the subcortical region they give rise to bilateral deafness, but deafness which is more marked on the opposite side. Lesions of the lateral fillet give a loss of perception of the medium tones and this is referred to the opposite side.

In the case of labyrinthine mechanism the author traces the effect that lesions of the vestibule, of the vestibular nerve tracts and of the cerebellum and mid-brain have on the tone and control of the muscles of the extremities, the thorax and the eye. He discusses the different types of giddiness—objective and subjective—and stresses the need for differentiating “true vertigo” from that due to nervous diseases and hysteria. The latter are not affected by changes in the position of the head, and are often unaccompanied by nystagmus. In cases of tabes the vertigo is often true and is caused by degeneration of the vestibular nerve. In advanced otosclerosis and in cardiac failure, the sensation of suffocation and falling to the ground may be accompanied by true vertigo. In diseases of the muscles of the eye, vertigo may be produced by fixing the gaze on objects at certain distances, or on relatively moving objects as seen from a train. This vertigo disappears on closing the eyes, as opposed to labyrinthine nystagmus which does not.

Diseases of the ear tend to produce psychical changes. The inflammatory lesions of the middle ear, on account of the tinnitus and deafness, may produce melancholy. A fracture of the base of the skull involving the petrous bone tends to produce psychical excitement.

The author also discusses very fully the various characteristic signs of abscesses and tumours of the brain as they affect the systems associated with and normally controlled by the ear.

F. C. ORMEROD.

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A Syndrome of Ear and Sinus Symptoms dependent upon disturbed function of the Temporo-Mandibular Joint. JAMES B. COSTEN. (*Annals of O.R.L.*, xliii., 1934.)

Disturbed function of the temporo-mandibular joint as an ætiological factor in headache, deafness, and vertigo is frequently overlooked. The most important type of disorder of this nature is "overbite" caused either by loss of teeth or badly fitting dentures.

The diagnosis of the condition is based on :

- (i) The condition of "overbite".
- (ii) Mild catarrhal deafness [*sic*], improved by inflation.
- (iii) Dizzy spells relieved by inflation.
- (iv) Tenderness to palpation of the mandibular joints.
- (v) Comfort to patient by interposing a flat object between the teeth.
- (vi) Presence of headache in absence of eye or sinus lesion, or after these have been corrected.

In a discussion of the anatomical basis the theory is advanced that the symptoms are due to pressure on the anterior membranous wall of the Eustachian tube consequent upon the relaxation of the pterygoid muscles and the speno-mandibular ligament.

Eleven cases are quoted in detail in support of this view.

E. J. GILROY GLASS.

Advanced Methods in the surgical treatment of Facial Paralysis. ARTHUR B. DUEL. (*Annals of O.R.L.*, 1934, xliii., 76.)

In a series of fifty cases of facial paralysis thirty-five required a graft. Of these only two required a graft of less than 15 mm. length, and the average length was 20 mm. This length limited the choice of nerve, which finally fell on the anterior cutaneous femoral. This was first cut and allowed to degenerate *in situ* for two to three weeks, as it was found that recovery of function through a degenerated nerve was more rapid than through a fresh graft. In order to avoid delay, heteroplastic grafts to patients of the same blood group were successfully employed in five cases. An infected field seems to be no contra-indication to nerve grafting, nor does the presence of blood clot appear to be disadvantageous, provided that it does not come between the cut ends.

In non-traumatic paralysis of the facial nerve (Bell's palsy) the justification for surgery has been questioned. Admittedly recovery in perhaps 90 per cent. is complete, but there are cases in which the recovery is unsatisfactory and deformity results. In these cases, when no improvement has occurred for several months, the nerve should be decompressed by splitting the sheath. The results in such cases have been excellent, and the risks of further damage, as far as can be gauged by animal experiment, are slight. The

Nose and Accessory Sinuses

operation was performed on ten monkeys, of these only one developed facial paralysis and that case recovered completely and as rapidly as any case of Bell's palsy.

E. J. GILROY GLASS.

NOSE AND ACCESSORY SINUSES

A Contribution to the ætiology and clinical features of Œdema of the Eyelids of Nasal Sinus origin. A. W. LASKIEWICZ. (*Les Annales d'Oto-laryngologie*, June, 1934.)

Inflammatory œdema of the delicate tissues of the orbit may spread to it either by the lymphatics or the blood system. In the latter case the condition is far more serious, and may lead to destruction of the orbital contents and to cavernous sinus thrombosis. The vast majority of cases are of lymphatic spread and details of five cases are quoted to illustrate the main clinical features. In nearly every case the trouble was secondary to a severe nasal infection. As a rule the spread of infection is from the anterior ethmoidal cells, although in three of the five cases quoted there was infection of the maxillary antrum on the affected side. Some remarks on treatment are included in the article. In only one case was operation resorted to, which consisted in the amputation of the anterior end of the middle turbinate on the affected side. The good results obtained are attributed by the author to the intranasal application of continental antiseptics, many of which were introduced by the displacement method of Proetz.

