

## ABSTRACTS

### EAR

*Prevention of Mastoiditis.* V. G. HORAN and S. GAY FRENCH.  
(*Lancet*, 1940, i, 680.)

The authors supplement their last year's report on 155 patients with acute suppurative otitis media treated with sulphanilamide by a second series of 621 cases. In this paper they lay particular stress on the results as to acute mastoiditis, hence its importance as a contribution to prophylactic otology. Their conclusion is the natural corollary to their published results. All cases of acute suppurative otitis media should have sulphanilamide administered as early as possible, besides the accepted treatment of the acute ear. White-cell counts are valuable as a check on the administration of the drug and as an index of the progress of the disease. The infecting organism should be identified where possible, and M. & B. 693 substituted for sulphanilamide where pneumococcus is found. The base of these directions is the authors' review of 621 cases thus treated in the last two years. The incidence of mastoiditis was only 3.4 per cent compared with 22.7 per cent before sulphanilamide was introduced. In all cases a course of colosalan by mouth was begun at once, total dosage not exceeding 40 g. In certain more acute cases, prontosil red was injected. Many patients were treated as out-patients under constant supervision. No serious toxic manifestations were seen. The authors urge that all cases of acute suppurative otitis media should receive sulphanilamide or sulphapyridine. This will greatly reduce the incidence of mastoiditis and will allow a more conservative attitude to be adopted once mastoiditis develops.

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### NOSE

*Classification of Different Forms and Stages of Scleroma.* W. G. BOYKO.  
(*Kijev. Jurnal ushnikh, nossovikh i gorlovikh bolesniej* (*Journal of Otology, Rhinology and Laryngology*, Russian, xvi, 1, 1939.))

The author rejects the previous schemes of distinction between different types of scleroma, proposed by Linck, Szmurlo, and others, and suggests the following classification.

The *first stage* can hardly be distinguished from common *atrophic rhinitis*, or *ozæna*. A correct diagnosis can be based upon the test of Bordet-Gengou only, especially if it is repeatedly positive.

This test is also indispensable in the *second stage* marked by the

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development of *ordinary granulation tissue*, in the shape of soft nodules not at all characteristic of scleroma. Even histologically no specific signs can be found, but there usually are many plasma-cells (Unna) in the microscopic field.

The *third stage* containing the majority of clinical cases and easily recognizable by typical scleromatous infiltrations in various parts of the upper respiratory passages, is histologically marked out by numerous foamy *Mikulicz-cells*. Among them appear several, less characteristic, *hyaline flakes*. Degenerative alterations of flat epithelium, mostly of keratohyaline character, can be observed in this stage. Bordet-Gengou is positive as a rule.

In the *fourth stage* usually represented by inveterate cases the clinical picture of which is dominated by cicatricial atresias of the nostrils and choanae, callous adhesions of the soft palate to the pharynx, cicatricial deformities of the larynx, etc., we find a *considerable growth of connective tissue within the scleromatous infiltrations*. As Mikulicz' and Unna-cells and hyaline flakes tend to disappear, and the Bordet-Gengou test is very often negative, it is sometimes rather difficult to differentiate scleroma from tertiary syphilis, or even tuberculosis.

A. I. CEMACH.

### ŒSOPHAGUS

*Early Treatment of Œsophageal Burns*. A. B. GUENKIN (Charkow). (*Jurnal ushnikh, nossovikh i gorlovikh bolesniej* (*Journal of Otolaryngology, Rhinology and Laryngology*, Russian, xvi, 1, 1939.))

Report, illustrated by 10 X-ray pictures, upon 12 cases of œsophagitis corrosiva treated by early bouginage, commencing about the tenth day after the attempted poisoning. In 11 cases complete cure was obtained.

By these remarkable results the author was led to the conclusion that the dreaded cicatricial strictures of the œsophagus can definitely be prevented by early treatment.

He used soft elastic bougies, and carried the dilatation out every day in the beginning and every second or third day later on. No more than three successive calibres were used at every sitting, lasting from 15 to 30 minutes.

This early bouginage is recommended for children, too. The author warns against the neglect of slight burns, capable of producing serious strictures.

A. I. CEMACH.

### MISCELLANEOUS

*Data on Vitamin Therapy in Oto-Rhino-Laryngology*. A. ERODI (Budapest). (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 95.)

After a short historical survey of the subject, the author proceeds to describe the rôle of vitamins in the treatment of nose, throat and ear disorders.

## Miscellaneous

The resistance of the nose, sinuses, throat and ear to disease depends largely on the health and integrity of the mucous membrane. Vitamin A, the protector of the epithelium of the upper air passages, is necessary for this integrity and consequent resistance to infection. Local applications of this vitamin in the form of ointment is useful in stimulating the healing of mastoid wounds and of oesophageal fistulae following total laryngectomy.

The neuro-vitamin B is of value in cases of neuritis of trigeminal nerve branches. Pain due to neuritis may be distinguished from that due to sinus disease by the response of the former to vitamin B therapy. Some cases of recurrent paresis and post-diphtheritic palatal palsy are improved by this drug.

Vitamin C has a bactericidal action and seems to be of special benefit in diphtheritic and streptococcal infections. It also acts as a hæmostatic and is useful in the after treatment of tonsillectomy cases. Acute ulcerative conditions of the mouth respond to its administration, especially Plaut-Vincent angina.

Apart from its anti-rachitic action, vitamin D has a beneficial effect on general resistance to infection. Its employment in a military hospital in Budapest revealed its usefulness in all post-operative inflammations of the throat and neck (traumatic angina).

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