alone, which has such a great influence in many pathologic conditions, does not contain all the efficient substances of the gland. *Michael.*

Hennig (Konigsberg).—*On Thyro-iodine.* "Münchener Med. Woch.," 1896, No. 17.

THE author has used the medicament in obesity with good results. In cases of goître and Basedow's disease the effect was not so constant. In some cases disagreeable effects are observed, as palpitation, headache, and other nervous symptoms; also, sometimes albuminuria and glycosuria. *Michael.*

Richter (Berlin).—*The Destruction of Albumen during the Use of Thyroid Tablets.* "Centralbl. für innere Med.," 1896, No. 3.

THE author made experiments in a healthy person, and found that it is possible to produce a decrease of the body weight in a few days without increased destruction of albumen. *Michael.*

EARS.

Alderton, H. A. (Brooklyn, New York).—*The Upper Tone Limit in the Normal and Diseased Ear, as determined by the Galton Whistle.* "Arch. of Otol.," Jan., 1896.

IT will be seen by the accompanying chart, which embodies Dr. Alderton's observations, that, either from the peculiarity of the actual instrument employed or from the nature of the cases, the deviations from the normal average Galton are much less than we frequently find.

Disease.	No. of Cases.	Average Age.	Average Galton.	Normal Galton at same Age.
Cerumen	11	31	1·58	1·51—·58
O.M.C. Sub.	6	24	1·55	1·37
O.M.C.A.	3	31	1·97	1·5
Tubal Catarrh	8	37	1·58	1·6
Tubal Obstr.	31	12	1·6	1·35
O.M.C.C.	56	30½	1·83	1·45
O.M.P.C.	18	25	2·02	1·37
O.M.P.R.	5	19	1·78	1·35
O.M. Resid.	22	19	1·97	1·35
Labyrinthine Anæmia	4	20	1·5	1·36
Neurasthenia	13	28	1·6	1·37
Hysteria	1	15	·8	1·35
Nerve	70	43	2·7	2·1
O.M.C.C. et Int.	198	41	2·98	1·95
O.M. Res. et Int.	28	40	3·09	1·8
O.M.P.C. et Int.	7	43	2·64	2·1
Tubal Obst. et Int.	7	27	2·45	1·36½
O.M.C. Sub. et Int.	6	56	3·95	2·85

On comparing the average of the tone limit in the middle-ear diseases with that in the normal ear, there is a lowering of ·18 to ·55. Dr. Alderton finds that, in functional affections of the labyrinth, the upper tone limit is very slightly impaired, and may even be elevated in hyper-sensitive conditions; that in labyrinthine or nerve diseases the average upper-tone limit is ·6 below the normal; further, that

combined middle and internal ear diseases are capable of producing a lower average upper-tone limit than internal ear diseases alone. Like others, he finds various discrepancies between the results given by Galton's whistle and the other methods, especially bone conduction. In some nerve cases there was great impairment of duration of bone conduction, especially for the higher forks, even with very good hearing for Galton's whistle; and he attributes this to an enervation or weakening of perceptive ability. [This is quite in accordance with the general conclusion arrived at by Gradenigo, that in functional, hysterical, or central affections, the loss of hearing is more marked in the middle than in the upper extremity of the range. This honest study of discrepancies is well worth attention, the general result of it being to emphasize the necessity for an intelligent comparison of the results of the various tests, and, above all, for a liberal discount in the case of minimal variations.] *Dundas Grant.*

Gradenigo (Turin).—*On Thrombosis of the Lateral Sinus of Otitic Origin.* ("Sulla Trombosi Otitica del Seno Trasverso.") "Arch. Ital. di Otol.," 1893, p. 484.

THE following is a *résumé* of three extremely interesting cases which form the subject of this paper. The first patient, a man of fifty, presented a mastoid fistula of several months' duration, consecutive to an acute attack of otitis. On opening the antrum a perforation was found in the bone at the point of exit of the mastoid vein, which was thrombosed. The latter was opened, and an aseptic clot removed from its interior. Puncture made into the lateral sinus proved that the clot extended to that vessel, but the patient presenting no symptoms of pyæmia, no incision was made. The antrum being freely opened it was noticed that pus poured from the perforated internal wall, and that the stream was doubled in amount on the exercise of pressure over the muscles of the neck (mastoiditis of Bezold). A curved probe introduced through this perforation could be felt under the skin of the neck at a point eight centimètres below and behind the point of the mastoid. A counter opening was made at this level. Three weeks later, the drainage proving insufficient, the two incisions were united. It should be noted that at the time of the first operation, which gave opportunity for exploration of the lateral sinus and the portion of dura mater in its vicinity, no subdural abscess was found. Moreover, ophthalmoscopic examination made before operation gave a negative result. There was every reason, therefore, to expect a favourable issue to the case, but on the day following the second operation the patient was attacked with fever and restlessness, then sank into coma, and died the next day.

At the autopsy there was found purulent infiltration under the pia mater; a cerebellar abscess the size of a nut at the base of the left hemisphere under the neighbourhood of the bulb.

We have in this case a fresh example of cerebellar abscess of otitic origin, developing as a sequel to perforation of the posterior wall of the antrum at the level of the sigmoid groove. It much resembles one which my pupil, Dr. Anderódias, observed at my clinic, and which is recorded in No. 6 of theses archives (1895).

We would merely remark that in Gradenigo's case the abscess, much smaller than in our case, remained completely latent, and by reason of its small dimensions and situation would have been very difficult to reach by operation. We find in this instance fresh confirmation of the opinion which we have already expressed, that, even in the absence of all intracranial symptoms, one ought to think of the possibility of cerebellar abscess when one finds on opening a mastoid a perforation of the postero-internal wall of the antrum which exposes the lateral sinus.

