ABSTRACTS.

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Authors of Original Communications on Oto-laryngology in other Journals are invited to send a copy, or two reprints, to the JOURNAL OF LARYNGOLOGY. *If they are willing, at the same time, to submit their own abstract (in English, French, Italian or German) it will be welcomed.*

PHARYNX.

Tonsillitis with Buccal Spirochætes.—Trétrop (Antwerp). "Proc. French Soc. of Laryngol., Otol., and Rhinol.," May 15, 1912.

The author reported three cases of this affection. The patients had a swelling of the entire pharynx, which was copper-coloured and covered with greyish exudate; glandular enlargement was marked. One of the patients had some days after abatement of the first symptoms an abscess of the auditory meatus and neck, both on the same side as the primary tonsillitis. Protargol seemed in these cases more efficacious than iodine.

H. Clayton Fox.

A Frequent Complication of Adenoidectomy Revealed by Bronchoscopy.—Guisez (Paris). "Proc. French Soc. of Laryngol., Otol., and Rhinol.," May 15, 1912.

The author reported several cases of broncho-pneumonia with dyspnœa and elevated temperature following adenoidectomy; a purulent vomica generally terminates this complication. Summoned to a child suffering from severe dyspnœa after adenoidectomy, the author performed bronchoscopy and found a large adenoid mass astride the tracheal spur, which almost completely obstructed the two bronchi. These mishaps appear to be pretty frequent, and to avoid them the author advises pressing the tongue depressor against the pharynx and to incline the head rapidly when the curette has cut through the vegetations.

H. Clayton Fox.

NOSE.

A New Contribution to the Treatment of Ozæna by Nasal Functional Re-education.—Robert Foy (Paris). "Proc. French Soc. of Laryngol., Otol., and Rhinol.," May 15, 1912.

In this communication the author recalled the principles of the method. After a period of nasal infection for a week or two (injections of peroxide of hydrogen, powdered boric acid, iodine collunaria), the patient is submitted to thoracic and nasal respiratory re-education by means of cold compressed air introduced into the air-passages under regulatable pressure up to 100 kilos. and in physiological rhythm. The patients are, moreover, instructed in very simple breathing exercises. The cleansing, drainage and mechanical action of massage which this method involves re-awakens the sensibility of the mucosa, re-establishes the circulation, expresses secretion from the glands, increases functional activity of all the organs, and improves the general health. This treatment does not

exclude the usefulness of paraffin, although it may in itself suffice in the great majority of cases. Paraffin still remains an excellent means of completing the cure obtained in the first stage of the treatment. Owing to the presence of paraffin the inspired air acquires a greater pressure, the expired air, charged with aqueous vapour and carbonic acid, acts on the mucosa in a more protracted manner, and lastly nose-blowing, and consequently drainage, are facilitated. The author estimates that 60 per cent. of cases are cured and 30 per cent. considerably improved by this method. By cure must be understood suppression of crusting and odour, re-establishment of good breathing, ability to dispense with lavage, and improvement in general health. *H. Clayton Fox.*

LARYNX.

A Rare Case of Papillomatous Laryngeal Leucoplakia.—Etienne Jacob (Paris). "Proc. French Soc. of Larygol., Otol., and Rhinol.," May 15, 1912.

A man, aged thirty-nine, consulted the author for hoarseness of fourteen months' duration. General health good. Neither cough nor wasting; no syphilis; no tuberculosis. The patient was a moderate smoker, but over-used the voice in shouting to his horses. The only functional trouble was dysphonia (voice batonal). A tumour the size of an almond covered the anterior three-quarters of the right vocal cord. It was in appearance greyish-white, villous and horny; the posterior quarter of the cord, alone visible, was red. The left cord was very hyperæmic and ulcerated at its free border. Both cords were normally mobile. Examination of a portion of the growth revealed a leucoplasic papilloma, with extensive proliferation of the submucous tissues, eleidin formation, and considerable thickening of the horny layer. On January 2, 1912, the growth was removed intra-laryngeally with Ruault's forceps, followed by deep cauterisation of the seat of implantation. The tumour was inserted by a narrow pedicle on the anterior third of the upper surface of the right cord. Three months later all there was to be seen was a cicatrix the size of a small lentil, slightly retracted and a little greyer than the rest of the cord. This case is interesting (1) from an ætiological point of view—over-use of the voice; (2) the considerable size of the growth; (3) the histological structure (abnormal thickness of the stratum corneum). *H. Clayton Fox.*

ŒSOPHAGUS.

Galvano-cautery with Protected Blade for Dividing Caoutchouc Dentures Impacted in the Œsophagus.—Claoué (Bordeaux). "Proc. French Soc. of Laryngol., Otol., and Rhinol.," May 15, 1912.

The author exhibited a cautery, the shape of a pruning-knife, which had been of great service in dealing with a denture impacted in the œsophagus about 24 cm. from the dental arch. The œsophagoscope dilator first used thoroughly dilated the œsophagus above the foreign body, but not in the situation of the denture, which remained fixed. The cautery was then introduced, with its blade on the flat, against the œsophageal wall until it arrived beneath the body; the blade was then

turned so as to engage it. Having turned on the current, traction was made with counter pressure by means of the œsophagoscopy tube. Division of the denture was easily effected and the two fragments were removed. *H. Clayton Fox.*

EAR.

