

**Lichtwitz** (Bordeaux).—*Branchial Fistula of the Neck*. "Archiv. d'Electricité Méd.," April 15, 1895.

THIS fistula extended from the left side of the neck, about 2 centimètres from the middle line, between the hyoid and thyroid, upwards  $6\frac{1}{2}$  centimètres to within and behind the great cornu of the hyoid on the right side. Fluids injected were tasted by the patient in the pharynx, though never seen by Dr. Lichtwitz. Various forms of treatment had proved unsuccessful. Electrolysis was completely successful.

A. J. Hutchison.

**Lindsay, Steven**.—*A Case of Mediastinal Tumour, involving Root of Left Lung*. "Glasgow Med. Journ.," Feb., 1896.

THE most prominent symptoms were paroxysmal cough and dyspnoea. Certain diagnosis was impossible till the *post-mortem* examination.

A. J. Hutchison.

**Nicoll, Jas. H.**—*Etiology and Treatment of Chronic Enlargements of Lymphatic Glands, with special reference to those of the Neck*. "Glasgow Med. Journ.," Jan., 1896.

THIS paper deals with chronic enlargements of the glands of the neck, more particularly with bilateral affections of the glands about the carotid sheath and the prevertebral glands—that is, those to which the lymphatic vessels of the pharynx run. The object of the paper is to emphasize the necessity for a more careful study of the pathology of these so-called strumous glands. In the writer's opinion a very large percentage of these cases are tubercular from the first, the tubercle bacilli gaining entrance through the tonsillar structures of the nose and pharynx. In all cases, therefore, of enlargement of these deep cervical glands, not only should the glands be excised, but also the whole of the tonsillar tissue of the nose and pharynx (so far as possible) should be removed, whether it be apparently diseased or not. Further, in all cases in which there is sensible hypertrophy of the tonsils, or in which there is recurrent naso-pharyngeal catarrh, ablation of the hypertrophied tissues is the only method of preventing the occurrence or recurrence of tubercular disease of the cervical glands.

A. J. Hutchison.

## EARS.

**Arslan**.—*Acute Hæmatoma of the Left External Auditory Canal*. "Arch. Ital. di Otol., Rin., e Lar.," Jan. 1, 1896.

THE author describes a case of hæmatoma of the external auditory canal of sudden onset, and without apparent cause, in a singing master, aged sixty, who had always enjoyed good health, and who was the subject of no pathological condition either personally or by heredity. Sudden onset with severe pain in the ear and considerable loss of hearing power. The patient had no history of the slightest traumatism, the only fact of note being, perhaps, that at the time he had overexerted his voice. On examination, two days after the commencement of the pain, the canal was found completely obstructed by a tumour of bluish colour, fluctuating and painful on pressure, growing by a broad base from the floor of the canal. Incision gave exit to blackish blood. Microscopic examination of the fluid revealed nothing beyond the normal elements of the blood. The case differs from similar ones published up to date in the rapid development of the tumour,

accompanied by pain, deafness, malaise, and some febrile movement. As to etiology, the author believes it is to be explained by an anomalous vascular condition of the region, which, in consequence of a prolonged effort in singing, had induced hæmorrhage giving rise to hæmatoma. However, the author remarks that this is but an hypothesis, and that the true cause remains obscure.

“Arch. Inter. d’Otol., Rhin.” *M. M. (Waggett).*

**Bishop, S. S.**—*Gangrene of the Ear.* “Journ. Am. Med. Assoc.,” Mar. 28, 1896.

THIS is a rare disease, and many of the text-books on the ear do not mention it. The patient, aged two years, came under the author’s care at the Illinois Eye and Ear Infirmary on January 8th, 1896. It had been placed in an orphan asylum five months before. Two months before it had developed a right-sided suppurative otitis media, and five days later the concha had turned black and emitted a foul stench—the characteristics of the pulpy form of hospital gangrene. The necrotic process involved both anterior and posterior surfaces of the concha to a large extent, and had begun to invade the integument covering the mastoid process. The child being much emaciated, it was put on a nourishing diet and warm applications applied locally. The necrotic affection invading the osseous structure of the mastoid, this was removed by an operation. The child progressed favourably until measles developed, and the child succumbed to accompanying lung trouble about one month after admission. An autopsy showed military tuberculosis of the lungs. Among the twenty thousand ear cases treated at the infirmary no previous case has been recorded.

