

## Abstracts.

### NOSE.

**Baumgarten, Egmont.**—*Hæmatoma of the Nasal Septum; its Complications and Treatment.* "Wiener Klinische Rundschau," April 2, 1905.

The best treatment for hæmatoma of the nasal septum is the external application of ice for the first day, and, if there is great pain and much swelling, for the second day following the injury. On the second or third day the local treatment should consist in the introduction of small pledgets of carbolised wool which are so large that they can just be introduced; larger pledgets are used each day, and as a rule in six to ten days the septal swelling and deformity disappear. The principle is to exert a continuous pressure on the hæmatoma. It is important that no force be used, so that the mucous membrane may not be injured. Baumgarten has treated forty cases after the above method, and in only six did abscess formation follow on the hæmatoma.

*Arthur Westerman.*

### EAR.

**Grossman (Berlin).**—*Notes on Cases of Lumbar Puncture and Localised Meningitis.* "Archiv für Ohrenheilk.," vol. lxiv, December, 1904.

Two cases are described in detail to show that lumbar puncture, as a diagnostic measure, is by no means a test to be relied on.

In both cases all the clinical signs and symptoms of meningitis were present. The result of lumbar puncture also suggested "general meningitis," as in both cases there was a marked increase of the cerebro-spinal fluid, which was turbid and contained pus-cells, and in the first case also diplococci. In both cases, however, the complete mastoid operation was performed.

In the first case the mastoid alone was affected; there was no fistula in the semicircular canal nor in the inner wall of the middle ear, and the dura mater and sinus appeared normal. The patient recovered. Grossman suggests as a diagnosis a localised meningitis from absorption through the lymphatics.

In the second case the mastoid was filled with fetid cholesteatomatous material, and there was a fistula in the external semicircular canal and carious patches on the inner wall of the middle ear. The patient did not improve after operation, and the wound became very offensive. Three days later lumbar puncture was again performed and the fluid removed was still turbid, but contained no more pus-cells than before. The sinus wall, which had been exposed during the first operation, was now covered with granulations and so was incised. No thrombus was discovered. The patient died next day. The autopsy showed no trace of meningitis nor pus in the labyrinth, and the brain merely appeared hyperæmic. The author assumes that the patient died from septicæmia of otitic origin.

Grossman also questions whether lumbar puncture is of any value as a therapeutical measure in cases of otitic meningitis. In this connection he cites a third case which had all the clinical symptoms of meningitis, and where recovery took place as a result of immediate operation without attempting to make use of the lumbar puncture. In this case a

definite hole was found in the dura mater over the tegmen tympani, which confirmed the clinical diagnosis of a probable localised meningitis.

*Hunter Tod.*

**Kenefick, Joseph A.** (New York).—*The Pathology of the Infant's Ear underlying Aural and General Disease.* "Arch. of Otol.," vol. xxxiv, No. 2.

Apart from the fulminating type of suppurative otitis seen in vigorous infants, a more latent form occurs in debilitated subjects. Various outlets for pus which does not escape freely through a perforation in the tympanum are described; fortunately in most cases they take an outward direction, though not always. The influence of scarlet fever is illustrated by Holt's statistics, who in 5613 cases of deaf-mutism found 572 due to scarlatinal otitis. While scarlet fever destroys the internal ear from without, cerebro-spinal meningitis invades it from within the brain, often through the aqueduct of the cochlea. Otitis as occurring in connection with gastro-intestinal disease has been studied by Preysing, of Leipsic, and described by Heermann as "otitis concomitans." It is also frequently associated with broncho-pneumonia. The frequency of the presence of the pneumococcus in the ears of young children is shown by its occurrence in 67 out of 100 autopsies made by Holt on infants under three years, while Preysing in 121 infected ears found it in mixed infection in 112 and pure in 96. The author seems to accept Preysing's conclusion that in these cases the extension is not by way of the tube, but rather the result of a toxæmia, and that the pneumonia and the otitis owe their origin to the same cause, generally infection of the pharynx and naso-pharynx by germ-laden air.

