3. The existence or pre-existence of extra-laryngeal polyarticular manifestations.

4. Painful dysphagia.

5. Dysphonia or partial aphonia in unilateral arthritis, complete aphonia in the bilateral form.

6. Dragging and suffocation in the bilateral form.

7. Phonophobia.

8. Local pain on coughing.

9. Slight local stickiness and redness of the prelaryngeal region (an inconstant symptom).

10. Quickly developed pain on pressure.

11. Tumefaction of the arytenoidean eminences visible to the laryngoscope.

12. Immobilization on adduction of the vocal cord corresponding, but without overriding, and without encroachment of the healthy cord on the middle-line.

13. Prominence of the cord on the side affected.

Crico-thyroidean Arthritis.—The symptoms of this affection are:

1. Sudden appearance of aphonia after a cold, or in the course of a polyarticular rheumatism, acute or subacute.

2. Antecedent or concomitant symptoms of pharyngo-laryngeal catarrh.

3. Painful vocalization.

4. Laryngoscopic signs analogous to those of external laryngeal paralysis.

5. Pain on pressure of the crico-thyroid articulation at the level of the inferior cornua of the thyroid cartilage.

6. Pain on artificially drawing together the integuments over the thyroid and cricoid cartilages.

7. Persistent contraction of the crico-thyroid muscles.

Treatment is discussed in a very few words.

Macleod Yearsley.

Garel and Goullioud.—*A Nail impacted in the Right Bronchus for Two Months. Diagnosis by the Radiograph. Removal with the Electro-magnet. Recovery.* "Annales des Maladies de l'Oreille, du Larynx," etc., tome xxvii., No. 2, February, 1901.

This is the report of a case, sufficiently described in the heading, of a boy, aged eighteen months. Recovery was complete. The nail measured $2\frac{1}{4}$ inches long. It was extracted through a preliminary tracheotomy wound by means of an electro-magnet.

Macleod Yearsley.

EAR.

Allan, A. Percy.—*Facial Neuralgia due to a Hair irritating the Membrana Tympani.* "Brit. Med. Journ.," February 16, 1901.

A law student, aged twenty-one, had been suffering from acute paroxysmal neuralgia for three months. He had had no relief, although, following advice, he had had three teeth extracted and others that were decayed stopped. He was very depressed about himself, and had tried many remedies without gaining the slightest relief.

He described the pain as extremely severe, coming on at different times during the day, and often at night, lasting some ten minutes at a time. The pain was apparently distributed along the infraorbital branches of the fifth nerve. He described it as most acute beneath the left eye, from which point it seemed to radiate about the left side of the face, reaching as far as the ear; but he said that it did not affect the nose. There was no temporal pain, and the eyesight was perfect. Dental and ocular causes having been excluded, the left ear was examined, and the membrana tympani found much infected. On further examination a hair was seen lying along the meatus, and pressing with its end on the tympanic membrane. This was removed, and was a short head hair about three-eighths of an inch in length. A feeling of relief was expressed after the removal of the hair, and on questioning the patient, it was elicited that he had had tinnitus during the time that he had been affected. Subsequently he had had one or two slight attacks of pain during the first day or two, after which the attacks entirely ceased. *Jobson Horne.*

Bezold, Fr. (Munich).—*The Functional Examination of Diseased Ears.* "Arch. of Otol.," vol. xxix., No. 1.

The "continuous tone series" is used for detecting total defects in any part of the range of audition, while for partial defects (diminished hearing-power) tuning-forks dying away are used after the manner of Hartmann. For Rinné's test *A* and *a* without clamps are found best.

The method of using functional tests is described, and the chief indications for their employment are mentioned: thus discrepancy between objective examination and diminution of hearing for speech, as, for instance, a rapid sinking of the hearing-power in the course of an acute or chronic purulent otitis; absence of objective changes in the membrane and middle ear, etc. Bezold recommends the universal adoption of Helmholtz's method of naming tuning-forks, and his own method of recording the results of Rinné's test. *Dundas Grant.*

Brühl, G. (Freiburg-in-B.).—*The Rinné and Gellé Tests.* "Arch. of Otol.," vol. xxix., No. 1.

