The prognosis of post-pharyngeal lymphadenitis or abscess is always doubtful, owing to the numerous complications that may arise—notably, invasion of the mediastinum. The treatment should be by incision, either through the mouth or the neck. Spontaneous opening or resolution should never be waited for. Cases of undoubted abscess can be satisfactorily treated through the mouth by incision with a hidden-bladed knife, or a knife cutting only at the point. Care must be taken that the wound is not allowed to close too quickly, and that the pus is freely evacuated. Other cases remain which must be opened from without. These are mostly complicated cases—*e.g.*, cases with external abscess or tubercular cases—or, again, hard, swollen, but not suppurating, glands.

Pericesophageal abscesses arise from injuries or diphtheria (an interesting case by Baginsky) of the œsophagus.

Perilaryngeal or tracheal inflammations or suppurations arise chiefly in connection with diphtheria and scarlatina, and the treatment of the same by tracheotomy or intubation.

"1. Suppurations in the neck can arise from intubation, just as from tracheotomy. They are due to pressure and necrosis. The principal symptoms of peritracheal suppurations are (1) continued stenosis, (2) impossibility of removing the tube, (3) decrease of the period between extubation and reintubation, (4) the course of the fever, and (5) the local condition—tenderness.

"2. These conditions, as a rule, are indications for tracheotomy, which should not be put off too long, as frequently the diagnosis is made only with the incision.

"3. The length of time the tube is worn gives in itself no indication for tracheotomy, because in some cases the tube can be removed after eight to fourteen days. Extubation must be attempted every twenty-four hours. The time it can be kept out gradually increases in successful cases.

"4. Pneumonia is not a contraindication to intubation, but so soon as expectoration becomes difficult, the pulse small, and cyanosis and dyspnœa continue, tracheotomy must be resorted to.

"If one intubates a larynx with intact mucous membrane (laryngitis, acute spasmus laryngis) the tube must not be left long in position."

The author considers that there is more danger in intubating for scarlatina, or even laryngitis or laryngospasmus, than for diphtheria. In the latter the membrane seems to form a protecting coat on which the end of the tube can rest more or less harmlessly.

The rest of the paper treats shortly of the surgery of the mediastinum.

Arthur J. Hutchison.

EAR.

Claoué.—*Aural Affections and Fitness for Military Service.* "Annales des Mal. de l'Oreille et Nez," July, 1897.

A *résumé* is given of the regulations which exist on this point in the army medica departments on the Continent, together with the suggestions of Delstanche and Broemer and those of the author. The paper, interesting only in its details, should be read in full by those whom it concerns. Various stratagems for detecting malingering are quoted. It would appear that the most useful and least variable test-sound is to be found in the loudest whisper which can be produced with the air remaining in the lungs after a moderate expiratory effort (residual air).

Ernest Waggett.

Du Fougeray, Hamon.—*A Case of Primary Epithelioma of the Tympanum, following Suppurative Middle-Ear Disease of Twelve Years' Duration.* "Annales des Mal. de l'Oreille," Aug., 1897.

THE patient was a woman of forty-three, with otorrhœa of twelve years' standing, who, during the latter half of 1895, developed a partial facial paralysis on the affected (left) side. In September, 1896, shooting pains were experienced, the suppuration increased, and hæmorrhages occurred. On examination, the inner third of the meatus was found to be intensely red; and on the posterior wall a small, readily bleeding granulation was seen. A similar granulation projected through a perforation of the membrane, which was red and swollen. The mastoid appeared intact. Operation was refused, and daily syringing procured some amelioration, the hæmorrhages ceasing. Later, the facial palsy increased and the mastoid became tender. Again refusing operation, the patient ceased to attend; and in March, 1897, the mastoid region had become much swollen, and, through a sinus in the violet-coloured skin over the region of the antrum, a fleshy granulation projected. The patient had suffered intense pain for some time.

Operation was performed, and the integuments towards the temporal and occipital regions were found to be undermined by soft, friable infiltration. The external wall of the antrum and the posterior wall of the meatus were wanting; and, in clearing the growth from the large cavity so created, the cranium was found to be opened and invaded. By the end of April speech became affected, and death ensued at the beginning of June. Autopsy was refused.

