ABSTRACTS

EAR.

Therapy of Nerve Deafness and Tinnitus Aurium. G. E. SHAMBAUGH and M. L. JENNER. *Archives of Otolaryngology*, April 1942, xxxv, 4.

Vitamin B_1, or thiamine hydrochloride, has recently been greatly vaunted as a means of treating lesions of the VIIIth nerve. No substantial claim can be made, however, unless the results are scientifically controlled. In the treatment of deafness, the considerable psychic element must be recognized. A deaf person often becomes inattentive, and the stimulus of hope engendered by a new treatment may enable him to hear more although, really, the deafness is unchanged. Even a series of audiograms taken over a length of time, without treatment, may show wide fluctuations, due to fatigue, time of day, atmospheric conditions and other factors. The variation is usually within a range of ten decibels. Accordingly any improvement of hearing to be significant must show a sustained improvement of at least ten decibels above the pre-treatment level.

Another source of error lies in the fact that secretory otitis media is readily overlooked, or diagnosed as nerve deafness. This may occur more easily when secretory otitis media is imposed upon an existing nerve deafness. A number of authors have attributed to the use of prostigmine an improvement of hearing in cases of Eustachian obstruction, when the real reason of improvement was inflation, which had been employed concurrently.

A review of the literature on the use of vitamin B_1, prostigmine, thiamine, and nicotinic acid, confirms the writers in their view that the claims for those drugs are not always justified. The present paper gives details of five cases of nerve deafness, each treated by daily intravenous injections of thiamine hydrochloride for two weeks. In no case was the treatment followed by any subjective or objective improvement in the hearing. Audiometer tests showed uniformly negative results. DOUGLAS GUTHRIE.

LARYNX.

Prognosis of Laryngeal Paralysis following Thyroidectomy. E. J. MULLIGAN. *Archives of Otolaryngology*, May 1942, xxxv, 5.

The histories of 504 cases of thyroidectomy at Johns Hopkins Hospital are reviewed. In 32 patients the recurrent laryngeal nerves were injured at operation. In 24 the paralysis was unilateral, 14 right and 10 left; in 8 both cords were paralysed. The nerves had been seen at operation in only two cases.

All the affected patients suffered from hoarseness; one patient also had marked stridor. Seventeen of the patients returned to report some months later: 13 of them had a fair conversational voice, the remaining four were still very hoarse. Ten of the patients complained that the voice became weaker with use, and faded to a whisper after a long conversation. In seven the voice was lower in pitch, and the singing voice was lost in all cases.

The conclusion drawn by the writer is that recovery of movement of the paralysed cord is unlikely but that a satisfactory conversational voice may be expected in about six months. DOUGLAS GUTHRIE.

ŒSOPHAGUS.

Pedunculated Tumours of the Œsophagus. P. C. SAMSON and J. ZELMAN. *Archives of Otolaryngology*, August 1942, xxxvi, 2.

Benign tumours of the œsophagus are of rare occurrence, and about one-third of them are polypoid or pedunculated. They originate in the upper fourth of the œsophagus, are most frequent in elderly men, and may exist for years without causing any symptoms. As a rule the tumours are classified as lipoma, myxoma, or fibroma, but an exact histological diagnosis is not always possible. The writers describe in detail a case in which the tumour, which was 18 cm. in length, had appeared in the mouth after an act of vomiting, and protruded 6 cm. beyond the incisor teeth. The growth was removed by snaring, under œsophagoscopic control. Regurgitation of the tumour had previously occurred ten years, five years, and one year previously, causing difficulty of breathing which passed off when the patient had re-swallowed his tumour. Difficulty of swallowing was the only symptom and had appeared but recently.

Mention is made of 25 other recorded cases, in three of which the tumour had caused sudden death by becoming impacted in the larynx.

DOUGLAS GUTHRIE.

MISCELLANEOUS

Defects of Smell after Head Injury. Capt. A. D. LEIGH (*Lancet*, 1943, i, 38).

The author found 72 cases of impaired olfactory function in 1,000 consecutive cases of head injury. In 41, loss of smell was complete, in 31 partial. The impairment may follow violence to any part of the head. Frontal, involving cribriform plate or tearing of olfactory filaments (30 cases), and occipital injuries (18 cases) are most common. Experience indicates that in most cases a head injury producing defects of smell is severe. Recovery is seen in the minority (6 in 72) and is usually within the first six months of the injury. Parosmia (12 cases) is usually delayed in onset and may be a stage of recovery. It can occur with damage to any part of the olfactory pathway. Taste was affected in only six cases of 41 with complete anosmia. Taste and smell are probably not so closely related as is at present maintained.

MACLEOD YEARSLEY.

Diphtheria Immunization in England and Wales. THE COMMITTEE FOR THE STUDY OF SOCIAL MEDICINE (*Lancet*, iii, 642).

The Committee for the Study of Social Medicine discusses this important matter in a long paper which may be summarized as follows: (1) That vaccination affords no protection whatever against diphtheria. (2) That even where a child is healthy or does not mix with others, immunization is still necessary. (3) That it is the duty of every parent to protect his or her child, not only for its own sake but also for the sake of other children. (4) More stress should be

laid on the general harmlessness of immunization, and it should be stated that delicate or nervous children will be considered on their merits by the doctor at the time of inoculation. (5) A special effort should be made to counter a fatalistic attitude on the part of parents, and a special appeal to the father should be included; propaganda should be arranged so that parents are induced to come to a decision very rapidly. (6) In propaganda leaflets the need for immunization should be concisely and simply expressed, so that more space can be given to precise instructions as to the exact actions to be taken by parents to have the immunization done, and the necessary action should require the minimum of formality. (7) In written propaganda an offer should always be made of a personal talk, if desired, to clear up doubts and queries.

MACLEOD YEARSLEY.

https://doi.org/10.1017/S0022215100045114 Published online by Cambridge University Press