was of the usual size, and that in a case of pressure on the trachea by an enlarged thymus which he had seen the character of the stridor was quite different, and was both inspiratory and expiratory, chiefly expiratory. *StClair Thomson.*

EAR.

Haike, H.—*Contribution to the Pathology and Pathological Anatomy of the Middle Ear and Labyrinth.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

The malleus and incus were removed at a radical operation for chronic middle-ear suppuration, and unintentionally the stapes. A small spot continued to discharge, and the secretion showed tubercle bacilli. The plate of the stapes showed slight necrosis. There were no signs of tubercle in the other organs.

Haike has found by examination of the literature on the subject that in all cases of unintentional removal of the stapes in the radical operation where little force was used there was no vertigo, while in intentional removal, or in unintentional where force was used in extraction of the malleus and incus, vertigo has followed. *Guild.*

Heine, B.—*The Special Danger of Acute Purulent Ear Suppuration in Elderly People.* "Berliner Klinische Wochenschrift," No. 35, 1900.

He describes the particulars of several cases with fatal results. The disease develops obscurely; the usual symptoms of mastoid disease are undeveloped or very indefinite; sclerosis of the bone exists, and suppuration progresses towards the top of the petrous portion of the temporal bone, where it may be missed at the operation. Operation must be more frequently undertaken in elderly people where there is pain of short duration over the mastoid, where there is slight depression of the posterior superior wall of the auditory meatus, or where there is severe pain on one side of the head. *Guild.*

Hessler, H.—*Middle-ear Suppuration and Brain Tumours.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

Hessler has collected eighteen cases of brain tumours with ear suppuration from literature, and added one of his own. Case 13 should have been excluded, as the brain symptoms occurred seven years after the cessation of the otorrhœa. The ear suppuration was chronic in most of the cases. He discusses the differential diagnosis between brain tumour, brain abscess, hydrocephalus, and hysteria. The more prominent the ear symptoms, the more likelihood of brain abscess. Those cases of chronic middle-ear suppuration which are complicated with cholesteatoma or necrosis are more apt to lead to brain complications. This fact is of great importance in the difficulty of diagnosis. *Guild.*

Körner.—*Surgical Treatment of Suppuration in the Labyrinth.* "Münchener Medicinische Wochenschrift," No. 37, 1900.

Middle-ear suppuration spreads not unfrequently to the labyrinth. Owing to its connections pus finds its way easily to the posterior

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cranial fossa, and leads to meningitis or cerebellar abscess. In the labyrinth suppuration does not always spread; purulent disease of the cochlea is shut off by granulations from the vestibule, and that of the semicircular canals and vestibule from the cochlea. The commonest seat of suppuration is in the horizontal semicircular canal and vestibule. It exhibits sudden attacks of vomiting and giddiness with nystagmus; patient falls to the side of the affected ear.

He referred to the work of Stacke and Laufal in laying open the different middle-ear spaces, whereby it was possible to see fistulæ leading from the horizontal semicircular canal, and to follow those into the vestibule. These favourable results led to opening of the vestibule where there were no fistulæ if the symptoms pointed to disease. He describes two cases of suppuration in the vestibule which he had operated on, and which have been cured for a long time.

Guild.

Macaskie, James G.—*Removal of a Foreign Body from the Ear.* "Lancet," June 2, 1900.

The author was called in to see a schoolboy who had pushed into the right meatus a piece of indiarubber which had previously been attached to a lead pencil. It was found that he had driven the rubber well in, and as it was almost an exact mould and presented to view an entirely flat surface it was impossible to catch it with forceps, and syringing did not seem likely to improve matters. The author, therefore, on the following day, teased out the end of a small piece of twine, and giving this a good coating of seccotine, pushed it tightly against the indiarubber, packing it closely all round with cotton-wool. This was allowed to remain in position for twenty-four hours, when there was firm cohesion, and not the slightest difficulty was found in withdrawing everything *en masse.* *StClair Thomson.*

Nadoleczny, M.—*Bacteriological and Clinical Examination of Genuine Acute Exudative Middle-ear Inflammation.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

Amongst thirty-three cases the *Diplococcus pneumoniæ* occurred seven times alone and nine times with other organisms, the *Streptococcus pyogenes* six times alone and six times with other organisms; the *Staphylococcus pyogenes aureus* twice, *albus* thrice. In the cases with *Diplococcus pneumoniæ* the otorrhœa ceased in seven days; in those with *Streptococcus pyogenes* in thirteen days. In three cases in which the suppuration became chronic there was nothing special bacteriologically. The saprophytes did not aggravate the progress.

Guild.

Roy, Dunbar.—*Some Observations on the Prognosis and Treatment in the so-called Catarrhal Deafness.* "Medical Times," New York, June, 1900.