The second is that of a woman, fifty-five years of age, with right otorrhœa of twelve years' standing, who was already in an evident state of pyæmia (fever,

delirium, signs of pulmonary infarction) when he saw her for the first time. She soon succumbed, and at the autopsy there was found fungating osteitis of the tympano-mastoidean cavity, with a friable condition of the tegmen and the wall of the sigmoid groove; septic thrombosis of the lateral sinus reaching as far as the jugular vein, but not involving the sinus on the opposite side; subdural abscess in the region of the tegmen, and pulmonary infarction.

In the third case, that of a man of thirty-seven, the subject of acute purulent otitis of a month's, and of mastoiditis of eight days', duration, the complications of pyæmia, characterized only by great oscillations of temperature, could be controlled for a time.

The antrum was opened by operation, but fifteen days later the characteristics of the fever appearing to suggest sufficiently clearly a possible sinus phlebitis, this vessel was exposed, and presented the appearance of a hard cord of yellowish colour. It was opened, and its contents, composed of yellowish clots, were curetted until blood began to flow at both ends, which were plugged with iodoform gauze.

The fever subsided and cure followed.

The only symptoms observed in this case were extensive oscillations of temperature, stiffness of the neck, abundant perspiration, and rapid loss of strength. Rigors were absent, as well as the modifications to be looked for along the course of the jugular.

It is to be noticed that the thrombus did not extend low down, since on curettement being performed blood flowed from the lower as well as the upper end. We observe also that Gradenigo abstained from prophylactic ligature of the jugular, as recommended by other writers.

"Arch. Intern. Lar., Otol., and Rhinol." *Luc* (*Waggett*).

Method of Administration of Pilocarpin in Otology. "Arch. Inter. Lar., Otol., and Rhinol.," Jan. and Feb., 1896.

An editorial note, recommending the following details of technique:—

Hypodermic injection of a one-in-a-hundred solution (equal parts of eau distil. de laurier-cerise and boiled water) of nitrate of pilocarpin. Injections to be made first thing in the morning on an empty stomach. Four milligrammes for the first dose; increasing the dose by one milligramme daily until the maximum, one centigramme, is reached. About fifteen injections are advised. Special arrangement should be made so that saliva may be ejected without the necessity of movement, which will uncover the person as the patient lies in bed.

The heart should be carefully watched, and signs of failure should be met with spartein, digitaline, or valerianate of caffein. *Ernest Waggett.*

Somers, Lewis S. (Philadelphia).—*Acetanilid as an Antiseptic in Chronic Suppurative Otitis.* "Med. News," April 4, 1896.

The author refers to the use of acetanilid as a general antiseptic and the satisfactory results obtained. He points out that it is exceptionally suitable for application in cases of suppurative otitis, being non-irritating, odourless, antiseptic, soluble in the discharge, and not caking or forming lumps, and advises that it should be used mixed with equal parts of fine boric powder. He urges the importance of the most careful antiseptic precaution being necessary in order to secure success, the nose and naso-pharynx being frequently washed out with an antiseptic solution.

The author mentions twenty-six cases treated by the application of acetanilid, the duration of the discharge varying from three days to twenty years, averaging

three years. In every case cure was complete within three months, the average length of treatment being one month.

In conclusion, he points out that the above results are far in advance of those obtained by the use of any other drug; in some of the cases one application being sufficient to stop the discharge. *StGeorge Reid.*

REVIEWS.

Passow. — *Eine Neue Transplantations-Methode für die Radikaloperation bei Chronischen Eiterungen des Mittelohres.* ("A New Transplantation Method for the Radical Operation in Chronic Suppurations of the Middle Ear.") By Staff Surgeon Dr. PASSOW. 1895. Hirshwald: Berlin.

THIS method resembles to a considerable extent that already described by Siebenmann, and practised by various surgeons in cases of cholesteatoma, the object of course being to make a permanent opening in the mastoid region. Siebenmann's flap was taken from the skin behind the mastoid incision; Passow's, on the other hand, is taken from the tissues in front, and the mastoid incision is made about half an inch further back than usual, beginning a good two centimètres from the attachment of the auricle and behind the tip of the mastoid process. It is carried almost perpendicularly upwards, and gradually approaches the auricle at the level of the external meatus, where it is only from one to one and a-half centimètres behind the attachment. It then continues upwards parallel to this. The length of the incision depends upon the individual case. The periosteum is separated at the lower part, and the operation is carried out very much in the ordinary way; but in the later stage of it another flap is made by cutting from the inferior extremity of the original incision forward and downward from one to one and a-half centimètres, and then from the anterior extremity of this vertically upwards in a direction parallel to the primary incision, and extending up to the lower insertion of the auricle. A tongue is thus formed, which is dissected up to the depth of the superficial fascia of the neck. This flap is then turned upwards and backwards, and its originally anterior edge is stitched to the posterior lip of the mastoid incision. The space from which it was dissected is obliterated by the bringing together of the skin margins in front and behind. The applicability of the highly ingenious method will be readily appreciated and easily understood, but all difficulty is removed by a moment's study of the beautiful illustration attached to the little brochure on the subject.

In many cases it is almost impossible to arrive at a determination, before commencing the operation, whether the extent of the supposed cholesteatoma is such as to call for the establishment of a permanent post-auricular opening; and if the incision is made in the usual position the above-described method of transplantation is practically inapplicable, whereas Siebenmann's flap can be made at the end of the operation as usually performed. At the same time there seems no objection to making