ABSTRACTS

THROAT

Tonsillectomy and Poliomyelitis. J. R. PAGE. *Archives of Otolaryngology*, xxxix, 4, April, 1944.

Since the report by Krill and Toomey (*Jour. A.M.A.*, Sept., 1941) concerning five children in a family, all of whom developed bulbar poliomyelitis following the removal of adenoids and tonsils, a number of papers have been published on the relation of poliomyelitis to tonsillectomy. One of the most comprehensive was that of E. M. Seydell (*Archives of Otolaryngology*, Jan., 1942) who, after a full enquiry, was led to the conclusion that the bulbar (or most fatal) type of poliomyelitis appeared to be more common after recent tonsillectomies, but whether the tonsils exercised a protective influence against the disease was not apparent. The writer of the present article has carried the enquiry a stage farther by a statistical enquiry relating to 27,849 tonsillectomies, performed in New York during 1937, 1939 and 1941, the years in which poliomyelitis was prevalent. A total of 8,915 replies revealed only one case of poliomyelitis following the operation. Such a result suggests that there is no special relationship between the disease and the operation. Nevertheless, until other reports are forthcoming, the majority of laryngologists will follow the advice of Mosher and refrain from performing routine tonsillectomy during an epidemic of poliomyelitis.

DOUGLAS GUTHRIE.

EAR

Present Status of Diagnosis and Management of Ménière's Syndrome. H. BRUNNER. *Archives of Otolaryngology*, xl., 1, July, 1944.

Ménière's syndrome is regarded by the writer as "hydrolabyrinth" analogous to "hydrocephalus". He claims to have described this dilatation of the labyrinth in 1922, although he did not then appreciate its significance, nor did he recognize that it resulted in a gradual destruction of the sensorial cells of the internal ear. The fluid, in his opinion, escapes from dilated and permeable blood vessels of the labyrinth.

The symptom complex consists of tinnitus, deafness and vertigo, the last-mentioned being the more prominent and often very intense. A Ménière attack may be simulated by hysteria, but in hysteria there is never spontaneous nystagmus nor can it be elicited by sudden head movement. Between the attacks, symptoms may be absent. There are two concepts of the malady: (*a*) the metabolic theory and (*b*) the vascular theory. In regard to the former, Furstenburg and others stated that the cause arose from retention of sodium and they advised a sodium-free diet and the administration of ammonium chloride to promote elimination of sodium. Mygind and Dederding, on the other hand, assumed that retention of water was the cause and they restricted the fluid intake. It is, however, difficult to understand why a disturbance of general metabolism should produce trouble limited to the ear. Mygind reports

cure in 42 per cent. of cases and Furstenberg also claims a high percentage of good results, but it is not easy to assess the value of treatment in a disease which may undergo spontaneous cure. It was Ménière himself who propounded the vascular theory which is supported by microscopic findings.

The present writer believes that the condition is very often the result of cerebral arteriosclerosis. Tabes and injuries of the head may also produce the Ménière syndrome, while leukæmia must not be forgotten and any source of focal infection should be treated.

A Ménière neurosis should first be excluded. The personality of the patient, normal hearing, and absence of nystagmus should prevent any gross error. Among aural diseases, a chronic adhesive process is frequently a cause of Ménière's syndrome. Treatment is somewhat unsatisfactory. Most important is rest, physical and psychic, with sedatives if necessary. A salt-free diet has been advised.

Surgical treatment which involves destruction of the labyrinth, can be considered only when the diagnosis is certain, when conservative measures have failed, when the patient is incapacitated by the attacks, and when the disease is limited to one ear.

DOUGLAS GUTHRIE.

Ménière's Disease: Histopathologic observations. J. R. LINDSAY. *Archives of Otolaryngology*, xxxix, 4, April, 1944.

The author opens his paper with a reference to the original work of Hallpike and Cairns who, in 1938, described labyrinthine dropsy (hydrops labyrinthi) in two cases of Ménière's disease, and notes that this pathological condition has since been found in sixteen ears examined, eleven of them being from patients known to have had Ménière's disease. The terms Ménière's "syndrome", "symptom-complex" have been applied somewhat indiscriminately. In the author's opinion the term Ménière's disease should be retained but should be restricted to cases of recurring vertigo with auditory disturbance, now known to be due to hydrops of the labyrinth, although the cause remains obscure.

The case now reported in detail is that of a man aged 47 years who fell during an attack of vertigo and died from fracture of the skull. Three years previously he had been examined at the Mayo Clinic, and was considered to be suffering from Ménière's disease. There had been noted a loss of hearing for high tones in both ears and also a loss for tones below 2,048 cycles. Of course a single test is of limited value, and considerable fluctuation of hearing capacity has been noted as a rule in such cases, the reaction being due, apparently, to alterations of pressure within the labyrinth. Microscopic examination of the temporal bones in the case now reported showed hæmorrhage and congestion in both ears, and also, in the left ear, dilatation of the ductus cochlearis, the saccule and the utricle. The appearance is clearly shown in five microphotographs.

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ERRATUM.

VOLUME LIX, NO. 3. The X-ray Figure 2 facing page 101 should be reversed top to bottom.