In a paper read before the Georgia Medical Association, Atlanta, the author deals at length with the subject of catarrhal deafness where the membrana tympani is intact, and the middle ear is not open to inspection. He states that with the exception of the advance made in aural surgery in dealing with the mastoid, little has been done in the last fifty years since the days of Wilde and Toynbee. He criticizes severely the numerous modern works "containing nothing more than a

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compilation from the older authors," and believes that success in treatment of this disease is in direct ratio to the age of the patient, that the prognosis is more favourable when there exists distinct morbid conditions of the nose and naso-pharynx which can be remedied, and that it is erroneous to lay down the law that the Eustachian tube is universally at fault. He sums up his advice as to treatment in attention to morbid conditions of the nose, naso-pharynx and Eustachian tube, and some form of massage of the membrane if there is want of mobility of the vessels. *St. George Reid.*

Schwartze, H.—*Acquired Atresia and Stricture of the Auditory Meatus and its Treatment.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

In twelve cases seven were stricture, five atresia. The narrowing was partly osseous in seven. The cause in nearly all cases of stricture is an injury, not unfrequently operation. The atresia operation was nine times accompanied by the radical operation, and only twice without bone operation. Narrowing recurred in both the latter cases. Schwartze, therefore, recommends always to widen the osseous meatus, even although the disease demands no bone operation. The stricture recurred in two cases after the radical operation without any definite cause, in one after six years.

He lays great stress in the after-treatment on plugging and cauterization. *Guild.*

Wilson, R. A.—*Mastoid Disease, Acute Otitis Media, and Pyæmia, occurring in an Epileptic as a result of Injury.* "Lancet," May 12, 1900.

A married man, aged thirty-seven years, who was epileptic, was admitted to the Rubery Hill Asylum on April 27, 1892. He enjoyed a tranquil existence until January 26, 1893, when at 3 a.m. another epileptic, in a frenzy of acute maniacal delirium, darted out of an adjacent bed and severely belaboured him about the head with an earthenware chamber utensil. For several years after this from time to time the patient complained of a deep-seated pain over the right mastoid process, together with slight deafness, but no objective symptoms could be made out, nor was there any bulging of the postero-superior wall of the meatus. On November 16, 1899, he fell in an epileptic seizure, sustaining an incised wound of the right eyebrow and also a contusion of the right ear. On the 24th of that month a purulent discharge made its appearance from the affected ear, and on the 27th the tympanic membrane was found to be perforated. On December 4 the discharge was much more profuse, the temperature being 100° F. On the 5th the discharge was still greater, and the ear required syringing six times a day. The temperature was 100°. On the 11th there was a slight diminution of the discharge, the temperature rising at night to 100°. On the 12th the temperature rose from 98·8° in the morning to 102·2° in the evening, on the 13th it rose from 99·6° to 103·4°, while on the 14th it dropped from 104·4° to 103·4°. On the 15th there was still much discharge, the morning temperature being 104·2°, and the evening 106·4°. The typhoid character of the temperature continued for the next two days, rising from 104·6° to 106·4° on the 16th, and from 101° to 104·8° on the 17th. On the 18th the morning temperature was 101·4°, and the evening temperature was

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101·6°. The discharge had diminished. He was dull, stupid, and irritable, and appeared to have difficulty in collecting his thoughts when trying to answer questions. On the 19th the temperature, which was 99·2° in the morning, rose to 104·8° in the evening. On the 20th the morning temperature was 99·6°, and the evening temperature was 103·2°. An accumulation of pus was incised and evacuated over the left elbow-joint. On the 21st an abscess over the left metacarpus was opened. The discharge from the ear, which had diminished somewhat, became more copious. Perspiration was very profuse, alternating with rigors. When addressed he "rambled" in an incoherent manner. The morning temperature was 102°, and the evening temperature was 101°. On the 22nd the temperature in the morning was 100°. A collection of pus over the right ankle-joint was opened. The condition of the patient was very grave. There was marked pallor of the countenance, and he was unable to speak, though able to take fluid nourishment. He died at 12.30 p.m.

Extract from Post-mortem Book.—The dura mater over both petrous and mastoid portions was unaffected, as were also both anterior and posterior surfaces of the petrous and external surface of the mastoid. There was no change in the lateral sinus. The bone forming the roof of the tympanum was removed and disclosed pus in that cavity. The mastoid antrum was full of thick, cheesy pus; its walls were thin but hard and dense. Free communication existed between this cavity and the tympanum.

Remarks.—It seems reasonable to suppose that the injury inflicted in January, 1893, interfered with the nutrition of the mastoid cells and was the starting-point of the whole train of ill-effects, while the fall on November 16, 1899, hurried on the process to a fatal termination. Several circumstances in the case strike one as being peculiar: (1) the fact that the disease commenced in the mastoid portion and spread to the middle ear instead of *vice versâ*; (2) the long period of latency during which the only symptoms were deep-seated pain and slight deafness; (3) the rapid progress to a fatal termination when once the process had spread to the tympanum; and (4) the limitation of the disease to the mastoid and tympanic cavity, and the non-implication of the membranes and lateral sinus, although the ultimate cause of death was pyæmia. *StClair Thomson.*

PHARYNX.

Holzknecht, G.—*The Diagnosis of Œsophageal Stenosis.* "Deutsche Medicinische Wochenschrift," No. 36, 1900.

The method of examination consists in the radioscopic observation of the œsophagus while the patient swallows bismuth. Trans-illumination should be from behind on the left towards the front and the right or the reverse. In this position the shadows of the vertebral column and the bloodvessels are separated, and the picture of the œsophagus lies free in the middle, so that the passage of the bismuth can be followed in its whole length. This method shows the position and length of a stenosis in a simple, safe way, and obviates in the majority of cases the necessity of passing a bougie. *Guild.*

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