Rinné Test.—The divergent views of various writers are quoted. In all reports as regards Rinné's test the writer thinks the pitch of the fork should be named. (The abstractor holds that, in addition to the pitch, there should be stated the normal aero-ossial difference for the given fork—viz., the number of seconds it is heard opposite the meatus of a normal person after ceasing to be heard on the mastoid.—D. G.) The following phases of the Rinné test are enumerated:

1. Positive Rinné—positive for the deepest, and therefore all, tones.

2. Negative Rinné:

(*a*) Total negative Rinné—negative for all tones.

(*b*) Partial negative Rinné—positive for high tones, negative for low ones.

(*c*) Absolute negative Rinné—air-conduction absent for low tones.

When Rinné is negative for low tones only, there may be diagnosed a mild affection of the conducting apparatus. (Dench has pointed out the value of the test with tuning-forks of various pitch in diagnosis and prognosis.—D. G.) The author states that the result of Rinné's test is often modified by the co-existence of an affection of the auditory nerve,

in addition to one of the conducting apparatus. (The abstractor considers this incorrect, as Rinné is negative with a considerable obstructive lesion, whether there is simultaneous nerve-deafness or not. The apparent negative Rinné in cases of pronounced unilateral nerve-deafness must be kept in mind.—D. G.)

Gellé's Test.—Opinions and experiments are quoted, the result being that we may regard the Gellé test as a means by which we can learn the condition of the fenestra ovalis.

The following are the results of clinical tests with A^1, C, cc^1, and c^2 for Rinné's, and d^1 for Gellé's test:

1. If the Rinné test is positive, then Gellé is also unexceptionally positive, and the impaired hearing is due to nervous affections.

2. If the Rinné test is negative absolutely and totally, or up to c^1, the Gellé test is unexceptionally negative, and the impaired hearing is due to stapes ankylosis.

3. If the Rinné test is negative below or up to the c limit, and positive above it, then the Gellé test decides whether a stapes ankylosis exists or not.

The author employed the tests mainly in that large and important class of cases in which there is, with a normal-looking membrane and no improvement on inflation, a high degree of deafness.

Dundas Grant.

Burnett, S. M. (Washington).—*A Series of Cases of Suppurative Disease of the Temporal Bone, with Comments.* "Arch. of Otol.," vol. xxix., No. 1.

1. Acute mastoiditis following influenza: The ear symptoms were of three weeks' duration. On operation there was found a fistula in the bone below the linea temporalis; the petrous bone was softened to an enormous extent, exposing a large area of dura mater. There was a mastoid swelling and pain, but no high temperature. No communication with the middle ear could be made.

(The extreme rapidity with which the bone breaks down is becoming well known, and should lead to early operation in acute, especially influenzal, cases.—D. G.)

2. Bezold's abscess in a white child of six years: No previous history of ear trouble. An abscess formed below the ear, extending far into the posterior triangle. On operation the mastoid cavity was found to contain some granulation tissue, and the tip of the process was in a state of necrosis. Recovery took place. The exceptionally early age of the patient is remarkable.

3. Suppuration of the mastoid in a child of six months, following a discharge from the ear of about ten days' duration: A swelling formed in the mastoid region. On incision pus was found oozing from small apertures in the bone. All disease was scraped away, and recovery took place. The writer notes the remarkable size of the antrum.

4. Suppuration of the mastoid in an elderly woman, following influenza, but without any history of discharge from the ear. Pain and swelling five months later led to operation. Pus issued from the bone at a depth of a quarter of an inch. There was extensive destruction, the lateral sinus being bare.

5. Influenzal mastoiditis in a woman aged seventy-two, the lateral sinus being found bare.

6. Extensive necrosis in both temporal bones in a negro girl aged

four: this started as the result of an acute otitis four years previously. Recovery took place after operation.