M. VLASTO.

Ligation of the Internal Maxillary Artery viâ the Antrum of Highmore. MAURICE ESCAT. (*Les Annales d'Oto-Laryngologie*, May, 1934.)

Following the principle that the site of election for the ligation of an artery in order to control hæmorrhage is the closest proximity of the bleeding area, it is argued that, in cases of intractable bleeding from the nasal fossae, it is the internal maxillary and not the external carotid that should be ligatured. Until quite recently, ligation of the internal maxillary as approached by the external route, was considered impracticable owing to the inaccessibility of the vessel. The present article describes in detail the operation by which the internal maxillary artery can be exposed and ligated through the posterior wall of the maxillary antrum. Briefly, a large opening is made through the anterior wall of the antrum as in the first stage of a Caldwell-Luc operation. The thin posterior wall is then gently broken down so that access is obtained to the pterygo-maxillary fossa. The artery lies very superficially in this situation and

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although the application of a ligature is obviously a matter of considerable difficulty, the article is helpful in explaining how it can be achieved. The final step in the operation is to establish counter-drainage into the nose.

M. VLASTO.

Remarks from a clinical and therapeutic standpoint on Fronto-ethmoido-sphenoidal sinusitis of Childhood. SARGNON and EUVRARD. (*Les Annales d'Oto-Laryngologie*, May, 1934.)

After a brief historical survey of the subject, we are given an account of the developmental anatomy of the region under discussion. Summing up their personal conclusions, the authors state that "apart from exceptional cases, until six years of age, we are concerned only with ethmoiditis, later on with fronto-ethmoiditis, and at about fourteen years of age with true sphenoidal sinusitis". The remainder of the article deals with the clinical and therapeutic aspects of the subject. Particular attention is paid to the orbital and intra-cranial complications of ethmoiditis. The prognosis in these cases is often very serious and the authors insist on the importance of early diagnosis so that operative interference, when necessary, should not be delayed. The prognosis is particularly grave in cases in which the sinusitis complicates scarlet fever, when there has been a previous attack of sinusitis, or when there is a coincident suppurative otitis media.

A few illustrative cases complete the paper.

M. VLASTO.

What is the significance of the presence of diphtheritic bacilli in the nose and throat of patients suffering from chronic nasal infection? REIDAR SCHROEDER. (*Les Annales d'Oto-Laryngologie*, May, 1934.)

1. In a series of 126 individuals suffering from nasal infection, it was found that thirty-nine of these showed the presence of the K.L.B.

2. In none of these was there any evidence of clinical diphtheria.

3. It is supposed that the presence of K.L.B. in a chronic nasal infection is a secondary phenomenon.

4. Treatment by diphtheria antitoxin (in four cases) was without any effect on the nasal affection.

5. Only in 10 per cent. of those patients who showed the presence of K.L.B. in the nasal secretion could the K.L.B. be grown from the throat.

6. The author does not advise the isolation of the diphtheria carrier but recommends the active immunization of the population by antitoxin.

M. VLASTO.

Larynx

Internal Frontal Pneumatocèle associated with the development of an Osteoma of the Frontal Sinus. L. BALDENWECK, MALLET, THÉVENARD and JOUVEAU-DUBREUIL. (*Annales d'Oto-Laryngologie*, July, 1934.)

Pneumatocèles are very rare. Only eighty-eight cases have been reported up to date. Of these, seven have been associated with an osteoma, and this fact is suggestive although the numbers are too few to point to any definite conclusion. The article is based on a case which is reported in great detail with radiograms of the skull. A girl of 20 was struck on the head by a tennis ball which caused her a good deal of pain. A fortnight later when apparently in perfect health, she suffered the first of several severe attacks of cephalgia and vomiting. These crises lasted only a few days and, within a year, the girl again appeared to be in perfect health. There were no physical signs beyond slight tenderness on percussion over the right frontal sinus area and a slight lowering of the orbit on this side. X-rays revealed the presence of a large osteoma of the right frontal sinus and a very clear area on the right side of the cranium.

