

flap, which is united to the tracheal mucous membrane below and to that of the pharynx above: the flap is fixed and held in position in the same method as in cases of laryngostomy. The writers give the results of 34 operations (7 tracheotomies, 5 laryngostomies with plastic operation later on, 2 hemi-laryngectomies and 20 total laryngectomies). The result was comparatively successful in three of the seven tracheotomies, and in one of these very good; of the five laryngostomies one did badly (tubercular infection of wound), but the four others were cured, in one case for fourteen years, one eleven years, and one eight years; the two cases of hemi-laryngectomy both recovered (seventeen and nineteen years respectively); of the twenty total laryngectomies one patient died fourteen days after the operation, the other nineteen patients stood the operation well; four completely healed; in three others the result was comparatively successful, while the remaining twelve died within a year after the operation.

*J. S. Fraser.*

### E.A.R.

**Yankauer, Sidney.**—**A Speculum for the Direct Examination and Treatment of the Eustachian Tube.** "Annals of Otology, Rhinology and Laryngology," vol. xx, p. 421.

An instrument designed for introduction into the naso-pharynx, and illuminated by the ordinary headlight. It is simple in construction, and appears to be easy of manipulation.

*Macleod Yearsley.*

**Perkins, Chas. E.**—**Mastoiditis without Apparent Involvement of the Middle Ear.** "Annals of Otology, Rhinology and Laryngology," vol. xx, p. 423.

Four cases. In all the membrana tympani was intact, and is described as "normal." In the first and second cases there were a subperiosteal collection of pus and perisinus abscesses; the fourth case died from purulent meningitis.

*Macleod Yearsley.*

**J. Moller.**—**Clinical Observations on a hitherto undescribed form of Tuberculosis of the Middle Ear.** "Zeitschr. f. Ohrenheilk.," vol. lxiv, Part I.

The writer describes a type of tuberculosis of the middle ear in which the patient complains of a gradually increasing deafness, and in which, on examination, the tympanic membrane presents an appearance somewhat resembling that seen in an acute otitis media with marked exudation into the middle ear. The membrane is markedly bulged, but does not show diffuse reddening; it is golden and dull, showing many injected radial blood-vessels. If paracentesis is performed the membrane is found to be strikingly thickened and tough, and no secretion can be obtained from the middle ear, the membrane heals rapidly, and after remaining for weeks or months in the state described above may gradually regain its normal appearance. Should the process advance, a small portion of the membrane protrudes more and more, its epithelium becoming adenomatous and finally shed, and a small ulcer develops with a small drop of pus on its surface. Similar ulcers develop over the rest of the tympanic membrane, which heal or may give rise to perforations, the membrane then presenting the well-known appearance of the typical middle-ear tuberculosis, but frequently the dull golden coloration is preserved for a long time. The condition starts, in fact, as a diffuse generalised infiltration of the membrana propria with marked thickening, and a

microscopical examination reveals a chronic inflammatory process in the membrane with destruction of its tissue, and replacement by new-formed connective tissue showing a tendency to organise. Although no tubercle bacilli can be detected on staining by the Ziehl-Neelsen method, it appears certain that a chronic tuberculous inflammatory change is occurring. This condition has been observed and followed in nineteen cases of phthisis pulmonalis.

The treatment advised consists in non-interference so long as the outer epithelial layer of the membrane is intact: as soon as ulcers develop energetic treatment with trichloroacetic acid or lactic acid, or excision of parts of the membrane followed by cauterising, or where marked loss of substance occurs. Pfannenstill's method of using perhydrol and potassium iodide may be tried.

*Lindley Sewell.*

**Putnam, J. J.—The Value of Lumbar Puncture in the Treatment of Aural Vertigo.** "Boston Med. and Surg. Journ.," September 28, 1911, p. 472.

The author refers to the literature of the subject. The best cases for treatment by lumbar puncture are those where tests show the labyrinthine apparatus is still in a fairly normal state, the most favourable being those of pure labyrinthine origin and of relatively short duration. In cases of this class sensitiveness to the galvanic current may be poor before lumbar puncture, may become more nearly normal after. Prognosis as to results varies much, but it is very good where galvanic and other tests indicate a labyrinthine vertigo with but little nerve degeneration. This paper must be read in conjunction with that of Blake in the same issue.

*Macleod Yearsley.*

**Tobey, G. L.—A Case of Primary Sarcoma of the Middle Ear and Mastoid Operation: Recovery.** "Boston Med. and Surg. Journ.," November 9, 1911, p. 726.

Boy, aged eleven, in whom attacks of dizziness on rising formed the first symptom. After two weeks these ceased. Three months later hissing tinnitus came on and lasted two weeks. Two days after its cessation, bloody discharge appeared, with no subjective symptoms. A tender mass filled the lumen of the meatus (right ear). Operation (October 24, 1907) showed the mastoid necrosed and occupied by growth, which was removed, practically the whole ear being involved. Examination on October 9, 1911, showed no signs of recurrence.

*Macleod Yearsley.*

### MISCELLANEOUS.

**Fischer, Prof. B.—Death from Encephalitis Hæmorrhagica following an Injection of Salvarsan.** "Münch. med. Wochens.," August 22, 1911, p. 1803.

This record of a tragic case is of great interest at the present time. The patient was a medical man in the prime of life who accidentally contracted syphilis from a patient. The primary lesion was situated upon the right side of the nasal septum, and during the secondary period, when he was first seen by a doctor, he suffered chiefly from headache and slight pyrexia, accompanied by a maculo-papular eruption with swelling of the glands below the angle of the lower jaw (right). After the dia-