

ABSTRACTS

EAR

Acute Mastoiditis in children treated with penicillin and sulphadiazine.
A. J. MOFFETT and G. A. DALTON, Birmingham. *British Medical Journal*, 1949, November 12th, ii, 1087.

It has been the practice at one ear and throat clinic at the Children's Hospital, Birmingham, to treat as out-patients large numbers of cases of mastoiditis, early or subacute, by the extensive use of the sulphonamides and penicillin in the form of an oil emulsion, reserving for admission those cases which hitherto had appeared to demand immediate operation. While the possible risks attached to this procedure laid it open to criticism, the difficulties of obtaining adequate facilities for in-patient treatment within this or any other hospital in the vicinity were so great that it was considered a justifiable expedient. The results, however, were so satisfactory that it was resolved to apply this method of treatment to those cases of mastoiditis which by all previous standards demanded immediate operation. The authors record a series of 17 consecutive cases, seen within a period of three months, in which they state there could be no shadow of doubt of a clinical diagnosis of acute mastoiditis, and which were treated by conservative methods. Cases were selected on admission and none was excluded on the grounds of its severity. X-ray examinations were made only in the later cases in the series, and bacteriological examinations not at all—the latter is unfortunate, because it may be that the prevalent invading organisms at the time the cases were admitted were particularly penicillin- or sulphonamide-sensitive. No intracranial complications occurred. Myringotomy was performed in those cases in which the drumhead was intact and distended. Intramuscular penicillin was given in watery solution, in most cases 50,000 units six-hourly. Sulphonamides were given either four- or six-hourly, up to a total dose varying from 10 g. in infants to 30 g. in children aged 10 or over. Great attention was paid to a large fluid intake. Detailed case-notes are published, and the authors consider the end-results at least as satisfactory as if the cases had been operated upon. Information about the hearing, at a later date, would be interesting.

R. SCOTT STEVENSON.

Perilymph : Its relation to the Improvement of Hearing which follows Fenestration of the Vestibular Labyrinth in Clinical Otosclerosis. JULIUS LEMPERT, New York, ERNEST GLEN WEVER and MERLE LAWRENCE, Princeton, N.J., and PHILIP E. MELTZER, Boston. *Archives of Otolaryngology*, 1949, 1, 377.

In spite of experimental proof furnished by Békésy that increased perilymphatic pressure does not affect the mechanisms by which sound is transmitted through the middle ear and through the perilymphatic cochlear fluid

Nose

Holmgren in 1949 is still of the impression that the improvement following the fenestration operation is due to a decrease of perilymph pressure. The authors' research project had two particular objectives in view: first, to investigate whether Békésy's experimental findings in cadaver material, that increased perilymphatic fluid pressure does not interfere with the mechanism by which sound is transmitted through the middle ear and through the cochlear fluid, can be substantiated in the living animal; second, to determine whether increased perilymphatic pressure will interfere with the activity of the sensory cells of the organ of Corti.

The experimental procedure is described. Observations in the living monkey are in full agreement with those of Békésy in human cadaver material. An increase of perilymphatic pressure up to 50 mm. of mercury has no effect on transmission of sound vibration through the middle ear and the cochlear fluid. The observations show further that this increase of fluid pressure does not interfere with the functioning of the sensory cells of the organ of Corti. These results, therefore, fail to support either the pressure theory of otosclerosis or the decompression theory of the effects of fenestration. The improvement of hearing that follows fenestration of the vestibular labyrinth is not a result of a reduction of fluid pressure.

R. B. LUMSDEN.

A New Treatment of Acute Aero-otitis Media. BARNARD C. TROWBRIDGE, Kansas City, Mo. *Archives of Otolaryngology*, 1949, 1, 255.

Aspiration of the tympanum is, in the author's experience, the most effective method of relieving the symptoms of acute aero-otitis media and shortening the period of convalescence.

R. B. LUMSDEN.

NOSE

Cancer of the Nose: Treatment and plastic repair. JOHN B. ERICH, Rochester, Minn. *Laryngoscope*, 1949, lix, 839.

Practically all malignant tumours involving the external nose are basal cell or squamous cell epitheliomas, and the former type occurs much more frequently than the latter. At the Mayo Clinic, squamous cell epitheliomas are graded on a basis of 1 to 4, Grade 1 being the least malignant and least radio-sensitive, and Grade 4 the most malignant and most radio-sensitive. In the author's opinion, low grade lesions, which are more or less radio-resistant, should be treated surgically, that is, either by surgical excision or the use of surgical diathermy (electro-coagulation). High grade lesions, which are extremely radio-sensitive, are best treated by irradiation. There is no one form of treatment which is suitable in all cases. Many surgeons treat basal cell epitheliomas with success by irradiation; the author prefers to remove them surgically, in the same manner as the low grade squamous cell epitheliomas are removed. If a low grade epithelioma on the nose is recurring and particularly if it has been treated previously by irradiation, it is very difficult to tell the exact extent of the growth because the cancer cells often spread along the periosteum or perichondrium far beyond the apparent limits of the tumour. Under such circumstances, the tumour should be removed widely by electro-coagulation. Electro-coagulation leaves a sloughing wound which

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requires three or four weeks to heal; if the nasal bones are exposed, a sequestrum forms which must be removed in two or three months. An epithelioma of the nose which is extremely high grade is, in general, more satisfactorily treated by irradiation than by surgical measures, radon seeds or radium plaque or X-ray therapy being employed. The treatment of malignant tumours of the nose is bound to result in deformities in a great many cases. In most cases, the author is of opinion that plastic repair should be deferred for at least one year after the treatment of the cancer. If the tissues around a defect have been irradiated or are badly scarred, one must resort to the use of a pedicle flap of skin if sloughing of the transplant is to be avoided.

