ABSTRACTS

LARYNX

Direct Laryngoscopy and Tracheal Intubation. (*Lancet*, 18th November, 1944.)

Freda Bannister and Ronald Macbeth point out that direct laryngoscopy is not a difficult technique provided the correct anatomical principles are understood. It is a simple manœuvre provided the patient is adequately anaesthetized, the neck flexed and the head extended about the atlanto-occipital joint. Leverage on the upper teeth and consequent risk of damage thereto is unnecessary and condemned. The paper is well illustrated by diagrams and X-ray photographs, and the new instruments used are figured and explained.

MACLEOD YEARSLEY.

EAR

The Radiological Diagnosis of Mastoiditis P. REGULES and N. CAUBARRERE. (*Anales de Oto-rino-laringologia del Uruguay*, 1944, vol. xiv, no. 1.)

This useful study of the radiology of the temporal bone is illustrated by a series of excellent radiograms. The fact that in 19 cases, of a total of 24, it was possible to demonstrate the presence of mastoiditis by radiography, illustrates the importance of the diagnostic aid. It is particularly useful in mastoiditis due to pneumococcus mucosus and also mastoiditis which has been treated by sulphonamides, as the clinical signs are apt to be obscured in such cases.

DOUGLAS GUTHRIE.

Otitis Externa in New Guinea. A. F. QUALE. (*Med. Jour. of Australia*, vol. xxxi, No. 10, September 2nd, 1944.)

The author found that otitis externa was prevalent among Australian troops in New Guinea, accounting for 40 per cent. of oto-laryngological cases in hospital and 30 per cent. attending as out-patients. The condition was most frequently unilateral more common in the hot season and usually of the desquamative type, popularly known as " tropical ear ". It consisted in a swelling desquamation of the deep part of the meatus which sometimes became entirely blocked. Pain was the prominent feature and was sometimes severe. After removal of the debris the wall of the canal was red and moist, the tympanic membrane sharing in the process.

Bacteriological examination suggested that the cause was an infection with *Pseudomonas pyocyaneus* or coliform bacilli. These organisms were not found in normal ears ; the usual flora of the normal ear consisted of staphylococcus albus and aureus and diphtheroid organisms which were also found, although less frequently, in ears affected by otitis externa. *Pseudomonas pyocyaneus* and coliform bacilli did not occur in any of the normal ears examined. Otitis externa was rarely seen in natives, probably because the external auditory

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canal of the native is wider and straighter than that of the Australian, so that the tympanic membrane may be easily seen without the aid of a speculum. This better ventilation enables sweat to dry more quickly, and any water accumulating during washing or bathing runs out more easily. Although swimming in infected water may be one factor in causing otitis externa, it occurred in many patients who had not been swimming at all. The most effective treatment consisted in removing as much debris as possible and then packing the canal with ribbon gauze soaked in 10 per cent. sulphanilamide ointment with ½ per cent. gentian violet. This is left in for 48 hours and if swelling then remains, the packing is reapplied for another 48 hours ; the ear is then dried and painted with ½ per cent. gentian violet in Spir. vin. rect. This may be combined with the insufflation of a little sulphanilamide powder. Silver nitrate solution has been found less effective.

This useful paper is illustrated by five interesting statistical tables.

DOUGLAS GUTHRIE.

MISCELLANEOUS

Sun-Bathing and Sea-Bathing in relation to Oto-Rhino-Laryngology. M. RUIS. (*Anales de Oto-rino-laringologia del Uruguay*, 1944, vol. xiv, no. 1.)

Textbooks of oto-laryngology seldom devote any space to an account of the pathology of the beach and of the swimming pool, which is nevertheless of great importance and frequency. Man possesses no defensive mechanism to enable him to close his nostrils, and the entry of water into the nose dissolves the protective mucus, interferes with ciliary activity, and causes swelling of the mucosa. The writer advises the use of a vulcanite nose-clip as a means of protection.

Prolonged sun-bathing may produce pharyngitis and laryngitis which shows itself as a diffuse erythema, giving rise to a sensation of heat in the throat and slight hoarseness. Subjects who are liable to this should restrict the time of exposure. Otitis resulting from sea-bathing is well-known to otologists, and in the author's experience the majority of such cases are complicated by sinus thrombosis or by intra-cranial infection. Persons having a perforation of the drum-head, or who suffer from otitis externa, ought not to enter the water. For others, a soft rubber ear-plug is advised. Nasal sinusitis is another frequent result of sea-bathing. It is of staphylococcal origin and is best treated by sulphathiazole. The author suggests that the following information should be made known at all bathing resorts.

1. Persons suffering from a cold should not bathe.
2. Sea baths should not last longer than half an hour.
3. The nostril should be protected by a nasal clip.

DOUGLAS GUTHRIE.

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