The author discusses this peculiar case chiefly from the following points of view: Whether it is a true pneumatocèle or a hydro-pneumatocèle. Whether the pneumatocèle is external, i.e. between the pericranium and the external table or internal, i.e. internal to the inner table. The fact that the patient refused operation prevented the elucidation of these points. Further points of interest in the case are the manner in which the pneumatocèle was produced and the explanation as to why the symptoms suddenly ceased a year after the onset of her trouble. The prognosis in this case is bound to be grave, not so much on account of the pneumatocèle as of the inexorable progress of the osteoma. A short account is given of the operative treatment of these cases.

M. VLASTO.

LARYNX

Modern Treatment of Tuberculous Lesions of the Larynx by the Galvano-cautery. OLGO GIANNI and CARLO DALL'OLIO. (*L'Otorinolaringologia Italiana*, 1934, iv., 3.)

The authors consider that the indications for the application of galvano-cautery are very wide and include, particularly, cases of œdematous infiltration and ulceration, especially when there is dysphagia. The only real contra-indication is such severe dyspnoea that tracheotomy is imminent. They do not advise the galvano-cautery when there is subglottic infiltration.

They apply the galvano-cautery either by puncture with a fine point, for the œdematous infiltrated areas, or by surface destruction,

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with a flat applicator for the ulcerated areas. They have had a fine point made with a right-angle bend for reaching the interior of the ventricle of Morgagni.

For the arytenoid processes and their neighbourhood only the method of puncture is used. On the ventricular band, surface destruction is practised, but punctures may be made in the outermost parts. The ventricle is reached by the right-angled point. When the epiglottis is infiltrated without ulceration, puncture is used, when it is ulcerated surface destruction is the method of choice. The galvano-cautery should not be used in the presence of perichondritis.

The danger of secondary hæmorrhage has been described by some writers but the risk is very slight. There is an artery in the posterior deep part of the ventricular band which might give rise to hæmorrhage, but there is no risk elsewhere. There is sometimes danger from reactionary œdema, but this is rare except in the subglottic space. Occasionally a marked degree of stenosis may follow, enough even to cause dyspnœa. The galvano-cautery should not be repeated at shorter intervals than two to three weeks.

The authors quote de Reynier as having achieved 70% of cures, St Clair Thomson with 40% improved or cured. They themselves claim 35% of cures, but the method is often used as a means of palliation rather than a method of cure.

F. C. ORMEROD.

TONSIL AND PHARYNX

Palatographic Research in Phonation in cases of Cleft Palate.

SANTINO RICHERI. (*Archivio Italiano di Otologia*, July, 1934.)

Various methods of recording the impression of the tongue on the palate have been published. The use of coloured pastes of various composition, applied to the tongue, and the application to the palate of thin layers of wax, of paper or of metal have been advocated. The author has tried a number of these methods, and he himself now uses a solution of gum arabic which is coloured and flavoured with chocolate powder. This is easily applied to the tongue and, on phonation, adheres to the palate satisfactorily. It has the advantage that it produces a sense of normality in small children.

The author has produced palatograms showing the normal area of contact between the tongue and the palate for various consonants. In his tests he uses the following: Fa, Ta, La, Scia, Sss and Ka. The first five of these produce varying impressions on the anterior part and margin of the hard palate, and the last on the posterior part of the soft palate and the uvula.

Œsophagus and Endoscopy

He has investigated a series of cases of cleft palate, and finds that there is an abnormal distribution of the areas of contact in them, and that this varies according to the degree of the cleft. In a case of cleft palate the tongue is contracted into a wedge shaped mass which is thrust into the cleft in an attempt to shut off the nasal cavity for purposes of phonation. This takes place to such an extent that in severe cases the powder is found to become adherent to the inferior turbinates and to the margin of the septum. This alteration in the shape of the tongue during phonation accounts for the change in the area of contact and partly for the change in the consonant sounds.

Palatograms are made before operation, and again at intervals during the course of the re-education which follows or supersedes operation, and the gradual approach towards normal contact can be observed as speech improves. In cases in which progress is not good, palatograms may help to show where the difficulty arises.

F. C. ORMEROD.

Parotid Gland Tissue in the Tonsillar Fossa. ERNEST M. SEYDELL.
(*Annals of O.R.L.*, 1934, xliii., 304.)

After removal of the tonsils in a boy aged five on account of recurrent tonsillitis, a small yellowish nodule was noticed near the lower pole of the right tonsil. This was excised and, on section, proved to be of the character of parotid gland tissue.

E. J. GILROY GLASS.

ŒSOPHAGUS AND ENDOSCOPY

Cases of large Dilatations of the Œsophagus secondary to the effects of poisoning by Mustard Gas. G. WORMS and J. LEROUX-ROBERT.
(*Annales d'Oto-Laryngologie*, July, 1934.)

