

cord was almost completely immobile. A small portion of the growth was removed, and, under the microscope, was seen to be epitheliomatous in nature. Palpation of the larynx with the finger revealed the fact that the growth was hard and immobile. Operation was performed, as in the case previously described, and ended in rapid recovery.

The author remarks upon the necessity of a thorough laryngoscopic examination being made in all cases in which hoarseness persists, as this symptom may be the one and only symptom for a considerable period in cases of serious organic disease of the vocal apparatus.

W. Milligan.

**Ucke.**—*Demonstration of the Whooping-cough Bacillus.* "St. Petersburg. Med. Woch.," No. 7, 1898.

Boy, ten years old; four years ago had tussis convulsiva; one year ago scarlet fever. Now, very frequent attacks of coughing. In the sputum was found the same bacillus, which already Czaplewski, Neusel, and Kuplik had described as the characteristic bacillus of the tussis convulsiva.

R. Sachs.

**Weinberger.**—*On Therapia of Tussis Convulsiva.* "Wien. Klin. Rundsch.," No. 8, 1898.

THE author is a physician in Piotyàn, a watering-place in Hungaria. His four children had whooping-cough; as none of known remedies seemed to be useful, he tried on the children inhalations of the thermal waters in Piotyàn. The author maintains the children were cured through these inhalations, and recommends the Piotyàn water in cases of tussis convulsiva.

R. Sachs.

## E A R.

**Barrago-Ciarella.**—*A Symptom of Endomastoiditis with Empyema.* "Bolletino delle Malattie dell' Orecchio della Gola e del Naso," August-September, 1898.

THE author points out the great difficulty in the positive diagnosis of empyema of the mastoid in the absence of general and local symptoms. It was this absence of symptoms that drew from Schwartze the opinion that the diagnosis of empyema of the mastoid is made only after operation. In two-thirds of the cases operated on by Cozzolino in his clinic the procedure was justified by the condition disclosed by the operation, while the symptoms, both in their general and local aspects, failed to indicate surgical interference. Cozzolino in 1894 called attention to the speedy reappearance of pus in the tympanic cavity as the "unique symptom" of endomastoid suppuration, and in 1895-96 pointed out that the pus followed a definite course within the tympanum. Barrago-Ciarella now gives details of six cases in which "Cozzolino's symptom" was the only, but unailing, indication of pus in the mastoid, and claims that it furnishes a much-needed sign which is pathognomonic of this condition. He supports his contention by his clinical observations as well as by the results of a series of experiments on the cadaver and on the macerated temporal bone. Pus from the mastoid, in the absence of other symptoms, is distinguished from that due to suppura-

tion in the attic or caries of the ossicula, not only by its rapid reappearance after the cleansing of the tympanum, but by its always flowing *in a single line over the inner wall of the cavity* from the postero-superior to the postero-inferior segment, passing, when the head is vertical, in front of the fenestra ovalis and fenestra rotunda. Pus from the attic flows diffusely over the remains of the tympanic membrane on its inner aspect. In the case of caries of the ossicula the amount of pus is so small and reappears so slowly that its source is readily distinguished.

*James Donelan.*

**Blau, Louis** (Berlin). — *The Diseases of the Ear due to Measles and Influenza.* "Klinische Vorträge aus dem Gebiete der Otologie und Pharyngo-Rhinologie." Published by Gustav Fischer: Jena.

THIS number of the "Klinische Vorträge" extends to fifty-eight pages. Thirty-three pages are devoted to affections of the ear caused by measles. Some interesting tables compiled from the archives of otology on the relative frequency of measles and scarlet fever as factors in the causation of ear disease are given. The various lesions due to measles are divided into groups, and each receives full consideration as regards their pathology and treatment. The description of ear conditions due to influenza occupies the rest of the work, and gives a very complete summary of our present knowledge. A literary index of eight pages gives a full reference to the published works on the subject. *Guild.*

**Cheatle, A.**—*Operative Interference on the Drum and Ossicles in Chronic Middle-Ear Suppuration.* "Practitioner," October, 1898.

In this interesting and instructive communication the author has collected the views of a number of well-known aural surgeons upon the question of the value of excision of the ossicula auditus in chronic suppurative middle-ear disease. The opinions expressed appear to be fairly unanimous in favour of excising ossicles when they are found to be diseased, and also in cases where their removal would appear to favour free drainage. Unfortunately, in the space of a brief abstract it is not possible to succinctly state the views of each individual author, and those who are interested in the subject should consult Mr. Cheatle's admirably written article. In his summary he deals with the question under two main headings: (1) Those cases in which operation is undertaken to remove the cause of the discharge, and (2) those cases in which operation is undertaken to improve the hearing after the discharge has ceased.