7. Necrosis of temporal bone, extradural abscess, death from purulent meningitis, in a negro boy two years old. There were also three tubercular tumours in the brain. Before death there was paresis of the arm and leg of the same side as the ear disease.

8. Necrosis of both temporal bones, with many sequestra, in a negro child aged three: three operations in three years; dura mater bare; recovery. There was evidence of facial paresis, and among other sequestra was one containing a portion of the vestibule and of a semicircular canal. There remained a little hearing power and no vertigo.

9. Sudden acute purulent meningitis in a negro child four years of age, without symptoms of ear disease during life. There supervened tenderness over the mastoids, but no swelling. On post-mortem examination there was found extensive necrosis of the left petrous bone and mastoid cells. There was noted a purulent discharge from the nose a week before death.

10. Mastoiditis in a negro infant aged fifteen months. This was preceded by a discharge from the ear, and recovery followed operation.

The writer refers to the immunity from mastoiditis enjoyed by the adult negro as distinguished from the negro child, who is particularly liable to tuberculous disease of the bones; and mastoiditis seems to occur on very slight provocation, even without previous evidence of middle-ear suppuration. *Dundas Grant.*

Cullen, W. L.—*Foreign Body long retained in the External Auditory Meatus.* "Brit. Med. Journ.," December 8, 1900.

The patient, an old lady seventy-eight years of age, had complained more or less for thirty years of deafness in her left ear, which, as far as she could remember, had come on quite suddenly. The ear was full of wax and was syringed: a small round ball about the size of a pea discharged from the ear into the basin. This, on examination, was found to be a piece of tortoise-shell, which had broken off from one of the ornamental combs she used to wear over thirty years previously. The tympanic membrane was thickened and slightly vascular. After using Politzer's bag twice, the hearing was almost normal in the ear in question. *Jobson Horne.*

Dufour, Clarence R. (Washington).—*Excessive Hæmorrhage following the Removal of a Myxo-fibroma from the Ear.* "Arch. of Otol.," vol. xxix., No. 1.

There was suppurative otitis of many years' duration, a polypus filling the meatus and an abscess in the region of the tragus. The polypus was removed by means of torsion with a wire snare, as it was extremely tough. The removal was complete, but was followed by the outflow of arterial blood. This was so severe that ligation of the carotid seemed necessary. However, under an anæsthetic the meatus was tightly plugged with gauze, which was left for four days. This was then removed, and the hæmorrhage did not recur.

(Moure reported before the International Otological Congress at Florence a very similar case.—D. G.) *Dundas Grant.*

Knapp, H. (New York).—*A Fatal Otitic Abscess in the Left Temporal Lobe of the Brain, causing Word-blindness. Operation. Autopsy.* "Arch. of Otol.," vol. xxix., No. 1.

The abscess supervened in a child twelve years old, on a left-sided otorrhœa dating from childhood. When seen she had just had severe convulsions, and was excited and frightened, but conscious and rational. Her temperature was 101°, her pulse 100, and she had marked optical aphasia—inability to name objects shown to her. At the operation a small brown spot was seen on the dura, and a probe was introduced without pus being found. Nothing beyond the radical mastoid operation was carried out. The patient improved, but died suddenly a few days later, after a fall of temperature and pulse. There was found at the autopsy an abscess in the temporo-sphenoidal lobe, with a capsule of such density that the probe had pushed it before it, instead of puncturing it. The abscess had burst in front into the superjacent brain-tissue (whence the meningeal symptoms) and behind into the ventricles (whence the sudden death). Dr. Knapp points out that a probe is not a good exploratory instrument, and that an aspirating cannula or a narrow knife should be preferred. *Dundas Grant.*

Lake, R.—*Mercurol as an Antiseptic in Diseases of the Nose and Ear.* December 15, 1900.

