

beyond the persistent flow of mucus. On dissecting it out it was found to pass vertically upwards beneath the deep fascia of the neck to the basi-hyal, the upper end of the duct becoming incorporated with the thyro-hyoid membrane.

St. George Reid.

EARS.

Alderton, H. A.—*Cicatrix of the Membrana Tympani vibrating synchronously with Respiration and Pulse.* "Annals of Oph. and Otol.," Oct., 1895.

THE patient, aged sixty-four, had a cicatrix in the inferior anterior quadrant of the right membrane, which vibrated with respiration after inflation of the tympanum, until the air was exhausted, and after that synchronously with the pulse. The author attributes it to a dehiscence between the carotid canal and the tympanum.

R. Lake.

Armitage, Edward (Hawaii).—*Removal of a large Insect from the Human Ear.* "Lancet," Oct. 12, 1895.

A CASE in which a cockchafer, upwards of an inch long and five-twelfths of an inch broad, was removed from the external meatus. Slight pain and tinnitus, which it had caused, disappeared three hours after its removal. *St. George Reid.*

Bronner, Adolph (Bradford).—*On the Various Methods of Operating on the Mastoid Process and the Indications for the same.* "Lancet," Nov. 9, 1895.

THE author first deals with the dangers of unskilled surgery in this region, and then enumerates the symptoms indicating that an operation is necessary. He refers to the various authorities on the subject, their modes of operating, and the varieties of operation; and concludes by pointing out—firstly, that we should not operate unless acquainted with the anatomy and pathology of the part, and unless we have operated frequently on the dead body; secondly, that cases of persistent chronic otitis media should be carefully examined, and, if necessary, operated on; thirdly, that the use of the gouge or gimlet in operating is dangerous and incomplete; and, lastly, that we should not stitch up the wound, but leave a large opening.

St. George Reid.

Bean, C. E. (Plymouth).—*Otorrhœa, and Some of its Complications.* "Lancet," Nov. 9, 1895.

IN a paper read before the Plymouth Medical Society the author draws attention to the care which should be exercised in minor aural operations as regards anti-sepsis, etc., and refers to the use of cocaine as a hæmstatic. *St. George Reid.*

Buller, F.—*Removal of the Membrana Tympani and Ossicles.* "Montreal Med. Journ.," Oct., 1895.

A REPORT of five cases for an operation in chronic suppurative disease. In three, cured, cessation of discharge took place and hearing was improved, and in others the discharge was lessened and hearing improved in one.

R. Lake.

Burnell, C. H.—*Case of Intra-Mastoiditis, with Burrowing of Pus into Pharynx.* "Philad. Polycl.," Nov. 23, 1895.

THE patient, a man of sixty-two years, had suffered with post-nasal catarrh for four months, when he infected his left tympanum, causing rupture of the drum on

July 4, 1894; subsequent mastoiditis was relieved by Wilde's incision, Oct., 1894. In January, 1895, swelling occurred beneath the left sterno-mastoid, and by distension of buccinators he could force pus out of the ear, and also by pressure over the swelling. The bottom of the abscess was formed by the superior constrictor. The above swelling was incised, January 23, 1895, and when the reporter saw him, February 23, 1895, pyæmic symptoms had set in. By Valsalva's method pus and air could be forced out of the meatus, a perforation in the cartilaginous meatus, and the last-mentioned incision. The removal of this pus enabled the jaw to be shut easily, which had not been the case previously. By freely opening and draining the cavities a cure was obtained. *R. Lake.*

Knapp, H. (New York).—*On the Indications for Mastoid Operations in Acute Purulent Otitis Media, with Four Illustrative Cases.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

WITH cold applications, rest in bed, antiseptic cleansing of the ear, and early paracentesis, urgent symptoms may pass away even when the attic is affected. In the first case this was noticed. In the second and third operation was required. The fourth (influenzal) ended fatally from a relapse, rapid improvement having followed paracentesis. The patient was removed from the writer's further care, and the family practitioner was misled by a history suggesting a tendency to "cerebral attacks." He concludes that no one symptom by itself constitutes a sufficient indication for a mastoid operation—even choked disc—but only the *ensemble* of the symptoms and the course of the disease. He insists that, even if the patient recovers and does well (without operation), he should be kept under observation for weeks and months; and that, whatever the symptoms be, our operative procedure should commence with the opening of the antrum, the remaining interference depending on the conditions coming into view. He quotes Bezold's statistics showing that "about nine per cent. of all cases of acute middle ear suppuration are complicated with such a degree of mastoid inflammation as to make a spontaneous recovery improbable." *Dundas Grant.*

Moullin, Mansell (London).—*Three Cases illustrating the More Severe Complications of Middle-Ear Disease.* "Lancet," Nov. 23, 1895.

THREE cases illustrating the results that follow neglected otitis media. In the first case there was acute inflammation of the temporal muscle and of the squamous portion of the temporal bone; the cerebral symptoms were suggestive of intra-cranial suppuration, but were relieved on incising the pericranium and trephining the bone. In the second case there were marked pyæmic symptoms, with paralysis of the external rectus of the opposite eye; the sinus was opened and found full of clot, which was washed out, and the case did well. The third case was one of sinus thrombosis following long-standing otitis media; the mastoid antrum and cells were cleared out and the sinus laid bare, but the man died of pleurisy and pericarditis eight days after admission. *St. George Reid.*

Pitts, Bernard (London).—*Otorrhœa; Lateral Sinus Thrombosis; Operation; Recovery.* "Lancet," Aug. 10, 1895.

