

**Longbois.**—*Silver Cannula fallen into the First Division of the Right Bronchus.* “*La Presse Méd.*,” February 21, 1900.

A girl, who at the age of nine had tracheotomy performed twice (1893), had been compelled to wear the tracheotomy-tube since then. In October, 1899, the outer cannula broke, and the tube slipped into the trachea. Radioscopy showed the tube lying in the position of the first division of the right bronchus. Attempts to remove it failed. The girl, however, remained quite well (three and a half months). The author promises to have the case radiographed at intervals, and to report the further history. *A. J. Hutchison.*

**Sevestre and Ausset.**—*Laryngitis complicating Measles.* “*La Presse Méd.*,” April 21, 1900.

Laryngitis arising in cases of measles should be treated by medicines (bromides, codeine, ether, vapours, etc.) even when the symptoms are threatening. When surgical treatment is necessary, intubation should be preferred to tracheotomy.

The following are the results obtained by Sevestre during 1898-1899. Of forty cases of laryngitis in measles complicated by diphtheria :

Thirty-four intubations gave twenty recoveries, fourteen deaths.

Three intubations followed by tracheotomy gave three recoveries.

Three primary tracheotomies gave three deaths.

In measles without diphtheria :

Ten intubations gave eight deaths.

Two intubations followed by tracheotomy, two deaths.

Two primary tracheotomies, one death.

The tube should not be left *in situ* more than twenty hours at first ; and if after three or four days symptoms return on withdrawing the tube, tracheotomy must be resorted to. *A. J. Hutchison.*

## E A R.

**Baup and Stanculéanu.**—*Auricular Septicæmia due to Bacillus Coli and Bacillus Perfringens.* “*La Presse Méd.*,” February 14, 1900.

This case, reported to the Société de Biologie, was one of suppuration of the ear, thrombo-phlebitis of lateral sinus, and septicæmia, with low temperature, diarrhœa and asthenia. Two micro-organisms—viz., the *Bac. coli* and the *Bac. perfringens* of Veillon and Zuber—were found in pus taken from the mastoid, in pus taken from the lateral sinus during the operation, and in blood taken from internal organs at the autopsy. The organisms, when injected separately into animals, scarcely produced any lesions, but when injected together produced a rapidly fatal septicæmia. *Arthur J. Hutchison.*

**Bonain.**—*Cerebellar Abscess, etc., following Otitis Suppurativa.* “*Revue Hebdom. de Laryng. d'Otol. et de Rhinol.*,” April 21, 1900.

The patient was a child, six years of age. For a month there had been discharge from the left ear, clear at first, but thick and purulent during the last six days ; for fifteen days fever, severe headache, shiverings, and vomiting. On examination, pulse rapid and small, tongue coated, skin burning ; the left external meatus was full of pus,

which escaped through a small perforation in the posterior segment of the membrane. No swelling of meatal walls noted, but slight œdema and tenderness over the mastoid process. After performing a radical mastoid operation, although the inner wall of the cavity appeared healthy, Bonain exposed the lateral sinus and explored the dura mater around. The sinus was not thrombosed, but pus was found between the internal surface of the petrous bone and the dura mater; it seemed to come from the region of the bulb of the internal jugular.

A drainage-tube was introduced, and the petro-mastoid cavity packed with sterilized gauze. Next day there was great improvement in the general condition, temperature, etc. On the second day temperature rose again, on the third diarrhœa, shiverings, etc., followed by coma and death.

*Post-mortem.*—The anterior surface of the left cerebellar hemisphere was adherent to the dura mater lining the internal surface of the petrous bone. Towards the anterior end of the inferior surface of this hemisphere, a small opening led into an abscess cavity of the size of a filbert. The route of the pus from this cavity was upwards, passing round the lateral sinus, and following the internal surface of the os petrosum. There was no thrombosis of the lateral sinus.

It is uncertain whether the child died of the cerebellar abscess or of general septicæmia.

A. J. Hutchison.

**Breitung, Dr. Max** (Coburg).—*On the Prognostic Value of Gelle's Test.* "Monatschrift für Ohrenheilkunde," June, 1899.

According to the amount of force required in compressing the bag so as to obtain a positive result, an opinion may be formed as to the prognosis. A manometer may be used, but is not necessary. During treatment by vibratory massage the first sign of improvement is that Gelle's test becomes positive.

William Lamb.