Microscopic examination of the tissue showed lobulated, stratified epithelioma, with numerous cell nests. The case appears to be unusual, firstly, on account of the early appearance of facial palsy, which is said, as a rule, to occur with or after the other symptoms; secondly, on account of the direction of spreading. In this case the course taken was mainly upwards, the growth ultimately involving the fissure of Rolando. As a rule, invasion appears to be directed towards the temporo-maxillary articulation, the parotid, the mastoid antrum, the trigeminal, the structures contained in the foramen lacerum posticum, and the petrous portion. No hæmorrhage took place when the great vessels were invaded. *Ernest Waggett.*

Lucae, A.—*Conservative and Operative Treatment of Chronic Purulent Median Otitis.* "Therap. Monat.," Aug., 1897.

LUCAE protests against the present tendency to over-much operation on the part of otologists. Many cases now operated on ought to be treated by prolonged local cleansing and medical applications.

In deciding whether operation is required or not, one of the most important indications is giddiness. This is of no importance if it is merely a transitory giddiness produced during syringing the ear, and ceasing immediately. But giddiness that is constant, or that when produced by syringing lasts a long time, and is accompanied by sickness, faintness, or vomiting, indicates caries spreading inwards and probably affecting some part of the wall of the labyrinth.

The duration of the otorrhœa and its probable cause—*e.g.*, scarlatina, etc.—are important points to consider. Attacks of acute pain occurring in the course of an otherwise painless otorrhœa, at once raise the suspicion of more deeply seated disease. In a general sense the very profuse is more serious than a slight discharge, and the more mucus in proportion to pus that is found in the discharge the less danger is present. Little scales of epidermis floating on the surface of the water that has syringed the ear are of no importance at all; but little lumps arranged in layers like onions, and that sink in the water, come from a cholesteatomatous mass, "one of the most deadly complications of middle-ear suppuration." These cases

frequently, but not always, require operative treatment. Lastly, discharge with a heavy smell, which smell will not disappear under treatment, is always suggestive of cholesteatoma.

These are some of the chief indications for operative treatment of purulent median otitis. The rest of the paper deals with the conservative treatment. Syringes with an india-rubber point are recommended, and tetra-borate of soda and formalin are both highly spoken of as disinfectants. *Arthur J. Hutchison.*

REVIEWS.

Castex (Paris).—*On Affections of the Voice.*

IN this work the author completes the research which he has already published in his work, "Hygiene de la Voix, Parlée et Chantée" (Paris, 1894). Generally speaking it is the diagnosis of a vocal affection which gives difficulty, the treatment being easier once the source of mischief has been discovered. The author studies the changes in the speaking and the singing voice in two different parts.

Speaking Voice.—Affections in this occur more frequently than in the singing voice, because the sum of the movements is greater, and also because the middle voice is alone employed. The affections of speech depend upon the quantity and quality. Simple weakness of the voice is often complicated with cramp, hoarseness, double voice, or it may be two, three, or more sounds. The therapeutics would include electrical treatment, massage, and other mechanical excitation in the region of the larynx, the important thing being the determination of the particular indications.

Singing Voice.—The affections here are more numerous and complicated. The author classes them according to their major symptoms, and deals with them in their order. Alterations in the timbre will be found in about forty per cent. of these affections. When the singing voice is tried two or three of the upper notes may be lost—the tone lowered; singing softly is almost impossible, while the sustaining of an increase or decrease during the singing of a note may be impossible.

With the laryngoscope there may not be much made out by way of a lesion. When we look to the causes of these affections, however, we may trace slight laryngitis (which may have been somewhat prolonged), over training or bad training of the voice, over fatigue, errors in classifying the voice, and in addition there may be constitutional conditions. For treatment, again, there must be absolute rest, massage, mechanical excitation, cold sprays intralaryngeally, and applied carefully by means of the laryngeal mirror, removal of granulations, adenoids, and such hypertrophies, electrical treatment, massage, attention to the training of the voice, and constitutional treatment. Dr. Castex in his work further treats of the affections high, middle and low voice, and also resonance, giving examples of these.