R. SCOTT STEVENSON.

LARYNX

Contact Ulcers and Laryngeal Tuberculosis. HENRIK JOHANSEN and WILLIAM KIAER, Copenhagen, Denmark. *Archives of Otolaryngology*, 1949, 1, 264.

In contrast to the view prevailing hitherto, the authors consider that a tuberculous contact ulcer may well be the only sign of laryngeal tuberculosis; hence a patient with contact ulcer is in his opinion always to be suspected of having pulmonary tuberculosis until this is refuted.

R. B. LUMSDEN.

Primary Amyloid Deposits in the Larynx. L. J. KREISSL, E. E. MUIRHEAD and L. E. DARROUGH, Dallas, Texas. *Archives of Otolaryngology*, 1949, 1, 309.

Primary nodular amyloid deposits in the laryngeal mucosa are infrequently reported lesions. Five additional cases are reported by the author. In a brief review of the literature on amyloid deposits, emphasis is placed on classification and frequency of reports of each type. The microscopic appearance of the lesions is discussed.

R. B. LUMSDEN.

PHARYNX

Radium and the Lymphoid Tissue of the Nasopharynx and Pharynx: A New Universal Applicator. WALLACE MORRISON, New York. *Archives of Otolaryngology*, 1949, 1, 300.

The author briefly discusses the rationale, technique, purposes, and the contraindications, abuses and dangers of the nasopharyngeal employment of the standard Monel metal radium applicator. A new type of flexible applicator is presented by which practically any area of the nasopharynx can be easily reached for accurate dosage, and which can also be used to apply radiation to the lateral pharyngeal lymphoid bands and patches with accuracy and ease.

R. B. LUMSDEN.

MISCELLANEOUS

Virus Vaccine Immunization against the Common Cold. NOAH FOX and GEORGE S. LIVINGSTONE, Chicago. *Archives of Otolaryngology*, 1949, 1, 406.

According to the authors, persons who suffer from frequent colds are allergic. There is considerable evidence put forward to support the contention

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that the common cold is, at its onset, an attack of acute allergic rhinitis, with the protein of cold virus acting as the exciting agent. The results of this study also offer evidence that some persons can be successfully hyposensitized with cold virus and remain protected from colds for at least six months.

R. B. LUMSDEN.

Monostotic Fibrous Dysplasia: Report of Two Cases. Colonel S. L. COOKE, Medical Corps, United States Army, and W. H. POWERS, Oak Park, Ill. *Archives of Otolaryngology*, 1949, 1, 319.

Fibrous dysplasia is a benign tumour which may involve one, several or many bones. The osseous lesion is basically composed of fibrous connective tissue, throughout which are scattered irregularly shaped trabeculae of primitive bone. The name was first suggested in an attempt to clarify the existing confusion regarding fibro-osseous disease. Previous to this time as many as thirty-three different titles had been used to describe this entity. Among the commonest are osteitis fibrosa, giant cell tumour, ossifying fibroma, fibrosarcoma, osteodystrophy, osteoid osteoma, fibroma, fibroseptic disease of bone and a form of von Recklinghausen's disease of bone. From the numerous titles used to describe fibrous dysplasia, it is readily seen that this lesion is not a rarity; however, owing to the comparatively recent recognition of this disease entity, many clinicians are relatively unfamiliar with it. This fact, as well as the fact that only 9 cases in which the maxilla was involved and 3 cases in which the frontal bone was involved have been reported under the title fibrous dysplasia, suggests the reason for the publication of this article.

Two cases are recorded, one involving the maxilla and one the ethmoid and frontal bones. The literature is reviewed, and the general features are discussed. All surgical procedures except for biopsy purposes should if possible be avoided.

R. B. LUMSDEN.

Tuberculosis of the Œsophagus treated by Streptomycin. H. HEIMENDINGER, L. FRUHLING and G. KLOTZ, Strasbourg. *Revue de Laryngologie, Otologie, Rhinologie*, 1949, lxx, 459.

The authors record a case of tuberculosis of the œsophagus developing at a pre-existing cicatricial stenosis of the œsophagus due to the patient having swallowed acetic acid at the age of twelve months. The patient was a young man aged 25, with open pulmonary tuberculosis, and the lesion in the œsophagus was discovered at œsophagoscopy following radiological examination of the œsophagus, confirmed by biopsy. He was treated by daily doses of 1,800,000 units of streptomycin, lowered to 1,200,000 when he complained of vertigo. Apparent functional cure resulted, and œsophagoscopy showed the tuberculous lesion healed. He left hospital in evident good health fifteen months after admission.

R. SCOTT STEVENSON.