**Guinard.**—*Tumour containing Gas in the Neck.* "La Presse Médicale." March 31, 1900.

At a meeting of the Société de Chirurgie, Guinard reported the case of a woman with a tumour situated in the right supra-clavicular fossa. It was fluctuant, tympanitic in its upper two-thirds, dull in its lower third, irreducible by pressure and unaffected by respiration. Two years ago the patient, during an attack of violent vomiting, felt a tearing in her neck. A few days later a small bulla appeared under the skin, which remained stationary for eighteen months, then began to grow rapidly. At the operation a pocket was found immediately beneath the skin. It was full of gas and liquid, was lined by a fine, continuous layer of epidermis (without cilia), beneath which were vascular papillæ, and from its deepest point a fine fibrous tract was observed passing towards the trachea. Guinard thought this gas-containing pocket had been produced by a rupture of the larynx or trachea. Broca and Monod thought the case was one of diverticulum or congenital fistula from the trachea or larynx. Delbet pointed out that perforations or ruptures of the larynx or trachea were generally secondary to ulcerations of tubercular or neoplastic nature.

A. J. Hutchison.

**Huth, Alfred H.**—*Consanguineous Marriage and Deaf-Mutism.* "The Lancet," February 10, 1900.

The question of the intermarriage of the deaf and its consequences has excited attention almost ever since deaf-mutism itself has been

studied, and very various opinions have been expressed upon the subject. On the one side is the remarkable fact that frequently none of the children of deaf parents are deaf, while on the other side we have the indisputable fact that deafness is as strongly inherited as any other disease of the nervous system. In short, this is another example of the now generally accepted axiom that inheritance equals the sum of the ancestry divided by the number of the ancestors, and since there is at present, at least, no deaf race of human beings, so the inheritance of deafness must be proportionately uncertain. In the absence of reliable statistics, it is difficult to ascertain how far this inheritance is likely to be intensified by the intermarriage of the deaf. Such marriages are not very common in Europe. In the United States, however, where for the last half-century a great deal of attention has been paid to the education of the deaf, and where, consequently, they have been more intimately brought together, so much intermarriage has gone on as to excite the alarm of many observers. In 1884 Dr. Graham Bell, the well-known creator of the Volta Bureau of Washington, published his "Memoir upon the Formation of a Deaf Variety of the Human Race," and now Dr. Fay comes forward with an elaborate inquiry into the result of "Marriages of the Deaf in America." By means of circulars and other investigations, Dr. Fay has collected a grand total of 3,078 marriages, sufficiently reported for conclusions to be drawn from them, and which he has reason to believe represent all the marriages of this kind which have taken place in the continent of North America within a given period. These results he has tabulated and analyzed, and, as far as the figures allow, he shows that the average of sterility is not greater among such marriages than among the general population; that marriages where both the parties are deaf do not intensify the chance of deafness being inherited by the children, but double it; that, since deafness is due to a variety of causes, parents are less likely to transmit their defects whose deafness is due to different causes; and that congenitally deaf parents are far more likely to transmit their deafness than are those who have become deaf since their birth. As to the vexed question as to the effect of consanguineous marriages, he comes to the conclusion that they have no effect beyond the ordinary laws of inheritance—that is, that the probability of inheritance by the children of the defects of their parents is not intensified by the relationship, but is proportionate to the amount of deafness in the ancestry. A large number of statistics bearing on this question are tabulated and discussed, but we must refer readers to the original.

*StClair Thomson.*

**Jakins, Percy.**—*Eighty Successive Cases of Stacke's Operation.* "The Lancet," July 10, 1900.

This is the record of a consecutive series of eighty cases in which the radical mastoid operation (Stacke's) was performed in cases of chronic suppurative otitis media. The author premises that in all cases the procedure must be considered exploratory until the antrum has been exposed, and that in no case can the medical man foretell with certainty what will be revealed. The chief points of each case are set forth in tabular form. An examination of this table shows that out of eighty patients operated on forty-five were females, and also that in forty-nine cases the left was the ear affected.

The indications for the performance of the operation are various. Together with persistence of purulent discharge, one or other of the

following symptoms was presented by these patients previously to operation: pain in the affected ear or corresponding side of the head, vertigo, nausea, vomiting, and general malaise; in some cases there were mental lassitude and a sullen demeanour. In most of them one or more of the following conditions was present: polypi or granulations in the tympanum, tenderness over the mastoid process, swelling of the meatus, bulging downwards of the posterior superior wall of the meatus and the adjacent part of Shrapnell's membrane, facial paralysis, caries of the ossicles or dead bone felt by the probe in the walls of the cavum tympani. The symptoms and physical conditions mentioned were rarely found singly, but were mostly grouped in varying proportions. In every case the necessity for the operation was fully proved by the discovery of granulations, cholesteatoma, or necrosed bone, in the antrum or in the surrounding parts. In several of the cases it was necessary in the course of the operation to lay bare the dura mater in the middle fossa of the skull, to a greater or less extent, by the removal of a lamina of necrosed bone in the roof of the antrum. For the same reason the groove of the lateral sinus also was sometimes exposed in taking away a small piece of its bony wall. It was only occasionally that the mastoid cells became involved and required to be dealt with.

