

the eyebrows measured $3\frac{1}{2}$ inches transversely, and $2\frac{1}{4}$ inches vertically. It was hard to the touch, but in places would give a crackling sensation. The tumour was very hard, like ivory, and was removed with difficulty. It weighed $2\frac{1}{2}$ ounces, and was found to be an osteoma. Healing was normal, and there is no sign of recurrence.

The other case, a man of twenty-seven years, had good health until a few months before. He first noticed a protrusion on the forehead three years before, and it had increased steadily in size. He had double exophthalmos and divergence. He had a double optic neuritis and was unable to read. Upon operating, an osteoma was found, filling most of the frontal sinuses, and so located as to obstruct drainage into the infundibulum. As a result, there was retention of mucus and pus with a number of polypi. The roofs of both orbits were partially destroyed, and the secretions had pushed the dura back so far as the finger could reach the petrous portion of the mastoid. Improvement was very marked after operation, the exophthalmos disappearing, and vision returning to nearly normal. *Oscar Dodd.*

Kraus.—*A New Instrument for Posterior Rhinoscopy.* "Annal. des Mal. de l'Or.," January, 1900.

This instrument consists of a tongue-depressor with a simple rhinoscopic mirror attached. The stem of an ordinary mirror slides in a tube affixed to the upper surface of the mirror, an arrangement which is simple and admits of adjustment to particular cases. The edges of the blade of the tongue-depressor are slightly elevated in order to avoid unnecessary irritation of the tongue in rotating the instrument for examination of the lateral wall. As one hand only is needed, post-nasal operations can be carried out without the help of an assistant.

Ernest Waggett.

LARYNX.

Bokay, Johann von (Buda-Pesth).—*Traumatism during Intubation; its Prevention and Treatment.* "Journ. Amer. Med. Assoc.," January 26, 1901.

The author states that he has operated on and observed more than 1,200 cases of intubation since 1898, and has noted traumatism in a series of cases. It may occur during the introduction of the tube, while it is in place, or when withdrawn. There may be simply denuding of the mucous membrane, or a false passage may be made. When it is necessary to introduce the tube frequently, or there is much subglottic swelling, the traumatism may be serious in the pathological condition of diphtheria. False passages were reported as early as 1887, and a number of cases have been reported since by different men. Among the 1,200 cases he had, four were fatal. They were in cases where repeated insertion of the tube was necessary, and where the symptoms were urgent, requiring haste. They were all in the ventricle of the larynx. *Oscar Dodd.*

Roger and Garnier.—*Experimental Thyroid Infections.* "La Presse Méd.," August 9, 1900.

The authors have investigated the effects of submitting the thyroid in rabbits and guinea-pigs to direct infection with cultures of staphy-

lococcus and of Eberth's bacillus. A ligature is applied to the carotid just above the point where the thyroid artery is given off, and the culture is injected into the carotid below the ligature. It is therefore carried directly to the gland. The results obtained depend on the nature of the micro-organism, the virulence of the culture, and the rapidity of infection. The effects produced by injecting a given culture into one carotid artery differ from those produced by injecting the same quantity of the same culture into both carotids. With attenuated cultures of staphylococcus interstitial lesions are obtained. These may consist in simple arteritis or in a more or less extensive accumulation of leucocytes in the tissues, the proper epithelial cells of the parenchyma being comparatively little affected. On the other hand, with more virulent cultures the epithelial elements are more and the interstitial tissue less affected. In one case, in which the rabbit lived for three months, the right lobe of the thyroid grew to a great size, and appeared like a sarcoma. Under the microscope it was found to consist of masses of epithelial cells with no definite arrangement. There was no trace of lobule, vesicle, or of colloid substance. Injection of typhoid bacillus produced two types of inflammation: first, an acute hæmorrhagic parenchymatous inflammation; secondly, a more chronic interstitial inflammation, resulting in sclerosis of the gland.

Arthur J. Hutchison.

Trumpp, J. (Munich).—*Intubation in Private Practice, and its Perfection.* "Journ. Amer. Med. Assoc.," January 26, 1901.