*Oscar Dodd.*

**Bonnier.**—*The Mutual Relations of the Ampullary Apparatus of the Internal Ear and the Oculo-Motor Centres.* “Bull. Méd.,” May 15, 1895.

THESE relations are made manifest by disorders such as nystagmus, ataxic movements, retarded accommodation, and sometimes retinal compression.

*Lacoarret (Waggett).*

**Chiucini (Rome).**—*Four Cases of Accidental Opening of the Lateral Sinus in Mastoid Operations.* “Hidi. Otol.,” 1895, p. 55.

AN interesting peculiarity common to the four cases reported by the author is the fact that the opening of the sinus did not occur until after the antrum was entered and during curettement of that cavity. In all four instances hæmorrhage was controlled by packing with iodoform gauze, and all the patients recovered.

“Arch. de Laryn., d’Otol., et Rhin.” *Luc (Waggett).*

**Courtade.**—*Prophylaxis of Diseases of the Ear.* “Bull. Méd.,” April 21, 1895.

IF the diminution of auditory power is frequent the causes must be sought, apart from eruptive fevers, in the inflammatory affections of the mucous membrane of the naso-pharynx, and adenoid vegetations. Treatment should then be directed at once to the affections of the ears, and the original lesions which produced them. Consequently attention should be directed to a healthy condition of the nose and naso-pharynx. A rigorous antiseptic prevents complications.

*Lacoarret (Waggett).*

**Dasgue.**—*Two Cases of Deafness following Mumps.* “Gaz. Heb. du Sc. Méd. de Bordeaux,” Feb. 3, 1895.

THE author relates the cases of two patients suffering with deafness after mumps. The increasing intensity of the trouble was notable. In one case the symptoms

proved to be those of Ménière's disease. The author localizes the lesions in the internal ear.  
*Lacoarret (Waggett).*

**Downie.**—*Case of Total Deafness of Sudden Onset.* "Glasgow Med. Journ.," Jan., 1896.

PATIENT had inherited syphilis. There was a gumma in the scalp, which broke down; continuous suppuration caused excavation of a large portion of left temporal bone. *Post mortem*: the external meatus and tympanum were found healthy. Close to outer end of internal meatus the roof suddenly sloped down to meet the floor, and the pressure of this new bony growth appeared to have destroyed the vitality of the auditory nerve; the facial seemed intact. Of the semicircular canals only a small portion of the horizontal, embedded in dense bone, remained. The cochlea seemed of normal size, but the bony spiral and laminae were so thickened as to encroach on the cavity.  
*A. J. Hutchison.*

**Garnault.**—*Is it Possible to Draw any Conclusions from the Form of the Cranium with regard to Anatomical Dispositions which render Operations on the Temporal More or Less Dangerous?* "Gaz. des Hôp.," Mar. 28, 1895.

THE author does not believe that the anatomical formation can give any clue to the relations of the petrous bone. According to him, there are individual variations which render operation dangerous.  
*Lacoarret (Waggett).*

**Geronzi** (Rome).—*Facial Hemiplegia of Otitic Origin.* "Arch. Ital. di Otol.," 1895, p. 328.

THE case which forms the subject of this work supports the opinion which is becoming increasingly predominant to-day, according to which the majority of supposed instances of facial paralysis *à frigore* are in reality dependent on inflammatory lesions more or less pronounced, sometimes latent, of the middle ear. Geronzi's patient, a man of sixty-one, presented the signs of a right facial hemiplegia the day following a chill. He complained of no interference with hearing or any pain in the ear. However, a systematic examination made by the author revealed the presence of tympanic congestion, and considerable impairment of hearing. These symptoms ceased spontaneously after a few days, at the same time as the paralysis disappeared without recourse to electrical treatment. The very legitimate conclusion of the author is that in all cases of facial hemiplegia examination of the ear is essential.

"Arch. Inter. Otol., Rhin." *Luc (Waggett).*

**Gradenigo** (Turin).—*Cerebral Abscess of Otitic Origin; Trepanation of the Cranium and Evacuation of the Abscess; Cure.* "Arch. Ital. di Otol.," 1895, p. 354.

