

Abstracts.

NOSE.

The Routine Examination in Cases of Nasal Accessory Sinusitis.— John L. Sullivan. "The Laryngoscope," September, 1915.

Sullivan recommends that in every case (1) the nose should be examined before and after the application of cocaine and adrenalin. (2) The nose should be syringed with normal salt solution and the reappearance of pus looked for. (3) Transillumination. (4) X-ray examination, and comparison of the radiogram with the results obtained by transillumination. (5) Posture test for antrum and frontal, sphenoids, and ethmoids. (6) Proof puncture of antrum. (7) Probing and irrigation of frontal sinus. (8) Similar investigation of sphenoid and ethmoid. He admits that it is impossible at times to differentiate between disease of the posterior ethmoidal cells and disease of the sphenoid. He finds the long Killian speculum a help in the examination of this region.

Sullivan finds that a radiogram is not an infallible means of diagnosis. A plate may apparently show trouble in the frontal sinus, whereas at operation there is little or no disease.

Sullivan has found the Ballenger operation for exenteration of the ethmoid very satisfactory. In twenty cases he has had no complication, and he holds that the Ballenger operation is quite as safe as that devised by Mosher.

J. S. Fraser.

Chronic Frontal Sinusitis, Sphenoiditis, Meningitis; Death.—C. Johnstone Imperatori. "The Laryngoscope," 1915, p. 580.

Male, aged twenty-six, brass-worker, had suffered for many years from ozæna and tuberculosis of the left lung. A skiagram showed double frontal sinusitis, and the other accessory sinuses were also involved. A Killian operation was performed, and the sphenoidal ostium was also enlarged. The patient remained well for four years, but after that suffered from severe headache. The anterior wall of the sphenoid sinus was now removed. Later the patient complained of nausea, vomiting, and dizziness. The track leading to the frontal sinus was dilated, but a second operation of the left frontal sinus had to be performed and the sphenoidal cavity curetted. Three days later the patient had diplopia, followed by drowsiness. Temperature, 101° F. The patient suddenly became aphasic, and the right arm and right side of the face were paralysed. An exploratory operation was performed in the left temporal region but nothing was found. The posterior wall of the left frontal sinus was then removed and the brain explored, with negative results. After this the patient improved slightly, but later became comatose and died. *Autopsy:* Dura mater thickened and adhering to brain. Basal meningitis present, especially in the region of the sphenoid, where there was an abscess. The bone, however, appeared healthy. *No brain abscess.* Bacteriological examination of the cerebrospinal fluid showed a small bacillus resembling the influenza bacillus.

J. S. Fraser.

THYROID.

Acute Thyroiditis, complicated by Acute Adenitis.—C. F. Theisen.
“New York State Journal of Medicine,” December, 1913.

The author reports seven cases of this very interesting condition. He follows Mygind in designating as acute thyroiditis an inflammation of a gland previously healthy, in contrast to a similar inflammation in hypertrophied glands. In every case but one acute cervical adenitis was a precursor.

In two of the patients there was a recurrence; these two presented other remarkable points of resemblance, in that the second attack was preceded by a tonsillitis, and followed by a “diffuse goitre.” Two cases had crises of hyperthyroidism with its complete symptom-complex. All seven patients were girls or adolescent women.

The medical treatment given was calomel at the onset of the illness, followed by a course of large doses of hexamethylenamine. The continuous use of an icebag was found invaluable in rapidly reducing the congestion. None of the cases suppurated. *H. Lawson Whale.*

ŒSOPHAGUS.

Foreign Bodies in the Œsophagus, Trachea, and Larynx.—F. Lugard.
“Nord. Tidskr. f. Oto-Rhino-Laryng.” Bd. 1, No. 1, p. 47.

The author mentions 15 cases of foreign bodies in the œsophagus (1 metal button, 1 horn button, 3 plum stones, 1 piece of meat, 1 piece of bone, 4 tooth-plates, 1 toy wheel of metal, 1 silver coin, 2 chicken bones), 1 case of foreign body in the trachea (a coffee bean), and 1 case of foreign body in the larynx (a piece of bone). The 15 cases first mentioned were all treated with the help of an œsophagoscope. In 10 cases the foreign body was taken away while in 5 cases it descended into the stomach and passed spontaneously through the rectum. In each case a cure was effected. In 1 case, a child aged one, in whose œsophagus the foreign body had lain for three months, a periœsophageal infection did arise but after several months' convalescence this patient also became well. In 4 cases there existed one or more strictures of the œsophagus caused by the patient having drunk a caustic.