A CASE of chronic otorrhœa, with acute exacerbation, followed by symptoms of sinus thrombosis. The sinus was found to be filled with purulent clot. The internal jugular was tied at the level of the cricoid cartilage after the mastoid antrum and tympanic cavity had been exposed and scraped out. Recovery was very slow, and broken by four rigors at intervals, the temperature at one time reaching 106°. Two large abscesses formed in the neck and required incision. The patient was

convalescent in about ten weeks after the operation, but there was still slight discharge from the ear and mastoid opening. *St. George Reid.*

Scheibe, A. (Munich).—*Some Tumours of the Ear.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

FIRST: a *fibroma*, containing all the elements of the skin, excepting sweat-glands, occurring on the medial surface of the tragus. Secondly: a pedunculated *osteosarcoma*, which did not recur after removal, showing the more favourable prognosis as compared with pure sarcoma. Thirdly: three cases of *hairy granulation tumour* in the middle ear. The victim of one of these happened curiously to be the same individual who formed the subject of Weydener's observations ("Fifty-eighth Meeting of Germ. Naturalists and Phys.," Strasburg, 1885, p. 509), which forms the second of the three, the third being that of Kuhn ("Arch. of Otol.," Vol. XIV.). In Kuhn's there were no hair follicles, and therefore the case does not come within the category. In an old specimen of an aural polypus Knapp found hairs present, and found, on searching, the record of a condition of epidermization of the lining of the tympanum—a cholesteatomatous soil—which did not, however, account for the development of the hair. *Dundas Grant.*

Scheibe, A. (Munich).—*Anomalies of Formation of the Membranous Labyrinth in Deaf-Mutism.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

IN one case there were atrophic changes in the fibres of the cochlear branch occupying the first whorl, the corresponding portion of Corti's organ being reduced to a mere trace; while in the upper whorls it was lower than normal, the membrane being rolled up in the rudimentary way. This and other allied conditions indicated a congenital defect or arrest of development. The other case was described four years ago ("Arch. of Otol.," Vol. XXI., p. 12). In both the osseous capsule was normal. The author finds these observations in accord with Kölliker's description of the development of the cochlea. *Dundas Grant.*

Treitel (Berlin).—*A Case of Multiple Otitic Cerebral Abscess.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

A MAN, aged twenty-two, with right chronic suppurative otitis media since childhood, complained of severe headache; temperature 100° to 101°; later, diminution of consciousness, slight stiffness of neck, then drowsiness, left facial paresis, coma, and death. On autopsy there was found "an abscess in the lower surface of the right temporal lobe"; also one in posterior portion of the temporal lobe and adjacent part of the occipital, and several smaller ones further back. The entire attic was involved in disease. The obvious difficulties in the diagnosis are discussed.

Out of six thousand autopsies in the Berlin Pathological Institute twenty-one showed cerebral abscesses, seven of which were otitic (one-third of all). All seven were single, except one, in which the second abscess was on the opposite side, and another in which, possibly, the ramifications of the abscess indicated a coalescence of several. Of the fourteen non-otitic abscesses, five were multiple, some pyæmic, and in one case influenzal. Treitel only accepts statistics derived from autopsies, and holds that when a few days after the evacuation of a cerebral abscess recrudescence of symptoms arises and calls for a fresh incision, there has probably been merely retention from cerebral prolapse. *Dundas Grant.*

Turner, F. M. (London).—*A Case of Scarlet Fever; Otorrhœa; Thrombosis of the Lateral Sinus; Pyæmia affecting Right Elbow and Left Hip; Recovery.*

THE case of a boy, aged six years, who developed otorrhœa a fortnight after the appearance of scarlet fever. A rise of temperature was followed by symptoms

of intra-cranial suppuration. The mastoid antrum was opened, and some offensive fluid evacuated from the sigmoid sinus. The jugular vein was not ligatured. Fourteen hours after the operation the right elbow became swollen and painful, followed by pain in the left hip. The elbow was opened by a free incision, washed out with perchloride lotion, and drained. Four days after the hip joint was opened and some turbid fluid evacuated, and an abscess in the right gluteal region opened. The elbow did well, but the hip healed very slowly, a counter-opening having to be made fourteen days after the operation. The mastoid opening healed slowly, some pus having at one time to be evacuated and some dead bone removed. In a little over three months' time it was finally healed. The otorrhœa, however, persisted when last seen, five months after the operation. *St. George Reid.*

REVIEWS.

A B C Medical Diary, 1896. Burroughs, Wellcome & Co.

THIS is the handiest little visiting list and *vade mecum* we have seen. It contains a store of information, and all in the handiest form—poisons and antidotes, tables, equivalents, solubility, size and weights of drops, and other useful and necessary information—and is being presented to all the medical men of Great Britain, India, and Australia.

Clinical Sketches. Ed. : NOBLE SMITH.

THE editor of this enterprising journal is to be congratulated upon its success, and we wish to point out to our readers a few points in connection with the journal. Firstly, the price is reduced to sixpence monthly. It is an artistic as well as a literary journal of very high excellence, giving portraits and replicas of pictures of the utmost interest and of considerable value. In the last number (No. 12, Vol. I.) there is an article on "A Sanitary Garden" of more than usual scientific interest. The clinical sketches are well done and most useful, and fully up to the high standard aimed at by the editor. The portrait of John Hunter in this copy, as a work of art, is above praise.

The Physicians' Visiting List (Lindsay & Blakiston's), 1896. Blakiston & Co., Walnut Street, Philadelphia, U.S.A.

THIS visiting list contains the most useful information it is possible to conceive to aid in the writing of prescriptions, both in the apothecaries and metric system. The book is not made unduly bulky, and is to be highly recommended.

Chemists' Vest Pocket Diary and Ready Reference Book for 1896. Burroughs, Wellcome & Co., Snow Hill, London.

THIS is a handy little reference, carefully compiled to give at a glance any information required.