The effect of "poison gases" on the respiratory tract and on the eyes has been extensively studied. This has not been the case, however, in respect of their effect on the digestive tract. Many serious digestive disturbances have nevertheless been provoked as a direct result of gas inhalation during the Great War, and one of these is dealt with in the present paper. After reporting a number of cases which illustrate this condition, the authors discuss the pathology of these massive œsophageal dilatations. They are led to the conclusion that the initial inflammation of the œsophageal wall is followed by a diffuse neuritis. The tonicity of the œsophageal wall is reduced, and this leads to a dilatation above the cardiac opening which is either concomitantly or secondarily stenosed. A bibliography is appended.

M. VLASTO.

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MISCELLANEOUS

On Hereditary Lymphocytosis. H. RICHTER. (*Arch. Ohr-, u.s.w., Heilk.*, 1934, cxxxviii., 172.)

Two cases of this rare condition are described :

The first patient, a boy aged 13, had an acute illness with sore throat and swelling of the cervical glands. The blood picture showed a marked lymphocytosis. In the absence of enlargement of the spleen, with a normal leucocyte count and in view of the rapid recovery of the boy, the diagnosis of lymphatic leukæmia could not be maintained. A white cell count of the father, brother and sister, all in good health, showed a lymphocytosis (about 50 per cent.).

The second patient, a man aged 21, gave a similar history : angina, gland swelling, with lymphocytosis which was also present in the mother and sister. In both patients the lymphocytosis persisted long after complete recovery. It was clearly a constitutional abnormality not connected with their illness.

J. A. KEEN.

Medicinal Treatment of the Common Cold. HAROLD S. DIEHL. (*Jour. A.M.A.*, December 23rd, 1933.)

The article is based on a study in the dispensary of the health clinic of the University of Minnesota to which students came for advice and treatment. Although admittedly subject to inaccuracy, patients were classified largely on the basis of symptoms as follows : (1) acute coryza—1,039 patients, (2) subacute or chronic colds—262, (3) influenza 114, (4) acute pharyngitis 53. A hundred patients used for control purposes received tablets and capsules of milk sugar. Of the drugs studied, only opium and its major alkaloids were of value in the treatment of acute coryza. For general use a combination of codeine and papaverine seem most desirable because of the high percentage of good results obtained, the low toxicity and the low danger of habituation. Powdered ipecac. and opium (Dover's powder) although of definite value in the treatment of acute colds is no more beneficial than the same amount of powdered opium without ipecacuanha. Bicarbonate of soda, acetylsalicylic acid, and combinations of the latter with phenacetine and caffeine give little if any better results in the treatment of acute coryza than the lactose tablets used as control. It seems possible that codeine, papaverine or "dilaud-papaverine" combinations very materially reduce the amount of time lost as the result of acute colds. None of the medications studied, including morphine, seems to be of benefit in subacute or chronic colds, pharyngitis, or influenza.

The article occupies fourteen columns, has six tables, and four figures.

ANGUS A. CAMPBELL.

Miscellaneous

Nerve Fibres of Spinal and Vagus Origin associated with the Cephalic Sympathetic Nerves. ALBERT KUNTZ. (*Annals of O.R.L.*, 1934, xliii., 50.)

Clinical data suggest the existence in the head and face of afferent nerve fibres entering the central nervous system through the spinal nerves. Such afferent fibres might well account for many of the failures in treatment of trigeminal and other neuralgias. With a view to elucidating these tracts, the author conducted a series of nerve section experiments in cats. The results are given in detail and from them he concludes "that components both of the vagus and upper thoracic spinal nerves extend cephalad in the internal and external carotid plexuses. These components are mainly, perhaps exclusively, afferent in function. The vagus components afford a possible pathway for afferent impulses from the area of distribution of the fifth and seventh cranial nerves into the brain stem. The spinal components afford a conduction pathway for afferent impulses from the same area into the upper thoracic segments of the spinal cord. Both these pathways may play a rôle in certain cases of atypical facial neuralgia.

"Demonstration of the existence of afferent components of the upper thoracic spinal nerves in the carotid plexuses affords the anatomic basis for a rational explanation of the localization in the upper extremity and upper thoracic segments of referred pain resulting from lesions of the orbit, the mastoid area, and the mucous membrane of the nose and nasal sinuses."

E. J. GILROY GLASS.

Glossodynia in Wearers of Dentures. C. HVIDT. (*Acta Oto-Laryngologica*, xx., fasc. 3-4.)

In recent years the author has seen fifteen patients complaining of painful and sensitive tongue, in whom, after excluding all other possible causes, such as early pernicious anæmia and glosso-pharyngeal neuralgia, he was able to satisfy himself that the condition was due to an upper dental plate.

