

## E A R.

**Alt.**—*Demonstration of Two Cases of Cured Thrombosis of the Sinus Transv.* "Wien. Klin. Rundsch.," No. 49, 1898.

One ought always to notice in these cases the stiffness of the neck; painfulness only on one side, and also rotations of the head are only painful to one side. R. Sachs.

**Dunn.**—*A Case of Feeding in Suppurative Otitis Media.* The "Laryngoscope," February, 1899.

J. H.—, aged ten, consulted the author for thin serous profuse discharge, with very little pus, from the right ear, following two nights of pain.

A large perforation was found in the posterior-inferior quadrant. There was only moderate redness. The patient was anæmic and poorly nourished. The night after the second sitting there was pain in the left ear, followed by a similar condition to that in the right ear. For ten days the middle ears were cleansed thoroughly and also the nose and naso-pharynx, and all the best antiseptics were applied, but there was no change in the quantity and character of the discharge. The author then, every two or three hours, injected a few drops of beef-juice after cleansing the ears. There was an immediate change for the better, and the case was dismissed in four days, cured. The author affirms that the cure was due to the beef-juice. R. M. Fenn.

**Heimann.**—*Progressive Deafness.* "Wien. Klin. Rundsch.," Nos. 48-51, 1898.

The author gives a report on the different causes of progressive deafness; he mentions the reasons, progress, and treatment of deafness caused by diseases of the external, middle, and internal ear, excluding chronic suppurations. The whole work is more like a review on known monographies. Concerning the different treatments of sclerosis (with medicine or through operation), the author is quite right in saying that aurists seldom make such mistakes as they do in treating the sclerosis. It is really a fact that nearly each year brings some new methods of curing chronic deafness, especially sclerosis, and these remedies become more and more fantastic. But, unfortunately, these patients have made such bad experiences with the other "excellent remedies," that in their sad state they are tempted to try the "latest cure for sclerosis." And, thinking how much nonsense was written about "cure for sclerosis," and how many useless remedies were "invented" already to treat this disease: excision of the membrana tympani; extraction of the ossicula; incision of the tensor tympani, etc.; surgical treatment; then all the different medicines! The latest and greatest nonsense, I believe, was the famous (?) treatment of sclerosis with gastric juice or pepsin by Cohen (not mentioned by Heimann). This method was supposed to cure the sclerosis in a very simple way: the gastric juice or the pepsin should digest all the cicatrixes and synestics caused through the sclerosis. Of course, the anchylosis of the stapes and the otitis interna (Politzer) were not taken any notice of. In the most ways of treatment one is really forced to think the old words, "Risum teneatis, amici?" If only all specialists would consider the real reason and progress of sclerosis, they would not waste such time in treating either the middle ear by operation, or the membrana neurosa with useless medicines. R. Sachs.

**Lake, R.**—*A Case of Brain Abscess.* "St. Thomas' Hospital Reports," 1897.

A man, aged thirty-one, of high intellectual attainments, had suffered for nineteen years from deafness and discharge from the left ear. The remains of the membrane and the malleus having been previously removed without benefit, a typical Stacke's operation was done. The antrum was deeply situated, and the lateral sinus was exposed; the bony roof of the attic and antrum was absent, and the dura was here inflamed. Facial paralysis was noted after the operation. Everything appeared to be going on well, and he left the nursing home; but on the tenth day after the operation he complained of headache, and the temperature was slightly raised. On the thirteenth day there was inability to read, loss of memory for names of people and places, and marked giddiness after a short railway journey. On the seventeenth day he was very much worse, and was admitted into St. Thomas's Hospital. He could then with slight difficulty read familiar and simple sentences, but soon got tired of the effort; he could write his name but not his address properly. The pupils were dilated and equal, and the reactions very sluggish; clasp of hands weak, especially right; right knee-joint brisker than left; well-marked left peripheral facial palsy.

