

sinus, consecutive pyæmic abscesses of the left femoral-iliac articulation, and an intervening attack of icterus, complete recovery followed after three months.

Jefferson Bettman.

Somers, L. S.—*Aural Herpes.* "Amer. Med. Surg. Bull.," Oct. 31st, 1896.

AFTER some remarks on this condition, the author quotes the following case:—

S. A., male, aged sixteen. After exposure to cold had an attack of acute coryza, with considerable prostration, fever, and a peculiar burning, stinging pain in right ear. The neuralgic pain continued for three or four days, then there appeared an eruption of from twelve to fourteen small vesicles filled with turbid fluid, covering an area of about 10 millimètres square, just inside the meatus. At this time the constitutional disturbance had passed off, all except the pain. Under the use of laxatives and the local application of yellow oxide of mercury in lanoline, the pain quickly passed off and the eruption faded away.

The patient had never suffered from any affection of the ear before, nor from herpes labialis.

Treatment must be constitutional and local.

The first consists of salines, regulation of diet, antipyretics, etc. Locally, before the appearance of the vesicles, the pain may be mitigated by the use of cold (ice water, or lead and laudanum lotion); when the vesicles have appeared, every effort must be made to prevent rupture. When the condition recurs, counter irritation should be applied to the affected nerves.

A. J. Hutchison.

Walker, Secher.—*Cerebellar Abscess complicating Mastoid Disease.* "Brit. Med. Journ.," Nov. 21, 1896.

A REPORT of a case in which cure resulted after draining of an abscess in the left lateral lobe of the cerebellum, occurring in a boy of fourteen with mastoid disease. The author believes this to be the eleventh successful case recorded.

Ernest Waggett.

Correspondence.

To the Editor of the OTOLOGICAL DEPARTMENT of the JOURNAL OF LARYNGOLOGY.

SIR,—I was much interested in your abstract in the JOURNAL OF LARYNGOLOGY for February, 1896, p. 70, of an article by Dr. Lannois, of Lyons. The case reported was one in which there had been found a rupture of the membrana tympani after hanging. The opinions of several authorities as to the probable cause of this condition were cited, and the conclusion was reached that the proper explanation had not yet been made.

The theory ascribed to Zaufal, viz., sudden increase of the intratympanic air pressure caused by the forcible propulsion of air through the Eustachian tubes by the violent upward protrusion of the tongue, seems, indeed, most improbable, and for the reason given, *i.e.*, the necessary escape of such air pressure through the nostrils.

As a more rational explanation of this condition I would suggest the following as the probable cause:—

In the act of hanging the knotted portion of the noose (in the case reported by Dr. Lannois the knot was probably replaced by a buckle) comes as a hard mass suddenly, and with great violence, in contact with the angle of the jaw, and thereby the ramus of the inferior maxillary bone is driven against the floor and anterior wall of the bony auditory canal, impinging most forcibly by its internal and highest articulating surface. A fracture of this comparatively thin plate of the temporal bone is the result. The fracture extends to and includes the membrana tympani. The mucous membrane of the auditory canal may not be broken, and there is therefore little, if any, hæmorrhage. The lesion in the ear drum would naturally assume the oval shape described, because of the action of the fibres constituting it. At the junction of the membrana tympani with the floor of the osseous canal no separation of the edges would be noticeable, supposing the fracture to be a simple one. In the middle portion of the drum, however, separation of the edges takes place on account of the retraction caused by the circular fibres. The frequency of this injury, and its extent, of course, vary with the difference in the violence inflicted and with the resisting power of the bones involved. The occurrence of this perforation of the membrana tympani is, I think, analogous to the rupture of the drum from fracture of the skull.

In the list of authorities I have consulted I find hanging as a cause of perforation of the ear drum mentioned by Goram Bacon ("Burnett's System of Diseases of Ear, Nose, and Throat," Vol. I., p. 255), and Urbantschitsch ("Ohrenheilkunde," p. 152), but in neither case is any theory as to the method of its causation given.

Very truly yours,

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at Western Reserve Medical College.

NEW INSTRUMENT.

DELIE'S NASAL GOUGE (Meyer & Meltzer, 71, Great Portland Street, W.).

This is a chisel for nasal spurs, for a full description of which see *JOURNAL OF LARYNGOLOGY*, Vol. XI., No. 4, p. 207.

