

ABSTRACTS

EAR

Therapeutic and Toxic Effects of Streptomycin in Otology. LUZIUS RUEDI, Zurich. *Laryngoscope*, 1951, lxi, 613.

Therapeutic Effects. With a personal experience of 101 cases, the author is impressed by the favourable results of tuberculous otitis media treated with streptomycin. All the cases occurred in the course of a pulmonary tuberculosis, probably by hæmatogenous dissemination. A single rapidly-growing perforation was found more often than multiple defects which soon merged. Even in the early stages of the disease, X-ray showed veiling of the mastoid air-cells. In this exudative type with perforation, definite improvement occurred in 94 of the 101 cases in which streptomycin was applied locally. In the infiltrative type of tuberculous otitis media without perforation of the tympanic membrane there was a striking discrepancy between the rapidly increasing loss of hearing and the slight changes in the drumhead.

Toxic Effects. It is very difficult to assess the extent to which hearing-loss following streptomycin therapy is due to the drug itself, as the only histological material available has come from cases of tuberculous meningitis which itself may cause such deafness. However, the author has made experimental histological studies in guinea-pigs and correlated his findings with those obtained from human temporal bones. Five guinea-pigs were given streptomycin and all the animals showed varying degrees of loss of sound-perception during its administration. Subsequent histological examinations showed pathological changes in every case, particularly in the organ of Corti, but also in the spiral ganglion and in the nerve-fibres leading to and from the ganglion. Eleven human ears in patients dead of tuberculous meningitis (and previously treated with streptomycin) showed degenerative changes which agreed to some extent with the histological lesions produced experimentally in animals. The author concludes that the cochlear impairment following streptomycin therapy in tuberculous meningitis is at least partially caused by the streptomycin.

J. CHALMERS BALLANTYNE.

Malformations of the Auricle and the External Auditory Meatus: A Critical Review. FRANZ ALTMANN, New York. *Archives of Otolaryng.*, 1951, liv, 115.

This comprehensive review deals with anomalies in the position of the auricle, variations in the relief of the auricle, true malformations, auricular appendages, congenital fistulae and tumours. It includes consideration of variations in the formation of the external auditory meatus, exostoses and true malformations. The article, which does not permit of a brief summary, contains a bibliography of the available literature since 1930 and a selection of the more important earlier publications.

R. B. LUMSDEN.

Abstracts

LARYNX

Laryngeal Paralysis, with a Review of its Treatment. GEORGE E. HODGE and ARNOLD GROSSMAN, Montreal. *Canadian Medical Association Journal*, 1951, lxv, 251.

Paralysis of the vocal cords may follow thyroid surgery even under the best conditions, and the writers record an incidence of 12 per cent. in their own series of 100 consecutive thyroidectomies in which pre- and post-operative examinations of the larynx were made at the Montreal General Hospital. All major surgical procedures on the neck should be preceded by mirror examination of the larynx. Recovery may sometimes occur spontaneously, and for this reason operations for the correction of bilateral abductor paralysis should be withheld for at least one year after injury to the nerve. Speech therapy may assist greatly in the rehabilitation of these patients.

J. CHALMERS BALLANTYNE.

MISCELLANEOUS

Medical and Cytological Diagnosis of Bronchiogenic Carcinoma. SEYMOUR M. FARBER, San Francisco. *Laryngoscope*, 1951, lxi, 602.

Cough was reported in 75 per cent. of 1,070 cases of bronchiogenic carcinoma in which autopsy reports were available. Other symptoms were loss of weight, pain in the chest, hæmoptysis, dyspnoea, hoarseness and complaints attributable to the central nervous system and to metastatic masses. The most significant physical findings were tracheal deviation, pleural fluid, wheezing and clubbing of the extremities. If a unilateral wheeze occurred in a male over 35 years of age, it should be regarded as a bronchiogenic carcinoma until proved otherwise. Pleural fluid was almost as suggestive of carcinoma as a wheeze, and when clubbing was observed in the absence of a long history, bronchiogenic carcinoma must be the first consideration in diagnosis. "No diagnosis masquerades as something else more commonly than bronchiogenic carcinoma, and it most frequently appears in the guise of pneumonia." Bronchoscopy was completely negative in no fewer than 174 of the total of 397 cases which were submitted to this examination, and positive evidence was found in only 97. While one could not say that a positive bronchoscopy indicated inoperability, those tumours most amenable to surgery frequently lay outside the range of vision of the bronchoscope. Cytological diagnosis on specimens of sputum and bronchoscopic smears may be of value in early tumours and in some that are beyond the range of the bronchoscope. Of 241 cases so diagnosed, only 7 are known to be alive 11 months after operation. In an experience of 2,000 cases, the average survival after admission to hospital was six weeks.

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