In discussing the question in relation to those cases falling under the first heading, it is assumed as a matter of course that all ordinary treatment has been tried. The remaining cases, those in which ordinary treatment has been tried, and in which there are no signs or symptoms of extension, may be divided into three groups, according to the position of the perforation:

- (1) In Shrapnell's membrane.
- (2) In the postero-superior quadrant of the drum.
- (3) In some other part of the drum.

Those cases in which an attempt is to be made to improve the hearing after the discharge has ceased may be classified as follows:

- (1) Solution of ossicular continuity.
- (2) Adhesions.
- (3) Flaccid cicatrices.
- (4) Retained epithelial deposits behind the drum. *W. Milligan.*

**Halasz, Heinrich.**—*Nasal and Aural uses of Hydrogen Peroxide.* "Wiener Klinische Rundschau," No. 42, 1898.

THIS paper is intended to direct attention to the advantages of peroxide of hydrogen as an antiseptic and styptic in nasal and aural treatment. It is used in solutions varying in strength from 3 to 12 per cent. The author has had favourable results in both acute and chronic middle-ear suppuration. It softens and allows the easy removal of inspissated pus and collections of epithelium. Its styptic properties are of great value where hæmorrhage is excessive in the removal of polypi from the tympanic cavity; by its use a bloodless field is produced in a few minutes. It is of similar service in removal of nasal polypi, or operations on the turbinates. It can be poured into the ear; in the nose it is better applied by means of cotton-wool twisted on a probe. It can be used in this way without danger, and produces no local irritation.

*Guild.*

**Kellat.**—*Demonstration of Different Preparations.* "Klin. d. St. Petersb. Aerzte Dez.," No. 23, 1897.

- (1) SEROUS liquid dripping from the ear in one case of otitis media ensudativa; the secretion only left off after the operation for adenoids.
- (2) Fibrous polypus—the size of a plum—on the right side of the cavum pharyngo-nasale; operated on by the snare through the mouth.
- (3) Small polypus of the membrana tympani; no perforation.
- (4) Cholesteatoma of the middle ear (very rare in Petersburg).

**Lindt, W. jun.**—*Case of Sinus Phlebitis after Cholesteatoma of the Middle Ear.* "Corresp. Bl. f. Schwicz. Aerzte," No. 13, 1898.

Boy, aged four years; otorrhœa since three years. Symptoms of sinus phlebitis and hemingitis. Radical operation. Cured seven weeks after operation.

*R. Sachs.*

**Muller, Richard.**—*The Diagnosis of Traumatic Affections of the Inner Ear.* "Deutsche Medicinische Wochenschrift," No. 31, 1898.

THE author has seen thirty cases of a chronic nature, where symptoms referable to the nervous apparatus were produced by traumatisms; excluded from the series are cases with injuries of the middle or external ear. In about 50 per cent. he found chronic hyperæmia in the depths of the external meatus and tympanic membrane, or a condition which depended on the previous existence of chronic hyperæmia, viz., opacity and relaxation of the tympanic membrane, with absence or increase or irregularity of the light reflex injection of single vessels, especially in the upper periphery and around the long process of the malleus, frequently spreading on to the tympanic membrane, and a condition of chronic thickening of the tympanic membrane, which is to be recognised by the defective clearness of the hammer of the malleus and short process due to the slight transparency of the tympanic membrane, or to its being deeply imbedded in its thickened substance. The appearance is ascribed partly to vaso-motor paralysis and partly to numerical and structural increase of the small vessels.

*Guild.*

**Politzer.**—*Treatment of Diseases of the Ear through the Meatus Entera (with demonstrations).* "K. K. Gesellsch. d. Aerzte in Wien. fau.," No. 14, 1898.

DEMONSTRATION of different apparatus which the author uses for aspiration of the air in the external meatus (Siegle, Delstauche, etc.).

The author highly recommends aspiration in cases of otitis media exsudativa, tinnitus aurium, menière, sclerosis in its beginning, and tedium. *R. Sachs.*

**Pynchon, E.**—*The Technique of Tympanic Inflation.* "Laryngoscope," November, 1898.

THE philosophy of tympanic inflation is to accomplish one or more of the following objects :

- (1) To secure ventilation of the tympanum.
- (2) To remove abnormal secretions or discharges.
- (3) To restore the normal air-pressure in the tympanum.
- (4) To correct the engorgement of vessels due to rarefaction.
- (5) To promote the absorption of inflammatory products.
- (6) To push out the abnormally retracted drum-head.
- (7) To cause massage of the ossicles.

