ABSTRACTS

EAR

Vertigo: its Neurological, Otological, Circulatory, and Surgical Aspects. W. Russell Brain. (*B.M.J.*, September 17th, 1938.)

In this comprehensive survey, vertigo is defined by the author as "the consciousness of disordered orientation of the body in space".

After discussing in some detail the nature of vertigo in its psycho-physiological aspect, the disorders giving rise to this symptom at different levels are enumerated and considered. Ménière's syndrome is discussed in some detail and the author urges the retention of the term as he claims that Ménière, in his original communications, gave a clear and masterly account of all the essential clinical features of recurrent aural vertigo.

Ménière originally drew attention to the following features:

(1) the sudden onset in; (2) a previously healthy auditory apparatus of; (3) functional disorders consisting of; (4) continuous or intermittent tinnitus with; (5) diminution of hearing; and (6) vertigo, uncertain gait, rotations, and falling which are accompanied by (7) nausea, vomiting and a syncopal state. He noted (8) the progressive character of deafness and observed that the hearing might be suddenly and completely abolished.

The author states that the modern clinician can add to this classical description only (9) the transitory loss of vision which may occur without loss of consciousness during an attack and (10) transitory diplopia.

The ætiology and treatment of Ménière's syndrome are discussed in some detail and a list of references to the literature is appended.

R. R. Simpson.

NOSE

On the prognosis of Septic Cavernous Sinus Thrombosis. J. Jeschek (Graz). (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 197.)

A case of mycotic cavernous sinus thrombosis in which recovery ensued is described. The thrombosis followed a dental extraction, and was complicated by a purulent meningitis. Operation on the ethmoidal and sphenoidal sinuses, despite negative findings, improved the clinical picture. The critical turning point of the illness appeared to be when the cerebrospinal fluid became sanguineous. This suggested a breaking through of the thrombo-phlebitis

into the sub-arachnoid space which was followed by spontaneous healing of the mycotic thrombus.

The fact that operation on the sinuses resulted in improvement, and a similar experience in connection with a case of otitic cavernous sinus thrombosis suggests that in the operative therapy of this condition the venous system (jugular and orbital veins, lateral and petrosal sinuses) can be employed to divert infective material from the cavernous sinus. This appears to be the only physiological method of accomplishing such a result.

DEREK BROWN KELLY.

Technique of the Sub-periosteal Endo-external operation for Fronto-ethmoidal Sinusitis. E. I. MATIS. (*Revue de Laryngologie, Otologie, Rhinologie,* September-October 1938.)

Except in the case of large and loculated frontal sinuses, the author uses an endonasal approach. Through an incision over the pyriform opening, the periostium is separated from the parts of the ascending process of the superior maxillar, nasal and lachrymal bones, and the medial portion of the floor of the frontal sinuses. The nasal mucosa is also separated from the bone and a flap formed anterior to the middle turbinate.

Removal of a section from the ascending process gives access to the frontal sinus, ethmoid, and sphenoid.

Where the frontal sinus is large and loculated, a small supplementary incision over the outer half of the eyebrow gives enough room to remove the mucosa and the floor.

Apart from cosmetic advantages, the author claims that a conservation of the soft tissues hastens healing.

C. GILL-CAREY.

TONSILS

Cystic New growths of the Tonsils. Z. SZOLNOKY (Budapest). (*Monatsschrift für Ohrenheilkunde,* 1939, lxxiii, 219.)

Three cases of tonsillar cysts together with the histological findings are described. In one case the author assumes that the cyst originated in an aberrant germ centre produced in the development of the tonsil. The fact that no evidence of inflammation was discovered on histological examination supports this view. Such cases are extremely rare in the literature.

In other cases the cyst is formed by the closing of a crypt or lacuna from inflammation. The contents are then in the nature of epithelial débris. Signs of inflammation are usually present. The inner wall of the cyst is lined with multi-layered pavement epithelium, and masses of dead cells cause the enlargement of the cyst.

DEREK BROWN KELLY.

