

ABSTRACTS

EAR

Prophylactic and Therapeutic control of Vestibular disturbances with Dimenhydrinate. LESLIE N. GAY, Baltimore. *Journ. Amer. med. Assoc.*, 1951, cxlv, 712.

The writer reports results obtained by the administration of dimenhydrinate (50-100 mgr.) to patients with various types of dizziness, of labyrinthine as well as of central origin. Sixty-three patients were studied and of these 76.4 per cent. were greatly improved after taking the drug. Many of the patients had to continue with maintenance doses to remain free of dizziness. No untoward side effects were noted by the investigators. Dimenhydrinate should, in the author's opinion, be given to all persons with dizziness before contemplating section of the VIIIth nerve or destruction of the labyrinth. The article has eight clinical case reports, two tables and a bibliography.

ANGUS A. CAMPBELL.

LARYNX

Treatment of Tuberculosis of the larynx by Chemotherapy. LINDEN J. WALLNER, GEORGE C. TURNER, MEYER R. LICHTENSTEIN and HENRY C. SWEANY, Chicago. *Journ. Amer. med. Assoc.*, 1951, cxlv, 1252.

Seventy patients with laryngeal tuberculosis were treated with streptomycin and para-aminosalicylic acid. The patients were seen by a Therapy Board consisting of a surgeon, a radiologist and a chest surgeon, and the diagnosis was made from the history, the appearance of the larynx and in a few questionable cases by biopsy. Pain was completely relieved in all but two patients and the most spectacular results were seen in ulcerations and granulations. The disease progressed in three patients and remained unchanged in two others. Marked to complete healing occurred in thirty-seven patients. Some of the cases have been observed for over two years with maintenance of improvement. In a number of others there has been a recurrence of the activity associated with increasing trouble in the chest. Second courses of streptomycin are never very helpful. The writers feel that even in the more hopeless cases, chemotherapy is a useful palliative. The article contains three figures and a bibliography.

ANGUS A. CAMPBELL.

MISCELLANEOUS

Metastatic Adrenomedulloblastoma of the Pterygopalatine Fossa. W. O. LODGE and M. BROOKES, Halifax. *British Medical Journal*, 1951, ii, 584.

The authors report the case of a baby girl, aged 8 months, who was referred to the E.N.T. Department of a hospital because of a swelling in the right temporal region of three weeks' duration. There was no evidence of otitis media, the eyes

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were normal, the temperature varied from 99 to 100° F., blood count showed 4,520,000 red cells, 18,900 white cells, hæmoglobin 74 per cent. In hospital, the temporal swelling increased and proptosis developed, hæmoglobin fell to 18 per cent. Eventually a nodular mass became palpable beneath the left costal margin, which gradually filled the abdomen. Death occurred on the twenty-second day after admission. Post-mortem examination revealed a large tumour of the suprarenal gland, which had spread extensively, with several metastases in the cranium. Histologically, the tumour consisted of small round cells, with occasional pseudo-rosette formation, typical of neuroblastoma.

R. SCOTT STEVENSON.

Purulent Parotitis in the Newborn. H. KISCH, London. *Lancet*, 1951, ii, 450.

The author refers to a recent paper on this subject and reports a case of some interest. Some years ago an infant was admitted to the Central London Throat and Ear Hospital with an inflammatory swelling of the right parotid gland. On examination of the mouth a white object was seen in the orifice of Stensen's duct, which when withdrawn was followed by a gush of pus and the inflammation quickly subsided. It was a small feather from the pillow of the child's crib, so that the possibility of a foreign body in the duct should be considered.

R. SCOTT STEVENSON.

Ætiology of Aspirin Bleeding. J. MACLEAN SMITH and J. MACKINNON. *Lancet*, 1951, ii, 569.

It is well known that aspirin or salicylates in toxic doses will produce purpura and hæmorrhage; but it has also been suggested that normal doses of aspirin may cause hæmorrhage after tonsillectomy or tooth extraction. The authors give details of a case after tooth extraction, in which the patient had been taking ten to fifteen grains of aspirin daily to relieve pain before the first extraction and on admission to hospital for subsequent extractions bled after being given twenty grains of aspirin. The hæmorrhage was accompanied by prothrombinopenia and increased capillary fragility. It was demonstrated that this was proportional to the dose of aspirin taken and that it could be prevented by Vitamin K.

R. SCOTT STEVENSON.

Bell's Palsy: Ætiology, Clinical Course, and Treatment. J. A. JAMES and W. RITCHIE RUSSELL, Oxford. *Lancet*, 1951, ii, 519.

Some writers have suggested that a virus may be the cause of Bell's palsy, and the virus, if there be one, must invade the cells of the nerve-sheath and interrupt the motor neurones indirectly by causing a surrounding inflammatory reaction. It is probable that when Bell's palsy develops the nerve is being blocked by increased pressure within the facial canal which is secondary to some inflammatory or vascular reaction in the neighbourhood. The lesion may be in the nature of a transient block or it may progress to nerve degeneration, necessitating recovery by regeneration over a period of some months. Of a series of fifty-eight cases which reached a hospital out-patient department,

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the authors noted the two types of lesion with about equal frequency. In cases recovering by regeneration, mass innervation may be expected, though the disfigurement this causes varies considerably. Contracture also may develop in the affected muscles. Treatment can only hope to be effective if instituted within a few hours of the onset of the palsy, and the authors condemn as irrational the decompression operations advocated by Tickle, Kettel and others, if there is no recovery in six or eight weeks and the faradic response is negative. They suggest that a possible cause of the nerve lesion may be pressure upon or irritation into a state of spasm of the blood-vessels which enter the stylomastoid foramen from the neck, and put forward the possibility that preventing neck movements and administering a vasodilator, or perhaps performing a sympathetic block, might be helpful.

R. SCOTT STEVENSON.

Tracheotomy for prevention of Pulmonary complications in Post-operative and severely Debilitated patients. JOSEPH P. ATKINS, Philadelphia. *Journ. Amer. med. Assoc.*, 1951, cxlvi, 241.

Obstruction in the upper or lower airway may threaten life by asphyxiation or by lung complications. The indications for tracheotomy may be overlooked when the signs of obstruction are masked by debility. When routine measures fail to protect the lower respiratory tract because of an accumulation of secretion or failure of the cough reflex, tracheotomy and aspiration offers a safe and effective method of treatment. The article has four case histories and a bibliography.

ANGUS A. CAMPBELL.

Inaccuracy of four Chemical Procedures as Diagnostic tests for Cancer. RICHARD J. HENRY, SAM BERKMAN, Beverly Hills, California, MARSHAL S. LITTLE and RICHARD J. WINZLER, Los Angeles, California. *Journ. Amer. med. Assoc.*, 1951, cxlvii, 37.

The evaluation of four potential blood tests for cancer—the iodoacetic acid index, the methylene blue reduction time, the heat turbidity index and the mucoprotein level—has been carried out on 274 ambulatory individuals with cancer or with non-malignant diseases. Analysis of the results shows that these tests give correct results in only approximately 60 to 70 per cent. of the cases and thus cannot be regarded as accurate diagnostic tests for cancer. When the four tests are run as a battery and interpreted as positive if a minimum of two individual tests is positive, the correlation is slightly improved but still cannot be regarded as a test diagnostic of malignant disease. The article contains a chart, two tables and a bibliography.

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