The conclusions the author arrives at are that Politzerization is the preferable method

(1) In non-inflammatory conditions wherein the tube is sufficiently patent.

(2) In the treatment of children.

(3) When nasal deformities render the use of the catheter difficult.

The catheter is required

(1) When Politzerization is not successfully accomplished.

(2) For purposes of diagnosis.

(3) When it is important that only one ear should be inflated.

(4) When using the continuous air-current.

The continuous air-current is preferable

(1) When tubal catarrh is pronounced.

(2) When Politzerization produces discomfort.

(3) In acute inflammatory conditions.

The intermitting air-current, according to the author, is of particular value as a means of causing passive motion whenever there is a diminished ossicular mobility, and should be as strong and rapid as can comfortably be borne by the patient. *W. Milligan.*

**Tauzer, B.**—*Secondary Abscess in Inflammations of the Middle Ear.* "Wien. Klin. Rundsch.," No. 12, 1898.

THE author reports on three cases of secondary abscesses after otitis media suppurativa acuta, and one after otitis media suppurativa chronica after exacerbation of the inflammation. In the first three cases the reason was the same, acute caries of the bone after acute inflammation of the cavum tympani. In fact, secondary abscesses are mostly found in cases of acute suppuration; in cases of chronic suppuration only after an acute exacerbation of the illness. Three patients cured, one died. *R. Sachs.*

**Tilley, H.**—*Abscess of Temporo-Sphenoidal Lobe: Operation, Recovery, Remarks.* "Laryngoscope," November, 1898.

THE patient, a girl, nine years old, had had a discharge from the left ear for four years. When aged six the discharge ceased, violent headache supervened, and the patient was admitted to hospital, where a mastoid operation was performed, with relief to all her symptoms.

The discharge from the meatus, however, never entirely ceased, and for some time before seeing the author she had suffered from severe earache. The discharge having suddenly stopped, the patient was

admitted to hospital looking very ill, with both pupils widely dilated, but with no optic neuritis. The temperature was 98.6° F.; the pulse 70. Severe headache was complained of, and the cerebation was slow. About a week afterwards, and whilst the author was examining the ear, a free flow of pus took place, green and very fœtid. The amount was such as could not possibly have come from the antrum or from the meatus alone. The diagnosis made was that a cerebral abscess existed, which was discharging through the meatus. The patient was accordingly put under chloroform, the mastoid process opened up, and found full of granulation tissue and pus. The roof of the antrum was found eroded, and composed of soft granulations. The points of a Lister's sinus forceps were passed through this tissue upwards into the substance of the brain for a distance of 1½ inches, and when dilated a free flow of pus occurred. A rubber drainage tube was now inserted into the abscess cavity, and the wound washed out. The patient ultimately made a good recovery. *W. Milligan.*

**Waldvogel.** — *Cerebral Complications in Otitis Media.* "Deutsche Medicinische Wochenschrift," No. 35, 1898.

In this paper the author refers to serous meningitis and hyperæmia of the meninges with cerebral œdema. He describes two cases of the latter affection.

**CASE I.**—Boy, aged three and a half years, had high fever and cough. On the fourth day somnolence, aphasia, cerebral vomiting, and general convulsions. On the next day bowels and urine passed unconsciously. Double otitis was diagnosed, paracentesis was done, temperature fell, but rose the next day owing to retention of pus. After the pus was evacuated it again fell. Aphasia and involuntary evacuations lasted eight days, recovery then followed rapidly.

**CASE II.**—Boy, aged four years, in desquamation stage of measles, high fever and cough, followed in three days by somnolence, aphasia, convulsions; ear examination negative. Membranes ruptured, in three days temperature fell, aphasia and somnolence disappeared. Perforation closed in two days, temperature rose, cerebral symptoms reappeared. After paracentesis, improvement and gradual convalescence.

In these cases slight cerebral symptoms occurred, which did not disappear with the escape of pus or fall of temperature. They point to changes in the brain and meninges. Otitis media, *i.e.*, retention of pus in the tympanic cavity, cannot alone cause cerebral symptoms. Postmortem examination has been made in cases where there were cerebral symptoms, and where, apart from pus in the ear, there were no other changes to be seen. It is impossible to tell postmortem whether slight hyperæmia and œdema were present during life. In these two cases retention of pus could not have produced the symptoms, for they did not disappear with free escape of pus; it is necessary to assume some change in the brain and its coverings of a slight and easy recovered from nature, as hyperæmia with slight exudation. It is much more difficult to differentiate between this and serous meningitis. Positive results on puncture would confirm the diagnosis; a negative result would not exclude.

The short duration of the cerebral symptoms may differentiate, as in serous meningitis absorption of the exudation must take some time.

*Guild.*