A MAN of thirty-nine, subject to otorrhœa on the left side from childhood, was attacked suddenly with somnolence and aphasia, without paralysis of the face or limbs. These symptoms, taken together, enabled the author to diagnose an abscess of otitic origin in the temporo-sphenoidal lobe, and to decide on operation. The skull was trephined immediately above the auditory canal. The dura mater, after exposure, was punctured a centimètre above the roof of the canal with an aspirator needle measuring three millimètres in diameter, which was driven in to the depth of three centimètres in the direction of the tegmen. In this manner a small quantity of clear fetid fluid was drawn off, but no pus. The fetid character encouraged the author to carry his operation deeper. The dura was then incised crucially, and, the cerebral material being opened with a bistoury to a depth of three centimètres, and the edges of the incision well retracted, issue was given to

the fetid contents of an abscess about the size of a pigeon's egg. Subsequently drainage was provided by a rubber tube surrounded with iodoform gauze. Fifteen days later the cavities of the diseased bone were opened and curetted by the Schwartz-Zaufal method. Two weeks later the patient was on the road to recovery, and the aphasia had almost completely disappeared.

"Arch. Inter. Larng., Otol., Rhin." *Luc (Waggett).*

**Guément.**—*Intractable Otorrhœa, dating from 1888; operated on in January, 1894; Cure.* "Ann. de la Policlinique de Bordeaux," July, 1895, No. 27.

STACKE'S operation is indicated, according to this author, in all old cases of otorrhœa which resist ordinary treatment. He relates the history of a girl who, during four years, had three attacks of mastoiditis, with spontaneous opening of the apophysis. Free opening of the mastoid cells, with removal of the postero-superior wall of the meatus, brought about final cure. The operation accentuated a facial paralysis, which diminished under the influence of electricity.

*Lacoarret (Waggett).*

**Heath, F. C.**—*Some Sequels of La Grippe.* "The Medical Age," Jan. 10, 1896.

THE most frequent of these is suppurative inflammation of the middle ear, characterized by great severity and persistency, the suppuration being prolonged, the hearing much impaired, and with strong tendency to formation of mastoid abscess. From his experience the author emphasizes three things: that operation upon the mastoid is not so generally necessary as one is led to suppose; the great relief from local blood-letting with Bacon's artificial leech, even in mastoid cases; the great advantage of pushing potassium iodide.

*Middlemass Hunt.*

**Lake, R.**—*Excision of the Ossicles and Membrane in Chronic Suppuration of the Middle Ear.* "Med. Press and Circ.," Feb. 26, 1896.

THIS procedure may be undertaken, after failure with local antiseptic treatment, in cases where mastoid operation may be safely avoided, and also in those in which success with antiseptics has resulted in great loss of hearing. In the one class the operation very often succeeds in affording efficient drainage and access for purposes of cleansing; and, in the second, the hearing power is greatly improved by exposing a stapes, unhampered by cicatrices, directly to sound vibrations. In comparison with cure by antiseptics this method yields remarkably good results with regard to hearing power. The author recommends, among other practical details of the operation, the use of cocaine, whether general anesthesia is employed or not, and previous cleansing with solutions not more than lukewarm. The chorda lies 1-32nd of an inch behind the membrane at its posterior attachment, and may be avoided by use of the point of the knife only. If the anterior ligament and the tensor tympani are carefully divided, traction on the malleus will often bring away the incus also.

The author also enumerates the conditions in which the procedure is advisable.

*Ernest Waggett.*

**Langenbuch.**—*Ligature of the Jugular Vein for Otitic Pyæmia.* "Bull. Méd.," Jan. 6, 1895.

THE author recommends that in cases where there exists with otorrhœa an obvious source of pyæmic infection, the jugular should be tied without hesitation, in order to prevent dissemination of infectious products. This proceeding has yielded him good results in the cases which he reports, and Sonnenbürg has obtained a complete cure in a case of this nature.

*Lacoarret (Waggett).*

**Lemairey.**—*Ménière's Syndrome cured by Pilocarpin.* "Annales des Mal. de l'Oreille," etc., Nov., 1895.

THE patient, a man, aged twenty-nine, was cured of the first attack of vertigo by injections of pilocarpin, and the general symptoms greatly improved under a course of this treatment, the more so as the dosage was increased. Finally all symptoms disappeared, and for a month the patient was cured. Two attacks followed, and were cured by quinine. The solution of pilocarpin was 10 centigrammes in 10 grammes of distilled water, and .004 milligrammes were commenced with, increasing by .001 milligrammes every second day. The patient also took 75 centigrammes—1 gramme of quinine daily; but the author does not think that this affects the validity of pilocarpin.