Intubation was received in Europe with great reserve, as it was considered hard to perform and dangerous. Experience has shown that the apprehensions were exaggerated, that it is not more dangerous than tracheotomy, and its sphere ought not to be limited to the hospital. In the summer of 1899 the author of this article wrote to eighty-nine European and American physicians, and of these fifty-five thought intubation in private practice just as useful as in clinical service; twenty had no personal experience, and fourteen decidedly opposed its use in private practice. The reasons given by the latter were that the danger of after-treatment would be greater, and that the patient should be under surveillance longer than would be possible in private practice. He lays down the following rules for guidance: The physician should not proceed to operate until he has had sufficient previous practice on animals and cadavers to become proficient. He should explain the two methods of operation to the patients, and allow them to decide which they prefer, tracheotomy or intubation. Careful supervision should be given the patient as long as there is danger, and he should only leave the patient for short intervals with a competent nurse. Antitoxin should be used as early as possible, so as to cut short the treatment and the length of time the patient should wear a tube. The technique makes no difference if the tube is inserted so as not to injure the mucous membrane of the larynx. Clinical experience only will guide as to the size of the tube to wear, but as large a tube as possible, other things being equal, is the best. As to the form of the tube, he considers the rubber tubes last devised by O'Dwyer as the best. They are lighter, cause less trouble in deglutition, and there is less danger of detubation and decubitus. He suggested the modification of the instruments by making the handle of the intubator of springy material, as it would lessen the danger of traumatism. The rubber tubes should be more round on the lower end, like the metal

ones, and he mentions the fact cited by Bauer, that the vertical axis of the trachea in children deviates backward, and the tube should be curved to conform to it.

Oscar Dodd.

E A R.

Albert H. Andrews.—*A New Objective Test for Mastoiditis, with Report of Case.* "Journ. Amer. Med. Assoc.," January 26, 1901.

A small-belled stethoscope is used on the tip of the mastoid, while the handle of a vibrating tuning-fork is held over the mastoid antrum. It is found that when the mastoid is filled with pus or granulations the sound waves are transmitted to the ears of the examiner more distinctly than on the normal side. Care must be taken not to stretch the skin between the stethoscope and handles of the tuning-fork. He has examined a number of persons, and has found no perceptible difference in the normal cases; but in those where mastoid trouble was present the affected mastoid transmitted the sounds with greater force than did the mastoid of the opposite side. In the case reported, a cholesteatomatous mass filled the attic and upper part of the middle ear. The tuning-fork was heard on this side for thirty seconds, while over the normal side it was heard only sixteen seconds. He uses a C 512 tuning-fork so made as to vibrate about thirty-five seconds, and a stethoscope with a $\frac{5}{8}$ -inch bell.

Oscar Dodd.

BOOKS RECEIVED.

Diseases of the Nose and Throat. By F. DE HAVILLAND HALL, M.D., F.R.C.P. Lond., and HERBERT TILLEY, M.D., B.S. Lond., F.R.C.S. Eng. Second edition, with two coloured plates and 80 illustrations. London: H. K. Lewis. Price 10s. 6d.

Descriptive Catalogue of the Museum of the Sixth International Otological Congress. Compiled and edited by W. JOBSON HORNE and ARTHUR H. CHEATLE. Revised edition. London: J. and A. Churchill, 1900. Price 10s.

The Asphyxia Factor in Anæsthesia. By H. B. GARDNER, M.R.C.S. Eng., L.R.C.P. Lond. London: Baillière, Tindall and Cox. Price 3s.

The Year-Book of the Nose, Throat and Ear. Nose and Throat by C. P. HEAD, M.D., and Ear by A. H. ANDREWS, M.D. Chicago: The Year-Book Publishers. Price \$2.

NOTICE.

The tenth meeting of the German Otological Society will be held this year on May 24 and 25 in Breslau. Titles and subjects of communications and demonstrations (which must not have been published elsewhere) should be forwarded by April 30 to the secretary, Dr. Arthur Hartmann, 8, Roonstr., Berlin.

It is intended to hold in connection with the meeting an exhibition of preparations, etc., for the teaching of otology and rhinology. Contributions for the exhibition are to be directed to Professor Kümmel, 53, Thiergartenstr., Breslau.