bone, then there was a pathological thickening. He had also found that if the lipiodol were diluted up to half with olive oil, making it less viscous, the sinus would empty, not in fourteen days, but in ninety-six hours, and this more rapid emptying might make the method more practicable.

KATHARINE GUTHRIE (Pathology Department, Glasgow Royal Hospital for Sick Children) asked whether any pneumococcal typing was being done. In her own department this had been done for some time now, and in antra where was pus, pneumococci were often found. Was this confirmed in the author's experience ?

T. O. HOWIE asked if Mr. Bowen-Davies had ever seen the lipiodol passing down into the bronchi ; had he examined the chests radiologically after the lipiodol had been passed from the antra into the respiratory tract, and did any of it pass into the lung ?

A. BOWEN-DAVIES (in reply) said that he had left the question of the X-ray technique to the radiologists. He would keep himself better informed on that matter in the future. He would take Dr. Proetz' advice and ask the radiologist to make the radiographs with the patient in the upright position. In reply to Dr. Guthrie, the pneumococci had not been typed, and with regard to Dr. Howie's point, examination had not been made to ascertain if lipiodol had passed into the bronchi.

REFERENCE

CROOKS, JAMES, and SIGNY, A. G. (1936), *Arch. Dis. Childhood*, 2, 281.

ABSTRACTS

EAR

Osteoma growing from the Mastoid Cortex. GEORGE M. COATES (Philadelphia): *Osteoma of the Mastoid Process.* S. A. FRIEDBERG (Chicago). (*Archives of Otolaryngology*, July, 1938, xxviii, 1.)

Each of the above papers, separately contributed, describes a case of this rare form of tumour. Coates' patient, a man aged 39, presented a hard, painless swelling behind the left ear, which had been present for about ten years. As the patient was worried by its presence, it was decided to operate, and the tumour was easily removed. It was entirely external and had not invaded the pneumatic spaces of the mastoid. It measured 1½ inches diameter by ½ inch in thickness and consisted of compact bone with small marrow spaces.

The patient treated by Friedberg was a negress aged 52, who recalled having received a blow by a fist on the right ear twelve years previously. Two years later a hard mass appeared behind the ear and gradually increased in size, with occasional slight pain in the region, but no other symptom. The tumour, which measured 3 by 2·5 by 1·5 cm. and weighed 9 grm., was easily dislodged from

the underlying cortex and removed. Four figures illustrate the paper, and reference is made to cases previously reported, eleven in number.

DOUGLAS GUTHRIE.

Improvement of hearing in cases of Otosclerosis. JULIUS LEMPERT (New York). (*Archives of Otolaryngology*, July, 1938, xxviii, 1.)

Following the work of Holmgren and of Sourdille, the writer has devised a surgical technique for the production of a permanent fistula in the external semi-circular canal. Operating under local anæsthesia, he exposes the field by the removal of a triangular area of skin and underlying tissue from the postero-superior wall of the external auditory meatus. He then removes the cortex and defines the semi-circular canal by means of an electrically-driven burr. The skin of the meatus is elevated down to the tympanic ring, which is carefully removed in its upper and posterior part. The head of the malleus is then amputated so as to mobilize the tympanic membrane. A furrow is cut in the external semi-circular canal until the lumen is exposed and this is covered by a flap consisting of the skin of the meatus and the tympanic membrane, called by the writer the cutaneous tympanomeatal membrane. This not only covers the fenestra but also covers the incus and seals the tympanic cavity. The dura of the temporal lobe is exposed over a small area so as to relieve the venous stasis which is said to be the cause of the otosclerosis. The flap is retained in position by paraffin packing, which is removed on the eighth day.

The indications for operation are evidence of otosclerosis in a healthy patient whose loss of hearing does not exceed 60 per cent. and who possesses a normal meatus and tympanic membrane. Reports are given of twenty-three patients who underwent this operation. In nineteen cases a good practical improvement in hearing was obtained and maintained, as is shown by the audiograms accompanying each report. The fistula remained open in twenty-two cases. A series of twenty-three drawings clearly illustrates each step in the operative technique.

DOUGLAS GUTHRIE.