R. Norris Wolfenden.

**Lubet-Barbon.**—*The Localization of Inflammation of the Temporal in Relation to the Anatomical Development of the Bone.* "Arch. Inter. Laryng., Otol., Rhin.," Jan., Feb., 1896.

THE author describes the process of development at the various stages of intra and extrauterine life, and maintains that inflammation may be limited to any one of the elements of which the complete temporal bone is composed. Not only in the infant does one observe necrosis limited to the squamous, mastoid, or tympanic portions respectively, but even in the adult it is possible to detect a primitive osteitis, which, in order of frequency, attacks the mastoid, the squamous, and the tympanic portion respectively. Osteitis of the mastoid is the most grave and the most painful; that of the horizontal plate of the squamous is less painful, but more rapid in its extension, and is dangerous by reason of its proximity to the brain. Osteitis also occurs of the squamous above the linea temporalis, and the author believes that most cases of exostosis of the meatus are due to osteitis limited to the tympanic bone, the postero-inferior and the anterior walls of the canal being the parts affected. There is then a certain relation between the pathology and the anatomy of the temporal, but it is only in exceptional cases that such a relationship is to be noted, in the majority of chronic cases the inflammation being situated at the points of coalescence of the elements which come in contact at the petro-squamous suture.

Ernest Waggett.

**Lucas.**—*Case of Thrombosis of Lateral Sinus.* "Birmingham Med. Review," Jan., 1896.

THIS patient was a woman, aged twenty-five, who had suffered from her ears ever since she was two years old. There was a great deal of pain on the right side of the head behind the ear, and an extremely tender spot at the lower and posterior border of the mastoid process. She was drowsy; temp., 102°; pulse, 65 per minute and full; right optic disc "choked." The antrum and mastoid were opened and pus and granulation tissue scraped out. She had daily rigors for some days after the operation, and the lateral sinus was opened, and it and the jugular vein contained clot. This was removed and the wound plugged, but no improvement took place, and she died.

The operator considers that a diagnosis of thrombosis of the lateral sinus can be made when there is pain over the emissary mastoid vein, slight fullness of the neck about the course of the upper third of the internal jugular, frequent rigors, and high temperature. The operation ought then quickly to follow the diagnosis, or one is apt to get, as in this case, extension of the infective process by the petrosal sinuses to the cavernous and along the ophthalmic vein, giving rise to suppuration in the left orbit. Pyæmic infection of the lungs was the cause of death.

Barclay J. Baron.

**Marchant, G.**—*Treatment of Intracranial Abscess of Otitic Origin.* “Sem. Méd.,” Jan. 3, 1895.

INTRACRANIAL abscesses are, according to the author, rarely of otitic origin. He meets with one instance in thirty operations, and, according to Broca, in eighty-seven. He also considers that intervention should be practised only—if symptoms persist—after trephining the mastoid. This practice has always been successful in his hands.

*Lacoarret (Waggett).*

**Marchant, G.**—*Mastoiditis complicating Otitis.* “Bull. Méd.,” Jan. 3, 1895.

AFTER discussing these inflammations of the mastoid which complicate otitis, and the troubles which they entail, the author comes to the following conclusions:—  
1. Rarity of the cranial complications, particularly with modern treatment. 2. Early trephining is the best means of prevention. 3. The cranial cavity should not be opened unless symptoms of positive character are present.

*Lacoarret (Waggett).*

**Milligan.**—*Foreign Bodies in the External Auditory Meatus.* “The Med. Chron.,” March, 1896.

A CASE is alluded to in which much injury was done by injudicious attempts to remove a foreign body from the ear that was not present.

The usual rules as to syringing, etc., are repeated and rightly insisted upon.

The “glue method” of Löwemberg is also described. This consists in dipping a small camel-hair brush in a strong solution of glue, and applying this to the presenting part of the foreign body. When set, traction must be made.

