

CASE 2.—Male, aged forty-seven, complained of severe headache for twenty-one days before admission. At the beginning of his illness he had a chill, followed by profuse perspiration, and had similar attacks for two or three nights thereafter. He was attended by a doctor, and the attacks ceased. On admission, temperature 103° F., pulse 114; diagnosis made, probably typhoid fever. At six p.m. the patient, who had gradually become semi-comatose, had a distinct chill; right drumhead white and lustreless; incision of the drumhead yielded pus. No sagging of meatal wall and no mastoid tenderness. *Mastoid operation*: Cortex normal, *sinus immediately presented close to posterior meatal wall*; retractor inserted between sinus and bone, and eventually mastoid antrum reached; antrum of normal size and contained granulations, but no fluid pus. Sinus wall normal, nevertheless plugs introduced between bone and sinus, one at the upper knee and one lower down. Intervening sinus wall incised, and cavity found to be occupied by red thrombus. Upper plug removed, but no bleeding. Internal jugular resected from $\frac{1}{2}$ in. above subclavian to above facial. Neck wound sutured. Free bleeding obtained a little beyond upper knee, but no bleeding from bulb. Gauze drain placed in bulb. Uneventful recovery. Kopetzky remarks that the absence of all mastoid symptoms in this case is characteristic of the anomaly of mastoid structure.

J. S. Fraser.

MISCELLANEOUS.

Myron Metzenbaum (Cleveland, Ohio).—Scopolamine in Nose and Throat Operations. "The Laryngoscope," 1915, p. 95.

Metzenbaum reports on the administration of scopolamine or hyoscine hydrobromide as a preliminary injection before 2000 operations on the ear, nose, and throat. Adults were given $\frac{1}{100}$ th of a grain, usually by the mouth, from a half to one hour before operation under local or general anaesthesia. Children got $\frac{1}{200}$ th of a grain in pill form. Scopolamine acts as though it were made up of two radicals, one of which is similar to atropin. As children tolerate belladonna very well, they also tolerate scopolamine. Scopolamine does not, however, check the secretion of the kidneys or salivary glands, but greatly diminishes mucus secretion. The other radical of scopolamine is a decided brain sedative which changes pre-operative nervous fear and irritability into a condition of calm and quietude. Patients who have had scopolamine go under ether (or a mixture of nitrous oxide and oxygen gas) much more rapidly than usual. In nasal operations the preliminary administration of scopolamine lessens the amount and strength of cocaine which must be used. Scopolamine is free from any immediate or remote detrimental effects.

J. S. Fraser.

OBITUARY.

It is with deep regret that we intimate the death of two notable Spanish colleagues, Dr. Suncé y Molist, of Barcelona, and Dr. Gallegos, of Seville.

Dr. Suncé y Molist was one of the very few pure otologists in Spain, and was everywhere regarded as one of the great medical personalities of the Peninsula. His professional career began as long ago as 1868, and the enthusiasm and energy with which he applied himself to his life's work won for him a commanding position not only in his own country

but throughout the whole of Europe. A prolific writer, his literary gifts were used to good purpose not only in the large number of articles and papers which issued from his pen, but also in the editing of the *Internationales Centralblatt für Ohrenheilkunde*, of which he was one of the founders, sharing that distinction and responsibility with Dr. Brieger, of Breslau, and Dr. Gradenigo, of Turin.

Dr. Gallegos, who died at the early age of fifty-five, was a well-known Spanish laryngologist, whose organising powers won for him the golden opinions of his *confrères* on the occasion of the Medical Congress at Seville, in which he took a leading part. A medical man of lofty culture, his diagnostic and surgical skill was universally acknowledged to be of the highest quality.

REVIEWS.

An Index of Prognosis and End-results of Treatment. By Various Writers. Edited by A. RENDLE SHORT, M.D., B.S., B.Sc.Lond., F.R.C.S.Eng., Capt. R.A.M.C., Hunterian Prof. R.C.S., Examiner in Physiology for the F.R.C.S., Hon. Assistant Surgeon, Bristol Royal Infirmary, etc. Bristol: John Wright & Sons. London: Simpkin, Marshall & Co. Ltd. Toronto: Macmillan Co. of Canada. 1915. Pp. 570. Price 21s. net.

Prognosis is of all the aspects of clinical work the one of which the practitioner is apt to fight shy, and the more experienced he is the more he endeavours to avoid touching on it. The writer remembers a highly respected consulting physician succeeding in satisfying a husband who anxiously inquired as to whether his wife would recover, with the reply uttered with the most solemn unction "I hope so." An Irish physician who was faced with the question "Will he get through the night?" is stated to have stifled further inquiry by the answer "I'll tell you better in the morning." A practitioner (who shall be nameless) in early days of general practice when dispensing was included, was called to a very old man who was apparently *in extremis* with well-marked classical "Hippocratic" countenance. He was so convinced that it was only a matter of a few hours that he said as much and further that *it was useless to give him any more medicine*. As no message as to the expected death arrived he found on inquiry that the old man had pulled round and was out of bed. We shall not dwell on the obvious moral. The same practitioner when engaged in discussing with a senior partner the condition of a young child and the possibilities of its recovery, was faced by the more experienced man with the exclamation "Couldn't you *see* that the child was rapidly sinking?" The faculty of *seeing* the general signs and portents, apart from academical details, had probably only been acquired by having previously made mistakes and *having remembered them*. The extraordinary powers of recuperation in children even when in what appeared to be the most desperate condition so impressed the younger practitioner that he was fain, when pressed, to take refuge in the somewhat exaggerated avowal that he would never look on a child as past recovery till it was "in its coffin and screwed down." This had the air of smartness and the touch of hyperbole which seems so gratifying to the Londoner's ear and, as it was merely a kindly and encouraging expression of ignorance, it was usually taken in good part.

In the inevitable uncertainty, it is only human to wish to let anxious