*Dundas Grant.*

**Shambaugh, George E.** (Chicago).—*The Distribution of Blood-Vessels in the Labyrinth of the Ear of the Sheep and the Calf.* "Arch. of Otol.," vol. xxxiv, No. 2.

The paper is illustrated by three beautifully coloured plates, which give a very good idea of the distribution of the blood-vessels. According to the author the veins of the semicircular canals empty themselves into the large vein from the cochlea, which passes through the aquæductus cochleæ. According to Siebenmann, the veins from the semicircular canals unite into a common trunk and leave the labyrinth along the aquæductus vestibuli. The author insists, however, on the correctness of his own observations in spite of Siebenmann's opinion to the contrary.

*Dundas Grant.*

**Bryant, Sohier.**—*The Anatomy of the Child's Ear, emphasizing Points of Practical Importance.* "Arch. of Otol.," vol. xxxiv, No. 2.

The author draws attention to many interesting points, including the following. Before the end of the first year all the parts are united, and in the new-born infant the mastoid antrum is about 8 mm. long as compared with 11 mm. in the adult. At birth the upper part of the antrum may be encroached upon by trabeculæ enclosing cells. Small cells may appear in the base of the process as early as the third year. The sigmoid sinus groove is noticeable at the end of the first year, and its development is completed at puberty. At birth there is comparatively thick bone between the mastoid antrum and the sigmoid sinus. The lower and outer walls of the facial canal, where it crosses the tympanum above the oval window, are wanting at birth, as also the osseous

Eustachian tube. The external auditory meatus at birth measures about 13 mm. on the upper wall and 19 on the lower, as compared with 29 and 35 respectively in the adult, and is somewhat of an hour-glass shape. (The necessity for pulling the auricle downwards when inspecting the ear of the infant is pointed out.) The length of the lymphatics from the ear to the mediastinum in the infant is stated to be about one ninth of what it is in the adult, and Dr. Churchill Carmalt is quoted as having shown that the calibre of the lymphatics is as large in the former as the latter. This fact seems very significant. (No reference is made to the exposed position of the facial nerve in early childhood, the stylo-mastoid foramen being on the antero-external surface of the rudimentary mastoid process, a point to which Harold Stiles had drawn particular attention.)

*Dundas Grant.*

### THERAPEUTIC PREPARATIONS.

**MENTHARENAL.** (Frank A. Rogers, 327, Oxford Street, London, W.)

Mentharenal is an antiseptic solution containing the active principles of supra-renal gland, combined with menthol, cineol, thymol, salicylate of soda, borax, etc. The preparation has been introduced to supply the need for an antiseptic solution for the treatment of hay fever, coryza, tonsillitis, and similar conditions. It contains the most suitable adjuncts for employment in the above-mentioned pathological conditions, and the remedial properties of the gland remain unimpaired for a long period. It has recently been employed successfully for reducing the distressing symptoms of hay fever, and in cases of this malady it acts almost instantaneously on the nasal mucosa and checks the sneezing and secretion of mucus. In the treatment of coryza it rapidly checks the nasal discharge, and in tonsillitis, used either as a spray or as a gargle, it rapidly reduces the congestion and inflammation. It may be used undiluted, or, if preferred, mixed with an equal amount of water. It is best administered in the form of a nasal spray, the application being made every two or three hours to commence with, and less frequently when relief is obtained. A convenient spray for its use (and for the use of any solution in small quantities for spraying into the nose) is Rogers' *Miniature No. 1* Spray, a serviceable instrument, of the finest workmanship and material, portable and compact. Mentharenal has lately in certain irritative conditions of pharyngitis, rhinitis, etc., been combined with mucin, and has been found to afford additional protection and to act as a lubricant to the inflamed surfaces. "Mentharenal with mucin" must be specially ordered if the combination is desired.

### REVIEW.

*Diseases of the Ear.* By JAMES KERR LOVE, M.D. For Practitioners and Students of Medicine, with 54 Stereoscopic Photographs, two Coloured Plates, and many Illustrations. Pp. 339. Bristol: John Wright & Co. London: Simpkin Marshall, Hamilton, Kent & Co., Limited. 1904.

Glasgow has not been behindhand in the production of valuable works on otological subjects. Dr. Cassells supplied in 1883 an excellent