The Reconstruction of the Mastoid Wound Cavity by the Use of Bone-grafts and Chips.—Eagleton. "The Laryngoscope," May, 1919, p. 272.

The two reported cases demonstrate that with a proper technique the infection in the mastoid area can, in certain cases, be sufficiently eradicated to allow of the introduction of a bone-graft and chips, filling the cavity with tight closure of the soft parts. This procedure reconstructs the mastoid area and eliminates subsequent painful dressings with the associated danger of secondary infection. After the primary (Schwartze) operation the wound is left widely open. The Carrell Dakin's method of wound sterilisation is instituted, and when the bacterial count shows a surgically sterile wound cavity the skin and granulations are excised, the latter as far into the bone-cavity as possible. One large bone-graft from the tibia and many bone-chips are placed in the mastoid cavity—enough to fill it. The wound is sutured in layers—periosteum, fascia and skin—and covered with a light dressing. Upon discharge from hospital the mastoid area was flat, the scar almost imperceptible and the hearing normal.

Eagleton appears to hold that his bone-graft method is better than the "blood-clot." He states that blood-clot *once* infected is a most favourable medium for the growth of bacteria. As the middle ear often remains infected, the immediate infection of the blood-clot is so frequent that as a method of treatment of mastoid wounds it has been largely abandoned. During the war it was demonstrated that an infected wound can be converted into an aseptic wound, and then treated as a clean wound, closed, and primary union obtained.

J. S. Fraser.

Fibrosis of the External Auditory Canal and Mastoid Region.—L. W. Dean and Margaret Armstrong. "The Laryngoscope," June, 1919, p. 365.

Dean and Armstrong record the case of a male, aged twenty-two, who ten years ago was subjected to a very severe pull on the left ear, which seemed to tear the ear loose from the head. Since that time the ear has stood out from the head very prominently. The patient first noticed impairment in hearing about eight years ago. One week ago he developed a severe pain in the left ear. Hearing in left ear: Whispered voice, 2 feet; spoken voice, 25 feet. On pulling the auricle up and back so as to open the external auditory canal, which was closed, the whispered voice was heard at 10 feet and the spoken voice at 35 feet. There was swelling over the mastoid region, but no tenderness either in the canal or over the mastoid. The usual incision for a mastoidectomy was made. Underneath the skin there was a large mass of soft fibrous tissue, intimately attached to the cartilaginous portions of the external auditory canal. Over the mastoid this fibrous tissue was 1½ inches in depth. Almost all the fibrous tissue was removed and the antro-meatal mastoid operation performed. A few months later he returned with the

ear protruding as before, and the same kind of tumour (?) present. This time the fibrous tissue was followed to its termination in all directions. One year after the second operation there is no sign of recurrence.

This tumour-like growth was no doubt a fibrosis, the result of the injury. *J. S. Fraser.*

MISCELLANEOUS.

Projectile Impacted in the Base of the Skull: Extracted by the Bucco-pharyngeal Route.—Jacques (Nancy). "Proc. French Soc. of Laryngol., Otol., and Rhinol.," May 15, 1912.

Radiography has rendered great service in the localisation of foreign bodies, but simple exploration *per vias naturales* is sometimes very useful. In the case reported by the author it concerned a young man who had received a revolver bullet of 6 mm. calibre, fired from a distance of 2 m. The projectile penetrated the cheek, and after the accident he experienced nothing serious. A radiogram, in antero-posterior projection, revealed the bullet situated $11\frac{1}{2}$ cm. beyond the base of the maxillary sinus. It was difficult to localise the body precisely. Post rhinoscopy enabled the author to see the orifice of entry of the ball situated in a mass of adenoids, which warranted him in assuming that the bullet must have glided on the basilar process and become engaged in the occipital condyle. During the operation the author found nothing on palpating the region; he dissected the fibrous coverings of the basilar process and then felt a hard body, but could not see it. Hæmorrhage prevented further exploration. A landmark was placed on the point where the foreign body had been felt, and the next day a fresh radiograph was taken. It was then possible to see, in lateral view, that the bullet was situated against the basilar process, 1 cm. from the landmark, and that in antero-posterior projection it coincided with it. Extraction was then an easy matter. Trouve's probe was utilised for the exploration, and gave every satisfaction. *H. Clayton Fox.*

REVIEWS.

Concerning some Headaches and Eye Disorders of Nasal Origin. By Greenfield Sluder, M.D. With 115 Illustrations. London: Henry Kimpton, 1918. Pp. 272. Price 35*s.* net.

Three subjects are very completely dealt with in this handsome and well-illustrated book, namely, vacuum frontal headache with eye symptoms; secondly, the syndrome of nasal (naso-palatine) ganglion neuroses; and thirdly, "hyperplastic sphenoiditis" and its effects upon the adjoining nerves.

All of these are matters which seem to have been generally overlooked or neglected—not exclusively by British workers perhaps. And as it is now twenty years since Dr. Sluder began to draw our attention to the frontal vacuum headache, it must be admitted that he certainly has grounds for complaint at our tardiness in recognising this particular symptom-