Larynx

The Biological Significance of the Tonsils and Adenoids and other external Lymphoid Masses. P. W. LEATHHART, B.A., M.B., B.Ch. (*British Medical Journal*, October 22nd, 1938.)

After a discussion of this subject the author concludes that :—

(1) The function of an external mass is to collect the micro-organisms from food or air and to grow those to which an immunity is needed.

(2) The condition " enlarged tonsils " alone is definitely an indication against their removal.

(3) The adenoid facies is more commonly caused by catarrhal sinusitis than by an adenoid mass.

(4) Catarrhal sinusitis can be treated successfully in a large number of cases without operation, by giving a " nasal aperient ".

(5) Tonsils and adenoids at the present time are removed too frequently and without due consideration of their important biological function.

(6) Many cases of rheumatic fever and acute nephritis that are going downhill can be cured or greatly benefited by removal of the " carrier organ ".

R. R. SIMPSON.

LARYNX

Cancer of the Larynx. CHEVALIER JACKSON, M.D., and CHEVALIER L. JACKSON, M.D. (Philadelphia). (*Jour. A.M.A.*, November 26th, 1938, iii, 22.)

There is so much overlapping of clinical evidence that a conclusive opinion is not warranted. Since the year 1930 the results from irradiation have very greatly improved. Endoscopic removal of small growths while possible is not recommended. Small growths on the tip of the epiglottis may be successfully removed by this method, but if the lesion has extended downward it becomes one of the most fatal of all cancers because of the leakage into the base of the tongue. For all growths of this latter class, irradiation is the only hope.

The number of laryngectomies is decreasing, and this operation should be reserved for the physically fit. Alcoholic addicts and poor surgical risks are irradiated. Extrinsic cancers are best treated by irradiation. Laryngofissure is advisable for every small early growth anywhere in the intrinsic area in a patient free from general organic disease regardless of Broders types of malignancy. Of forty patients on whom this operation was done between 1930 and 1934 80 per cent. are free from recurrence three years after.

For an advanced but still intrinsic growth of grades one and two in a patient free from other organic disease laryngectomy is advised, but irradiation is preferred for grades three and four. Intrinsic growths with glandular metastases should be irradiated

regardless of grading. In a general way extrinsic growths are considered less amenable to operation and more amenable to irradiation as compared with intrinsic lesions. Small growths in the anterior commissure may be successfully removed by dividing the thyroid cartilage from the outside with a saw rather than clipping through the growth with shears.

Before doing any operation on the larynx the lower border of the growth should be carefully investigated. If any tenderness is found perichondritis is probable and operation is contra-indicated.

A lateral roentgenogram is often valuable as a graphic representation of a laryngeal growth.

The article is illustrated, has eight tables and a bibliography.

ANGUS A. CAMPBELL.

A new and Function-restoring operation for Bilateral Abductor Cord Paralysis. BRIEN T. KING (Seattle). (*Jour. A.M.A.*, March 4th, 1939, cxii, 9.)

In this preliminary report the discussion is limited to a consideration of those cases of bilateral recurrent nerve paralysis which follow operations for goitre. So far tracheotomy has functioned more uniformly and satisfactorily than any other method. To get rid of the tracheotomy tube the writer borrowed from orthopædic surgeons the idea of transposing the tendons of functioning muscles to replace those of paralysed muscles. The opposing suprahyoid and infrahyoid groups of muscles are both voluntary and involuntary and are intimately concerned with the function of the larynx. From these muscles the omohyoid was chosen. The success of this operation is primarily due to the previously developed habit of this muscle to contract automatically during inspiration.

Preliminary tracheotomy should always precede this operation by at least four weeks. Through an incision along the anterior border of the sternomastoid muscle the omohyoid is identified. The fibres of the inferior constrictor are cut and the œsophagus separated from the posterior spinous border of the arytenoid cartilage without making an opening either into the œsophagus or the larynx. The posterior border of the arytenoid cartilage is scraped clean and the cuffed end of the omohyoid is attached to it by silk sutures which pass through both the muscle and arytenoid cartilage.