In the case of insects in the ear, syringing with warm water is often sufficient; not, the vapour of chloroform or smoke from a tobacco-pipe may be used.

*Barclay J. Baron.*

**Moure, E. J.**—*Removal of the Drumhead in a Case of Intractable Otorrhœa.* “Gaz. Hebdom. du Sc. Méd.,” April 7, 1895.

ABLATION of the drumhead should be practised when an intractable otorrhœa is met with. Cocaine recommends itself to the author as the best anæsthetic, allowing the patient to follow the stages of the operation, which is completed by curettage of the tympanum. The operation presents certain dangers; antiseptics is *de rigueur*. As far as possible, section of the chorda tympani is to be avoided. Auditory acuity is by no means abolished.

*Lacoarret (Waggett).*

**Randall.**—*The Importance of recording Labyrinthine Deafness.* “The Philadelphia Polyclinic,” Feb. 8, 1896.

THE author draws attention to the fact that in many cases of deafness where Politzerization appears to have done harm, it has been due to the existence of unrecognized labyrinthine changes. He insists on the necessity of a careful examination of the hearing by bone conduction, and is in favour, in those cases which show any diminution, of the use of the catheter rather than Politzer's bag, as being more perfectly under control. He mentions two cases, one of deafness following head injury, and the other hereditary syphilis, supporting his views.

*St George Reid.*

**Shield, M.**—*The Treatment of Severe Mastoid Disease by Implantation of Skin Flaps.* “Lancet,” Feb. 8, 1896.

ONE or two skin flaps are raised from behind the auricle, the diseased tissues are cleared out so as to convert the tympanum and mastoid cavity into a common

chiasm, and the skin flaps are then replaced so as to "paper" the cavity left. Three cases are recorded in which there was great improvement, though not entire cessation of the discharge.

*StClair Thomson.*

**Willets, Joseph E.**—*Is there Disorganization of the Stapedius Muscle? Impracticability of Politzerization as a Routine Treatment.* "Pittsburg Med. Rev.," July, 1895.

THE author maintains that in otitis media catarrhalis chronica undue importance is given to atmospheric pressure as the agent causing depression and retraction of the drumhead. It does not exist long enough (except in cases of complete stenosis of the Eustachian tube) to produce the result. Every time the tube is opened the membrane, ossicles, etc., should at once resume their normal position, *i.e.*, before adhesions, etc., have formed; but this does not take place. The true explanation is to be sought in the anatomical and physiological relations of the tensor tympani and the stapedius muscle. These are mutually antagonistic. Now, the stapedius is a delicate muscle lying in a bony canal, in direct contact with the periotium, and not protected by any connective tissue sheath. Hence any inflammation affecting the canal will rapidly injure the muscle, leaving the tensor tympani (which is better protected and less easily hurt) without any opponent. Politzerization, which may be regarded as a massage of the tensor tympani, is therefore contra-indicated, as are also all other forms of massage. Treatment should be, in the early stages, intratympanic injections, and in the stage of sclerosis, anchylosis, etc., ossicectomy.

*A. J. Hutchison.*

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## REVIEWS.

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**Garnault.**—*Cours Théorique et Pratique de Physiologie d'Hygiène et de Thérapeutique de la Voix Parlée et Chantée; Hygiène et Maladies du Chanteur et de l'Orateur. Avec 82 figures dans le texte.* By DR. GARNAUT. Paris: A. Maloine and E. Flammarion. 1896.

THIS book is a very ingenious arrangement in a number of lessons of material much of which is tolerably familiar to our readers as presented in the well-known work on voice, song, and speech of Browne and Behnke, which Dr. Garnault has already translated into French, and his indebtedness to which is freely acknowledged in the numerous references made to it. Dr. Garnault has, however, methodized and elaborated the matter in his own somewhat picturesque fashion. He commences with the study of acoustics, and proceeds then to the description of the anatomical arrangements employed in the production of voice—in particular the mechanism of respiration, the mode of production of vowels and consonants, the registers, the transformations of the larynx, the respiratory types, etc.—and concludes with chapters on the hygiene and diseases of singers and speakers. Many questions of general and special interest arise, and of these a large number have already been thoroughly worked out; but they are set forth in a very intelligible form, and the work, although open to the unavoidable objections to a mixture of the popular and the scientific, will be found of interest and value to