

December 20.—Labyrinthine disturbance was in evidence. Examination was difficult on account of nervousness of patient. Nausea, no vomiting, Romberg negative, rotation of head or body to the left nothing unusual, when to the right patient tended to fall. Gait good, no staggering, no temperature. Aerial and bone conduction good: Weber lateralized to right; Rinné (?). Locally granulations were observed at the level of the aditus and near the stirrup, and bare bone was detected on the internal wall of the antrum.

December 30.—Labyrinthine trouble was still present, but the vertigo which had been troubling her had diminished; the nausea still continued. She was able to attend to her business.

In the course of the dressing a sequestrum was discovered in a position corresponding to the side of the external semicircular canal, which when touched with a probe caused the patient to feel sick and everything seemed to turn round her.

April 23.—The sequestrum came away spontaneously with the dressings, and patient from that time felt much better, and by December 9 had practically recovered.

Aprapos of the labyrinthine disturbance the author remarks that at first it was believed the infection had taken place by way of the fenestra ovalis, but that the exfoliation of the external semicircular canal left no doubt as to the course taken.

There were several points of osteitis about the internal wall of the antrum, so that destruction of the external semicircular canal was not surprising.

The writer observes that this is an excessively rare occurrence, for generally it is during the course of evidement that an accidental opening of the labyrinth is brought about. As regards the wounding of the facial nerve during curettage of the subpyramidal cavity, the author believes this to be the first time a case of this sort has been cited.

In 120 temporal bones of adults and children examined, a sub-pyramidal cavity was constant and measured not less than 3 to 8 mm. in depth.

Absolutely hidden from view, the Fallopian canal and base of the pyramid form a kind of dome for it; sometimes a plate of compact tissue only 1 mm. in thickness separates the canal from the cavity.

From the important relationship which this cavity bears to the facial nerve, the author emphasises the importance of exercising the greatest care during operative manipulations about the postero-inferior part of the tympanum.

Clayton Fox.

EAR.

Vacher, L.—*Bezold's Mastoiditis; Erysipelas of the Face; Operation; Intravenous Injections of Collargol; Recovery.*—"La Presse Otolaryngologique Belge." January, 1904.

A woman, with chronic dacryocystitis on the left side, was attacked suddenly with deafness and acute pain in the left ear, which gradually extended over the whole of the left side of the head, with redness and swelling of the temporal region. There was fever, insomnia, and frequent vomiting. On the eighteenth day paracentesis, which gave exit to pus and blood, afforded temporary relief; but a few hours later suppuration from the ear became abundant with increased pain, fever, and vomiting.

At the same time the swelling invaded the auricle, the cheek, and the left eyelids, with an erysipelatous blush.

On the evening of the twenty-first day, when first seen by the author, the patient's condition was very grave. There was high fever (105.2° F.) and a rapid feeble pulse. She complained of severe pain over the whole of the left side of the head and great tenderness. The mastoid region was œdematous and slightly red; the site of the antrum and the tip of the mastoid were particularly tender, and below the mastoid process pressure was unbearable. This region was infiltrated and the neck almost fixed. The auditory canal was full of pus. As an operation was impossible on the spot, the patient was removed about twelve miles to the hospital, where an operation was immediately performed. The antrum, which contained a little pus, was first opened; the affected cells were then followed down and the whole tip of the mastoid process removed to the digastric groove, where a perforation was found in the bone, and a purulent focus going as far as the sheath of the facial. The whole of the cortex was removed, but the sinus remained covered by a layer of healthy bone. The radical operation was then completed by exposing the antrum, aditus, and attic. The next day the symptoms continued, and the wound was found quite dry. The lateral sinus was explored and found to be healthy. The almost desperate condition of the patient was, therefore, due to the erysipelas, which was extending. Two cubic centimetres of 1 per cent. solution of collargol were then injected into a vein at the bend of the elbow, after which vomiting ceased. This injection was repeated daily for four days. During that time the erysipelas continued to spread until nearly the whole head was involved, and two abscesses formed and were opened. The temperature, however, gradually fell, the patient's condition improved, and the wound took on a healthy action. On the fifth day after the operation everything was satisfactory, and from this date progress was uninterrupted.

The author considers that the cause of the otitis, which followed influenza, was infection from the lacrymal passages; and that the paracentesis, performed without antiseptic precautions, was responsible for the erysipelas.

Chicèle Nourse.

THERAPEUTICS.

Urbantschitsch (Vienna).—*The Action of Thigenol in Ear Disease.*
"Monatschrift f. Ohrenheilkunde," November, 1903.

Thigenol is an excellent remedy in the treatment of chronic middle-ear suppuration. The suppuration quickly subsides even in cases which have resisted treatment with silver nitrate, hydrogen peroxide and salicylic alcohol.

The results obtained by using this remedy in acute inflammations of the middle ear in which there was no perforation, were surprisingly good. The astringent and absorbent action of thigenol produced an alleviation of the symptoms (pain, etc.), and lessened the severity of the disease so much that in some cases paracentesis was not necessary. Instillations of thigenol in diffuse inflammations of the external auditory meatus were followed by cure in a comparatively short time. It is an excellent remedy for eczema of the auricle and for pruritus.

A. Westerman.