A detailed reference is made to the diagnosis of foreign bodies in the gullet by means of Röntgen-rays. The author has carried out a few experiments in order to throw a light on this question. He placed various objects in his own œsophagus and then took photographs of the thorax. Some of the objects were photographed 20 cm. and some 25 cm. from the teeth. As a result of these experiments it is specially pointed out that objects of *rubber* and tooth-plates of vulcanite give a distinct image on the Röntgen plate. Objects of *glass* also appear clearly even if comparatively small (such as glass beads). In the case of *bone* objects it is necessary to be very careful in coming to a decision and especially in the case of the so-called bone buttons, as one cannot be certain as to the material of which the object in question is made. In the case of all kinds of objects, it is easier to attain a positive result when it has passed the upper part of the gullet and entered into the

comparatively transparent region between the vertebral column and the heart, the foreign body being more easily hidden in the upper part of the gullet, especially by the clavicle. Attention is drawn to the fact that one may mistake a group of calcined glands for a foreign body if one is not very exacting as regards the appearance of the Röntgen shadow.

The foreign body in the trachea was removed by Uchermann's "Bean Spoon" after tracheotomy.

Author's Abstract.

MISCELLANEOUS.

The Common Speech Disorders of Childhood.—John Priestly. "Brit. Journ. of Children's Diseases," vol. xiii, no. 148, April, 1916.

Priestly, who has had the opportunity of examining 20,000 school children per annum for three years divides the speech disorders of childhood into two main varieties, accidental or those due to anatomical or pathological anomalies and essential. These main varieties might have been more aptly classified as organic and functional. The essential variety is divided into defects of articulation and stammering with its allied conditions. Articular defects are subdivided into idioglossia when the defect is universal and all consonants are blurred and lisping when it is partial and affects the pronunciation of s, g, l, and r, and sounds dependent upon the action of the soft palate. In stammering and its subdivisions there is inco-ordination, embarrassment, or paralysis of the speech mechanism. Stuttering is a form of stammering in which the individual instead of dwelling on the blocked point perpetually, harks back in the hope of a more successful "jump off." Spluttering is a runaway or tempestuous form of speech, the converse of stammering.

Speech mechanism is made up of primitive instinctive sounds, a combination of these into words, and the co-ordination of words for purposes of expression. Lisping and idioglossia are defects in the first two of these and stammering of the third. Idioglossia and lisping show a marked decline in the older school children whereas the percentage of stammerers, in spite of many cases of spontaneous cure, tends to increase in the older children.

As regards treatment the defects of articulation are best controlled by practical demonstration and example. Frequent short lessons are advisable to stimulate the natural growth of the imperfect organ. As regards stammering the author doubts the efficacy of the diverse methods commonly recommended, and considers a study of the individual nervous and temperamental condition of the patient to be of supreme importance. Except as a sort of placebo the patient's attention should not be focussed on his respiratory movements or the phonetics of individual sounds. No two cases require quite the same treatment, but in all cases the teacher must have infinite patience and be capable of inspiring and maintaining the patient's confidence as to the ultimate result.

J. B. Horgan.

A Fatal Case of Ulcero-membranous Angina.—Ira Frank. "Annals of Otology, etc.," xxv, 631.

The cases reported are two in number, a male, aged forty-eight, and a female, aged twenty-two. The former began five weeks previously with a peritonsillar abscess, and was admitted in a very weak and emaciated

condition, with an area of deep necrosis on the right side of the soft palate. Bacteriological examination showed pneumococci, a fusiform bacillus, and spirilla (predominating). The treatment adopted was frequent gargle of peroxide, with daily deep injections of sodium cocodylate. He improved on the third day, and healing began on the fifth day. The course of the entire process was ten weeks, six of which were spent in hospital.

The second and fatal case had complained for one week of severe sore throat, with almost total dysphagia. Bacteriological examination showed large numbers of fusiform bacilli and spirilla. The right tonsil was covered by greenish grey membrane, adherent and tough. Treatment was similar to that of the first case. She got much worse, showing signs of collapse on the second day. On the fourth day she had severe retching, and vomited a cast of the oesophagus. Next day she coughed, and became cyanotic, forcibly expelling membrane from the trachea and larynx. During the four following days she became worse, and became convinced of impending death. A fatal result occurred two days later.

The cases, so malignant clinically, were markedly different in type. The first, ulcerative and necrotic, with no systemic effects, no temperature, and responding readily to treatment. The second, membranous, with toxic symptoms, fever, nephritis, and myocarditis, and resisting treatment. The author thinks the slow ulcerative type was a chronic and the membranous type an acute or fulminating infection. The suggestion that the difference was due to the predominance of either the spirilla or the fusiform bacilli was untenable. "The fulminating character of the second case might well be ascribed to infection with virulent organisms in a host physically unfit to offer resistance and combat the process." The first case showed no more systemic effect than would a walled-off abscess; the second showed systemic effect due to (1) virulent infection, (2) absorption in the large area involved, and (3) consequent secondary infection. *Macleod Yearsley.*

THE LATE DR. JULES BROECKAERT.

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