## EAR.

**Church, B. F.**—*Inflammation of the Mastoid Process.* "Pacific Medical Journal," April 19, 1901.

In an article upon this subject the author discusses at some length the anatomy of the temporal bone and the relation of the middle ear to various important structures. With regard to the prognosis of the affection, he considers that it depends upon the presence or absence of infection; thus, that it is usual to find a rapid subsidence in all simple acute inflammatory conditions of the mastoid and of the middle ear, provided no infection has been carried from them. In the exanthemata infection is prone to occur, micro-organisms passing through the Eustachian tube from the naso-pharynx. Probably the various cocci found in the discharges from the ear in such cases are the primary cause of the suppurative inflammation, they having entered the middle ear through the Eustachian tube before its closure. In all severe inflammatory affections of the middle ear closure of the Eustachian tube to a greater or less degree takes place, and this forms Nature's method of preventing infection of the cavity. Any forcible inflation under such circumstances is prone to drive organisms into the middle ear, and hence to cause infection. The author places great stress upon the presence of "dipping" of the postero-superior wall of the meatus in such cases as evidence of deep-seated mastoid disease. In early cases confinement to bed, a brisk cathartic, local blood-letting, or cold applied over the mastoid process are valuable and frequently efficacious. Incisions through a bulging or swollen membrane are also recommended as a means of securing free drainage. The continuous application of cold over the mastoid process is highly spoken of by the author. Should no improvement take place after a forty-eight hours' trial of simple methods, operation should be resorted to at once. In doubtful cases the wiser and safer plan is to operate, as delay may prove exceedingly dangerous. *W. Milligan.*

**Friedrich, Professor E. P.**—*Three Cases of Diabetic Mastoiditis* "Arch. of Otol.," vol. xxix., p. 146.

In the first case, the operation under chloroform revealed extensive caries; it was followed by increase in the excretion of sugar, but recovery ensued. In the second chloroform was also administered; diabetic coma commenced on the third day, and death followed on the fifth. There was simultaneous chronic Bright's disease. In the third an abscess communicating with the mastoid tip was opened under local anæsthesia (ether spray), and recovery took place. The writer attributes the danger to the narcosis, and not to the operation. He advises local anæsthesia when possible, and recommends Naunyn's plan of administering bicarbonate of soda beforehand, as well as regulating the diet. *Dundas Grant.*

**Muck, Dr.** (Rostock).—*Upon the Colour of Living Rhachitic Bone as found during Mastoid Operations in Rhachitic Children.* "Arch. of Otol.," vol. xxix., No. 4.

Two cases are described, the bone on incision being soft, so as to be marked by the knife, and of a light rose colour; it was so soft that it could be readily removed with a sharp spoon. The healing process was rather slow, but otherwise showed nothing unusual. The writer points out how little attention has been paid to this condition.

*Dundas Grant.*

**Schwendt, Dr. A.**—*Sharply Circumscribed Sound Defects in the Hearing Fields of Certain Deaf-mutes.* "Arch. of Otol.," vol. xxix., p. 152.

Three cases of deaf-mutism are cited. In the first there was sharply-defined deafness for the tone $f^5$. In the second the loss was for tones above $f^1$ and $a^1$. The only consonant he could hear was the guttural *r*. The third deaf-mute had comparatively good hearing for notes below $g^2$, and therefore for an octave more than the second one. She could hear all the consonants except *s*. To hear speech well, there should be good hearing for the notes between $g^1$ and $g^2$, but in two cases of Bezold's speech was well heard. All the hearing for this octave was extremely defective. Bezold explains this by the fibres of the membrana basilaris vibrating in response to the harmonics.

*Dundas Grant.*

**Wagner, F.** (Bâle).—*Acuteness of Hearing before and after Radical Operations.* "Arch. of Otol.," vol. xxix., No. 4.

From the examination of a number of cases it was found that the average of hearing for the voice after a radical mastoid operation was about 33 per cent. of the normal. The upper limit of audition was generally unaltered, and the hearing for the higher tones practically normal.

The amount of hearing power present in a case in which operation was proposed might be considered. As a rule, this element is overshadowed by the others, but when other indications are doubtful the preservation of more than 33 per cent. of the normal hearing-power might suggest further trial of non-operative measures.

*Dundas Grant.*

## REVIEW.

*The Asphyxial Factor in Anæsthesia, and other Essays.* By H. Bellamy Gardner, M.R.C.S., L.R.C.P. London: Baillière, Tindall and Cox. Pp. 63. Price 3s. net.

The writer has chosen a somewhat ambitious title for a collection of three or four short papers on various subjects connected with anæsthesia. In the first, from which the book takes its chief title, the various causes which tend to prevent the proper oxygenation of the blood are described; and if repetition of what should be urged in every text-book which describes the administration of an anæsthetic may help towards a more careful watching of the respiratory functions during all states of artificially-produced unconsciousness, the writer's efforts will not have been in vain.

In the second part hints are given as to the administration of the anæsthetic agents which are now most commonly employed; but we think these short chapters are hardly worthy of description as essays. Mr. Gardner has followed the teaching of Dr. Hewett very closely in the use of gas and oxygen. We agree with him that it is unsuitable for prolonged inhalation in the case of young children; but would go further, and think that its use in operations such as he describes lasting up to twenty minutes or more will be still further restricted.

In the last paper suggestions are given as to the best method of lifting a patient from bed on to the operating-table and back again.