Fungous Infections of the External Ear. EDWARD J. WHALEN, M.D. (Hartford, Conn.). (*Jour. A.M.A.*, August 6th, 1938, cxi, 6.)

Of the many thousands of fungi, some twenty have been found to be pathogenic in man. In cases of otomycosis, Monilia, Aspergillus, Penicillium and Achorion are the most common.

Fungous infection of the aural canal produces what is essentially a dermatitis of the lining membrane. This dermatitis frequently extends to the drum, and sometimes through a perforation to the

cavity of the middle ear. The patient complains of an itching sensation together with moisture and discharge from the canal.

With a more virulent infection there may be a moist mass of débris filling the canal. This débris should be examined microscopically as well as by culture. As a result of scratching there is often a secondary infection by pyogenic organisms.

The following routine treatment is claimed to cure the condition permanently. The canal is cleared of débris and carefully dried, it is then packed for twelve hours with absorbent cotton, soaked in cresatin (meta-cresyl acetate). A solution of 1 per cent. thymol in 70 per cent. alcohol is used twice daily for five days. Thymol iodide powder is dusted into the canal three times daily for three days more. Potassium iodide is given orally in doses up to 30 grains a day for a month.

ANGUS A. CAMPBELL.

The management of the septic patient with Otitis Media. J. H. MAXWELL, M.D. (Ann Arbor., Mich.). (*Jour. A.M.A.*, May 7th, 1938, cx, 19.)

The writer uses the expression "the septic patient with otitis media" rather than "the patient with otitic sepsis" in order to emphasize the frequently forgotten fact that the otitis media may be an incident in the course of an infection elsewhere in the body. Since cases of otitic sepsis are rarely surgical emergencies, sufficient time can be taken to determine that the sepsis is definitely of otitic origin. The following procedures have been helpful in deciding this point: Bacterial studies of aural discharge, a record of temperature, pulse and respiration every two hours, daily blood cultures and examinations to include red and white count and hæmoglobin determination, daily examination of a centrifuged specimen of urine, since streptococci may be found here before it is determined by blood cultures, radiographic studies of the mastoids and chest and repeated general medical examinations.

When the diagnosis is definitely made, careful exenteration of all accessible pneumatic bone is necessary. The sigmoid sinus should be exposed widely in every septic case and if there is reasonable doubt about its patency it should be explored through an incision. If the sinus appears normal at the time of operation but if sepsis continues for five or six days and especially if metastatic abscesses appear the sigmoid should be ablated. If infection be present in the opposite ear it is often advisable to perform a complete mastoidectomy on this second ear before attacking the sigmoid sinus on the original side.

Meticulous attention must be given to the post-operative medical management, such as forced fluids, high caloric-high vitamin liquid

diet, reduced iron, repeated small blood transfusions and in cases of hæmolytic streptococci, sulphanilamide seems to be helpful.

ANGUS A. CAMPBELL.

Operative treatment of Labyrinthine Vertigo. MACLEOD YEARSLEY. (*Lancet*, 1938, ii, 618.)

The author describes in detail five cases of labyrinthectomy for severe and incurable vertigo. All gave histories of earlier middle-ear suppuration, suggesting changes in the labyrinth due to slowly extending cicatrization from the tympanum. The operation is no more dangerous than the ordinary radical mastoid. The first case included destruction of the cochlea for severe tinnitus.

[Author's summary.]

NOSE

Nasal Allergy. ALBERT H. ROWE (San Francisco). (*Archives of Otolaryngology*, July, 1938, xxviii, 1.)

The majority of cases formerly diagnosed as hay fever, vasomotor rhinitis, nasal neurosis and paroxysmal rhinorrhœa may now be classified as nasal allergy.

In a comparatively small group, to which the term vasomotor rhinitis may still be applied, allergic therapy appears to be unsatisfactory but even such cases may be caused by some undiscovered and unrecognized allergen.