The left temporo-sphenoidal lobe was at once explored by Mr. Ballance, the brain bulging, but not pulsating in the trephine opening. Fœtid pus was evacuated through a cannula, and the opening being enlarged, the finger was inserted. The abscess was evidently acute, as there was no thick wall. Rubber tubes were used for drainage, two through the trephine wound and one through the attic.

The next day he could not even read the simplest sentences, but this gradually improved.

A month after the second operation: "He is now seldom at a loss for a word. No difference in the strength of the arms; no weakness of right face. The power of reading and writing has been almost completely regained, though occasionally some word bothers him."

The interrupted current was used for the facial paralysis following the Stacke operation, and this had entirely cleared up at the end of six months. The patient was then in robust health, but had not attempted any mental work.

The symptoms pointed strongly to an abscess in the temporo-sphenoidal lobe, and the case shows the success attending efficient and long-continued drainage, and also the advantage of the persistent use of the interrupted current in the cure of peripheral facial paralysis.

*Atwood Thorne.*

**Martin.**—*Scalding Oil in the Ear and the Result.* The "Laryngoscope," March, 1899.

A man, aged twenty-six, in order to remove a dull feeling from the left ear, introduced hot oil.

The external ear, tragus, and antitragus were scalded. Membrana tympani concealed by a bleb. After serous fluid had escaped from bleb, pulsation was seen. After drying, iodoform was dusted on. Much necrotic tissue was exfoliated in the following two weeks, but there was no pus.

A kidney-shaped perforation of the lower half of the drum was seen; this partially closed in several weeks, and three months from the accident was found to be quite healed, and the hearing almost normal.

*R. M. Fenn.*

**Morton.**—*A Case of Bilateral Mastoiditis.* The "Laryngoscope," February, 1899.

The author refers to the smallness of the number of recorded cases, and then gives the following case :

Mrs. R—, aged forty-four, after the use of a nasal douche was seized with sudden pain in both ears. On examination both ears were found to be discharging profusely. There was tenderness with marked swelling and redness of both mastoid processes. There was marked fever, and the pain radiated backwards and also down into the neck.

Calomel, Rochelle salts, and the application of leeches, followed by fomentations and the hourly douching with warm boric lotion, brought apparent improvement. On the ninth day from first examination the author opened both antra and removed a mass of pus and granular débris by douche and curette. This was followed by rapid and permanent recovery, and no noticeable deafness remained.

R. M. Fenn.

**Siebenmann.**—*Spongy Ossification of the Capsule of the Labyrinth as one Pathological-Anatomical Reason of the so-called Sclerosis of the Middle Ear.* "Corresp. Bl. f. Schweizer Aertze," No. 1, 1899.

The author says one ought not to speak any more about sclerosis of the middle ear, because in reality either different parts of the cochlear capsule—not only the fenestra ovalis and stapes—or the semicircular canals are affected. In sclerosis in older people he found sometimes a disease of the nerve without any affection of the bone. Treatment : Phosphorus in small doses.

R. Sachs.

### THE O'DWYER MEMORIAL.

A COMMITTEE of over forty physicians, representing sixteen different medical societies of the city of New York, and including representatives of both schools of medicine, has been formed for the purpose of doing honour to the memory of Dr. Joseph O'Dwyer.

The first meeting was held at the New York Academy of Medicine, November 22, 1898, under the chairmanship of Dr. J. D. Bryant, and was mainly devoted to organization. Dr. George F. Shrady was elected permanent chairman, and Dr. Alfred Meyer permanent secretary, and the following committee on scope and plan was appointed : Dr. Dillon Brown, chairman, and Drs. Robert Abbe, R. G. Freeman, L. Emmet Holt, and Louis Fischer.

At the second meeting, held at the Academy of Medicine, March 13, 1899, the report of the committee on scope and plan was adopted, and now only awaits final action of a meeting of the full committee.

The memorial to Dr. O'Dwyer will probably take an educational form, for by the plan now outlined it is proposed to raise a fund of \$30,000, the interest of which shall support two