The complaint was usually of pricking, dryness and irritation of the tongue, often chiefly along its margins, and most marked in the morning and when taking hot or seasoned food or drink. In many of the patients nothing abnormal was to be seen; in others there was a typical superficial glossitis or a *lingua geographica*.

Most of the patients were women at the climacteric: only two were males. The denture was usually of red vulcanite; and it has been shown by histological examination of the palatal mucous membrane that marked pathological changes may be present in wearers of such dentures. The irritation appears to be due to the vulcanite containing a large amount of sulphur and also of cinnabar (red mercuric sulphide) used as colouring matter.

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Patients who have not previously worn dentures are often advised by their dentists to wear them continuously day and night in order the more rapidly to become accustomed to their use. This, of course, greatly increases the risk of irritation of the tongue.

Treatment consists in the use of unirritating mouth washes, and in wearing the denture as little as possible, especially not during sleep. Those who can afford it should use only a metal (gold or aluminium) denture.

A pronounced fear of cancer is characteristic of these patients.

THOMAS GUTHRIE.

Observations on patients with Flour-idiosyncrasy. C. HVIDT. (*Acta-Oto-Laryngologica*, xx., fasc. 3-4.)

The author, working in collaboration with Dr. Baage, examined a number of bakers, and found that 12 per cent. of them were affected with typical vasomotor rhinitis, and some also with asthmatic attacks, on inhaling flour dust. Baage showed that, while flour-idiosyncrasy is to be regarded as an acquired allergy, in one half of the patients an allergic predisposition was present, as their history or their liability to other allergic diseases showed.

Among seventeen bakers, who were susceptible to flour, the author found one who had had bilateral nasal polypi, four who had been treated, without apparent benefit, by galvano-cautery or by chemical caustics, and the remainder without any abnormality of the nasal cavities or accessory sinuses.

In a number of normal persons, insufflation into the nose of wheat or potato flour was without effect. In subjects of flour-idiosyncrasy, on the other hand, a sharp attack always followed the insufflation of wheat flour, but not of potato flour. The attack could be almost entirely prevented by previous treatment of the mucous membrane with adrenalin or ephetonin, and also by the wearing of a mask of gauze containing a thin layer of wool, which was quite effective in preventing the entry into the nostrils of flour blown against it.

Susceptible persons are therefore advised to use an ephetonin nasal spray before exposure to flour dust, and a mask while mixing flour for baking. This is obviously desirable for hygienic reasons, especially as the rhinorrhœa in these cases is often exceedingly profuse. The author's measurements showed that the quantity of fluid may exceed 100 c.cm. in one hour. It is thin and of low specific gravity, and it contained, in one of the cases, only eosinophile cells.

As the attacks can be so readily induced in susceptible persons, flour-idiosyncrasy offers excellent opportunities for the study of allergy and its local and general treatment.

THOMAS GUTHRIE.

Miscellaneous

The use of the Diathermy Knife in Malignant Disease of the Mouth, Nose and Pharynx. NORMAN PATTERSON. (*Lancet*, 1934, ii., 633, 694.)

The author, who claims to be the first to employ diathermy in carrying out a set excision, gives in a long and detailed paper a succinct history of the use of heat for the destruction of tumours from Egyptian times to the present day. Its advantages are that it accomplishes a set excision by cutting through the surrounding healthy tissues and obtains an excellent specimen for pathological examination. Preliminaries (preparation, devascularization, etc.) and technique are clearly described. Laryngeal growths and tumours of the pyriform fossa and retro-cricoid region are quite unsuited to diathermy. His observations are based on 109 cases, dealing with the tonsil, soft palate, faucial pillars, tongue, buccal floor, lower alveolus, buccal mucosa of the cheek, hard palate, upper alveolus, maxillary antrum, nose, post-nasal space and oro-pharyngeal wall. Of his consecutive cases of carcinoma of the tonsil, 24% lived over five years; of malignant disease of the tongue, 25% lived over an equal period, and of epithelioma of the lower alveoli, 33% similarly survived. Of four cases of carcinoma of the cheek, all are living without recurrence after periods of from 7 years 10 months to 5 years and 6 months. Good results from diathermy are to be expected only when the disease has not penetrated deeply. Of seven cases of carcinoma of the hard palate or maxillary antrum, 29 per cent. lived over five years. Malignant tumours of the nose, post-nasal space and posterior pharyngeal wall appear to be best treated by excision aided by diathermy, possibly followed by radium and X-rays. A considerable section is devoted to the treatment of metastases in the cervical lymphatic glands, which present many difficult problems.

MACLEOD YEARSLEY.