Seasonal allergy is usually caused by pollens, while the perennial form is due to occupational or house dust, to animal emanations or to food. In food allergy nasal obstruction is pronounced and the sense of smell is lost, but itching of the nose is usually absent. Nasal allergy is very common in children and the attacks of sneezing and nasal obstruction may lead to the erroneous diagnosis of repeated infectious colds. The common cold produces a red rather than a pale mucosa, and polymorph leucocytes rather than eosinophils predominate in the secretion. It must be remembered, however, that infection and allergy may coexist. As a rule the final diagnosis must depend upon the results of treatment of the allergy. Cytological examination of the nasal discharge should be carried out in all cases. As regards treatment, avoidance of the inhalant allergen together with an elimination diet may render active desensitization unnecessary. Observation of the patient over a long period may be essential if a satisfactory result is to be obtained.

Operations should be deferred until the allergy has been thoroughly treated. This rule applies especially to cases of bronchial asthma, which is seldom benefited by operations upon the nose or nasal sinuses.

The relief obtained from cauterization is transient and the results of ionization are no better than those which follow simpler methods.

The frequency of allergy as a cause of migraine, otitis externa and even recurrent vertigo must be borne in mind.

DOUGLAS GUTHRIE.

PHARYNX

The modern view of the Tonsil Problem. KAHLER (Otto). (*Wiener Klin. Wochenschrift*, xxi, 50.)

In this lengthy article (fifteen columns) the author first fully discusses the various recognized theories regarding the physiological function of the tonsils, without making any material contribution to this problem, and then considers in all its bearings the question of so-called chronic tonsillitis with special reference to its connection with general ill-health.

Whilst it is easy to decide for or against the removal of infected tonsils which are causing recurrent local disturbances it is often a matter of considerable difficulty to decide if and to what extent an existing chronic tonsillitis is responsible for general ill-health. The expression of purulent fluid on pressure is of greater pathologic importance than the expression of cheesy material. Microscopic examination of the material expressed is found to show a much larger percentage of leucocytes in those cases of general infection in which tonsils sepsis is a causative factor. The infective focus may, however, lie deeply in the tonsil that expression of its contents is not possible. Stress is placed upon the presence of tenderness and enlargement of the submaxillary glands as a sign of septic absorption. The history of the patient must still be looked upon as the surest means of estimating the culpability of the tonsils. Whilst in no sense an advocate of indiscriminate tonsillectomy, especially in children, the author is of decided opinion that efforts other than tonsillectomy, to ablate infected tonsils are to a greater or lesser degree to be regarded as ineffectual as a means of obtaining the desired removal of focal sepsis. Local therapy by pressure or suction is condemned.

Tonsillectomy cannot be considered a dangerous operation if carried out under suitable conditions and with the necessary safeguards.

The author has been very successful in his percentage of cures (50 to 80 per cent.) in cases of rheumatism. He favours tonsillectomy during acute attacks of tonsillitis (peri-tonsillar abscess) and maintains that the feared general sepsis does not occur because the operation is done at a time when the immunity of the organism is in a favourable position.

In conclusion the author states that in the radical removal of the tonsils we possess an indispensible and irreplacable means of removing focal sepsis.

Several illustrative micro-photogravures of sections accompany this article.

J. B. HORGAN.

Small Flat Pharyngeal Tonsils (Adenoids) which looked completely healthy but which were the seat of a severe focus of infection. K. KOFLER. (*Wiener Klin. Wochenschrift*, xxvii, 51.)

Three cases (ages 16, 20 and 23 years) are described in which the removal of the faucial tonsils was undertaken on account of severe general infection. In each of these cases the adenoid mass which was small, quite flat and looked quite healthy was removed almost as an afterthought, the opportunity being taken to remove a further potential source of infection in a case of undoubted focal infection. In each case there was ultimate macroscopic evidence of gross purulent and encysted infection and the opinion is expressed that without adenectomy the subsequent improvement in health could not have been attained.

J. B. HORGAN.

ŒSOPHAGUS

The treatment of Cardiospasm. J. DOBERER. (*Wiener Klin. Wochenschrift*, xiii, 5.)