Mercurol, for the information of those who are not acquainted with it, is a brownish-white powder, soluble in water, but insoluble in alcohol. It is a compound of mercury with nucleinic acid, and contains about 10 per cent. of mercury; therefore a 5 per cent. solution of mercurol contains ½ per cent. of mercury, and this in a form which is non-corrosive and non-irritant. It is, at the same time, an organic compound, and does not precipitate albumin, the general idea which mercurol gives being that at one and the same time it is an antiseptic in the usually understood sense of the word, and will act indirectly on the protoplasm of the nuclei, more especially of the large white blood-cells, as the phagocytes, and thereby enable them the more readily to overcome micro-organisms and destroy them in larger quantities. One disadvantage of solutions of mercurol is that one cannot make it up in large quantities, a week being probably the longest time in which it can be kept with safety. This, however, is equally true with that most useful antiseptic formalin; but there is no doubt that, in order to obtain the most efficient action of mercurol, it requires to be employed, like chlorine, freshly made.

The author has used it in several cases, and his general impression is that mercurol is the least irritating efficient antiseptic, and is specially suitable for irrigating cavities such as the maxillary sinus.

St. Clair Thomson.

May, C. H. (New York).—*A Case of Cerebral Abscess following Purulent Inflammation of the Middle Ear. Operation. Evacuation of Abscess. Death.* "Arch. of Otol.," vol. xxix., No. 1.

The abscess was in the middle convolution of the left temporo-sphenoidal lobe, about one inch from the surface, and therefore quite detached from the otitic source of infection. Two hours after the operation there came on contraction and rigidity of the left leg, divergence of the eyeballs and irregularity of pulse, death following some hours later. The abscess was found to contain streptococci. There

was no meningitis, no perforation into the ventricles, and no involvement of the sinuses.

The suppurative otitis dated from two years before, and the discharge had ceased for a year, to return with pain in the ear two weeks before the symptoms of cerebral abscess, excitement followed by semi-unconsciousness, with slow pulse and optic neuritis. The patient was treated on the day following the supervention of these symptoms *secundum artem.* *Dundas Grant.*

PHARYNX.

Morton, J. P.—*Adenoid Vegetations.* "Canadian Practitioner and Review," August, 1900.

The writer makes a distinction between "hypertrophy of the pharyngeal tonsil" and "adenoid vegetations." He considers the former term applicable when the lymphoid tissue in the pharyngeal vault of Waldeyer's lymphatic ring is the part affected; and that the term "adenoid vegetations" should only be used when the scattered crypts surrounding the cerebral vault are likewise the seat of hypertrophy.

Morton's experience leads him to believe that 90 per cent. of all the cases that occur are the result of congenital processes; and that attacks of measles, diphtheria, scarlet fever, etc., only act as exciting causes, irritating to increase hypertrophy of the lymphoid tissue, which was abnormally present when the children were born.

Price Brown.

REVIEWS.

The Year-Book of the Nose, Throat and Ear. The Nose and Throat by G. P. Head, M.D.; the Ear by Albert H. Andrews, M.D. The Year-Book Publishers, 100, State Street, Chicago, 1901. Price $2.

This is the second time that Dr. Head and Dr. Andrews have issued the Year-Book, and thereby earned the gratitude of the specialists. The year's work is greatly in advance of the last, and if the undertaking is only supported as it should be, there is no doubt but that it will in time become the record of the year's work, and be of great use to the student and earnest worker.

The habit of recording cases which have no real interest is to be deplored as unnecessary, and we would ask Dr. Head and Dr. Andrews to see whether they cannot do something to avoid this recording of uninteresting matter. The list of journals quoted from has sprung from 170 to 304, and will soon be quite complete. R. L.

Atlas der Nasenkrankheiten. Enthaltend 356 Figuren in 475 Einzelbildern auf 38 Tafeln. Von Dr. ROBERT KRIEG. Third and fourth parts; F. Enke, Stuttgart; F. Bauermeister, Glasgow. 6s. each.

The following are depicted in these parts of this epoch-marking book: Fractures, abscesses, hæmatomata of the septum; nasal atresia,