Three patients have been operated on by this method. Patients one and two now have sufficient airway to sustain them in ordinary activity. Patient three has a good voice but not sufficient airway and the writer feels further technique of laryngeal reconstruction will have to be undertaken to deal with the various adhesions and muscle contractions which have resulted from prolonged disuse.

The writer feels it is too early to know what the final outcome will be, but the results so far justify further trials.

The article is freely illustrated and has a bibliography.

ANGUS A. CAMPBELL.

Treatment of Carcinoma in the Pharynx and Larynx by Irradiation. C. HAMBLEN-THOMAS. (*B.M.J.*, August 27th, 1938.)

It is the author's opinion that where an operation can be adequately performed, that is the treatment of choice. The results of operation are more satisfactory than those of irradiation alone.

All patients undergoing irradiation treatment should be treated as in-patients. Radium has its own particular uses and so has X-ray treatment, and these are discussed in the article.

R. R. SIMPSON.

ŒSOPHAGUS

Congenital Atresia of the Œsophagus. J. W. D. BULL. (*B.M.J.*, November 12th, 1938.)

A report of a case of congenital atresia of the œsophagus with tracheo-œsophageal fistula is given.

The indications are that the anomaly occurs much more often than is generally believed.

The anomaly is nearly always associated with other congenital lesions.

It produces a quite characteristic syndrome, which if kept in mind makes a clinical diagnosis relatively simple.

Auxiliary methods of diagnosis are mentioned.

Death has occurred within four weeks in every recorded case.

R. R. SIMPSON.

MISCELLANEOUS

Intranasal application of Pollen Solution in Hay Fever. CLEMENT FRANCIS. (*B.M.J.*, June 11th, 1938.)

The advantages of intranasal inoculation in hay fever are that it can conveniently be used in conjunction with other methods, that it provides a means of giving relief to patients during an attack, and that it increases the resistance to pollen of patients who are intolerant of injection methods.

While it is not asserted to be a method which by itself results in complete cure, it can often be advantageously employed in cases where other means have failed or have only been partly successful.

R. R. SIMPSON.

Surgical Anatomy of the Subtentorial Angle with special reference to the Acoustic and Trigeminal Nerves. E. P. STIBBE. (*Lancet*, 1939, i, 861 and 918.)

The author enters fully into his subject. He defines the subtentorial angle (containing the VIIIth and Vth cranial nerves) and

discusses its boundaries and contents. The relations of the VIIIth nerve are such that cardiovascular disease might directly irritate the nerve, causing vertigo and tinnitus. In man and monkeys the auditory part of the VIIIth nerve can be resected apart from the vestibular and Stibbe describes the operation in monkeys. He gives a brief history of the parietal extradural and the transcerebellar intradural methods of approach to the trigeminal nerve. He states that there is anatomical reason to anticipate possible recurrence of symptoms after post-gasserian resection of the Vth nerve, and that Dandy's proximal partial resection destroys the spinal-root (protopathic) fibres.

MACLEOD YEARSLEY.

Concerning a case of Cylindroma of the Hard Palate. P. JACQUES and P. FLORENTIN (Nancy). (*Les Annales D'Oto-Laryngologie*, January 1939.)

The term cylindroma is applied to special form of epitheliomatous tumour usually in the neighbourhood of the upper respiratory and upper digestive tracts. A description is given of the histology of these tumours with microphotographs. A case is quoted in detail of such a tumour which had its origin in the left nasal fossa and which at first was taken as a case of chronic ethmoiditis with polyposis. The fact that there was a large perforation of the hard palate suggested that the case might be specific, and although the Wassermann reaction was at a later date found to be completely negative, a considerable amount of time was lost treating the case on antisyphilitic lines. The true nature of the case was revealed by a biopsy, and radium therapy was instituted " with encouraging results ". The authors then report in considerable detail a study of the histopathology of this particular tumour and contrast the features with those found in the cases of other cylindromata which have already been reported.

M. VLASTO.