The writer is a strong exponent of the method of dilation advocated by Professor H. Starks by means of a special mechanical (umbrella type) dilator. In its latest form this dilator has a mercury filled distal guide which enables the apposed dilating mechanism to be safely guided into the spastic area. The expansible portion has a circumference of 12 cm. when fully extended. In practice it is important that the actual dilation should be carried out rapidly and the success attending the proceedure is more immediate and lasting in those cases in which the operators' hand has the sensation of a resistant constriction suddenly giving way to considerable pressure rather than gradually as it would when dilating an elastic tube. The article is mainly a description of some typical cases with illustrative radiograms. From many years' experience of Stark's dilator the abstractor can testify to its safety and to the success which generally follows its use on a single occasion.

J. B. HORGAN.

Dangerous Foreign Bodies. EMIL WESSELY. (*Wiener Klin. Wochenschrift*, xlix, 50.)

A record of four unusual cases :

In one case a table-knife, two-thirds of which was in the stomach

and one-third in the cardia, was successfully withdrawn, following the œsophagoscope, without any untoward injury.

The other three cases were of needles the proximal ends of which were enveloped in wool and which were accidentally aspirated from the improvised tubes from which they were designed to be blown by children. This article is accompanied by a radiogram, a photogravure of the needles as extracted and two explanatory diagrams to illustrate the text.

J. B. HORGAN.

MISCELLANEOUS

Acute Non-suppurative Thyroiditis. CAPT. MIN SEIN, I.M.S. (*Lancet*, 1938, ii, 673).

The author describes a case in a Kachin sepoy, aged 25. Admitted suffering from two days' fever with rigors. The blood-smear showed benign tertian parasites. Apart from fever, there was intense sore throat. Three days later the temperature was normal, but a hard painful, somewhat tender swelling appeared between the larynx and anterior margin of the right sternomastoid in the region of the thyroid gland. There were attacks of epistaxis. The swelling reached its maximum size two days later. It gradually subsided and the patient was discharged from hospital in about twenty-two days.

It is noted that fifty-four cases only of acute non-suppurative thyroiditis have been published. No satisfactory explanation could be given in this case, but it might have been due to the administration of quinine to a sensitive patient or have been itself the result of malaria.

MACLEOD YEARSLEY.

The present status of Short Wave Diathermy. FRANK H. KRUSEN, M.D. (Rochester, Minn.). (*Jour. A.M.A.*, April 16th, 1938, cx, 16.)

The Council on Physical Therapy of the American Medical Association has authorized publication of this article.

Short wave diathermy has become the accepted term, at least in the United States, for treatment with short radio waves of wavelengths between three and thirty meters. The consensus of opinion seems to be that the effect of the various wavelengths between three and thirty meters is approximately the same. Short wave diathermy seems to produce deeper and more uniform heating and is more readily applied than a conventional diathermy.

Lack of a satisfactory method of determining dosage is a definite handicap in administering short wave diathermy compared with conventional diathermy. There is no demonstrable selective thermal action in the living body and apparently no specific

bactericidal effects other than those attributable to heat, either *in vitro* or *in vivo*.

Insufficient comparative studies have been presented to determine whether or not it is more effective in the treatment of suppuration than other simple forms of heating.

Devices of low energy output and treatments of five minutes duration or less have only a psychological effect.

The indications for the use of short wave diathermy are the same as those for the use of conventional diathermy.

ANGUS A. CAMPBELL.

REVIEW OF BOOK

The Nose, Throat and Ear for Nurses and Dressers. By MICHAEL VLASTO. Second edition. Faber & Faber, London. Price 7s. 6d.

It is very nice to see a second edition of this admirable little book. It is written so clearly and the presentation of the essentials of the various pathological conditions in a few words has been done so skilfully that the student may get more knowledge from it than from the reading of a much larger text book. As the book was primarily written for nurses the details of nursing and after care of the patients are a feature of the work and should be most helpful. The illustrations are extremely clear and well chosen, whilst the description of the operations is concise and explanatory. With regard to tracheotomy one regrets that the author seems to imply that the high operation is the one that is usually done, whilst in the after treatment of cases of laryngectomy enough stress has not perhaps been laid on the extreme importance of the constant care of skilled nurses for the whole twenty-four hours. The use of suction to keep an operation field bloodless or to deal with secretions is not referred to.

We hope that this book will soon find its way into every out-patient department and receive the welcome that it certainly deserves.

WALTER HOWARTH.