Turning now to the symptoms exhibited by patients before the operation, persistent suppuration of the middle ear was present in all, and pain was very commonly complained of. Thirty-nine of the patients were troubled with attacks of vertigo, in nineteen there were recurrent polypi, and in seventeen there was swelling over the mastoid process. Facial paralysis was present before the operation in five cases, and mental disturbance was noted six times. In two cases of old-standing suppuration (Cases 39 and 54) the operation was mainly undertaken in the hope of curing the epileptic fits to which the patient had recently become subject. Though the conditions discovered proved that the operation was abundantly justified, the fits showed no improvement in Case 39, but a complete cure resulted in Case 54. The original disease was complicated by septic phlebitis of the lateral sinus and the internal jugular vein in two instances, and by extradural abscess in three. Cerebral abscess was found once and cerebellar abscess once. At the time of the operation dead bone was discovered and removed in seven cases. In eleven a fistulous opening led from the surface of the mastoid process to the antrum. The middle fossa of the skull was exposed six times during the operation, and the groove of the lateral sinus was laid bare in some part of its course fourteen times. The cerebral and cerebellar abscesses were successfully located and drained, and in one fatal case the internal jugular vein was tied. In two cases facial paralysis appeared after the operation, but in both it disappeared again within nine months. Except in those patients—three in number—whose condition was almost beyond hope on admission, the results of the operation were uniformly successful.

With regard to the results of this operation, the mortality in this series has been practically nil, for the only three deaths reported were brought into the hospital in a very advanced stage of pyæmic poisoning. In the successful cases the threatening symptoms quickly disappeared, the change from sullen stupidity to lively intelligence being very noteworthy.

*StClair Thomson.*

**Knapp, Herman** (New York).—*Two Cases of Otitic Sinus Thrombosis, the one Fatal, the other Ending in Recovery.* "Arch. of Otol.," vol. xxviii., p. 147.

The first was a case of chronic purulent otitis in a child in whom ultimately there occurred dizziness, vomiting, and a shaking chill followed by fever. The temperature when she was seen was 105°, pulse 120, and respiration 40 to 45. There was tenderness below the left mastoid in front of the sterno-mastoid muscle. The ophthalmoscope revealed a choked disc in both eyes. Auscultation and percussion were negative. The mastoid was chiselled open until the antrum was reached and the radical operation was performed. The wound was extended backwards by chiselling, and at a depth of from 3 to 4 millimetres the lateral sinus was exposed. It was of a deep black colour, and pulsed distinctly. A small quantity of the contents was withdrawn by means of a hypodermic syringe, and found to consist of dark blood without odour. The condition fluctuated from day to day, and on the fourth day after the operation a large portion of necrosed sinus and contents with gangrenous odour were removed. Fresh blood came from above and not from below. Two days later the respiration became rapid and laborious, a cough developed, and with increasing weakness the child died. The autopsy was limited to the head and neck. The dura was normal. On the under surface of the cerebellum there was a small amount of serous exudation with some coagulated masses. The jugular bulb was filled with a dirty whitish-yellow clot, which, toward the beginning of the vein, gradually contracted, adhering to the wall. Immediately below the clot the jugular vein was empty, with smooth walls, and normal calibre, but thence it rapidly contracted to a narrow tube with an even diameter of 2 or 3 millimetres down the whole length of the neck. The walls of the tube had the thickness of an arterial vessel of the same calibre; its inner surface was smooth, but the lumen was interrupted by round, grayish pellets at intervals of 2 to 2.5 c.m., adherent to the walls of the vein. They had the appearance of coagulated fibrine.

The second case was one of chronic otitis, and when brought under Dr. Knapp's observation had a large granulating wound on the mastoid, resulting from a previous operation. The temperature was 100°; there were headache and dizziness; but the left ear was healthy, the affected one being totally deaf; there was no facial paralysis, nor any abnormality of sight or of the fundus of the eye. There was, therefore, chronic caries of the mastoid, attic and tympanum, extending into the labyrinth. The radical mastoid operation was performed, and the dura mater of the middle cranial fossa exposed. The patient did well for three weeks, but at the end of that time more or less distinct rigors with rise of temperature occurred, giving a characteristic chart of pyæmia. There was no cough, but pains in the limbs, stiffness and swelling in various joints of both sides, enlargement of the spleen, and on one occasion a trace of albuminuria; the wound looked well; there was a slight tenderness over the upper portion of the jugular vein, but the head was clear and free from pain. A fresh operation was then carried out, the previous wound being enlarged downwards to the top of the mastoid and horizontally backwards for 3.5 centimetres in the direction of the transverse sinus; the tip of the mastoid was entirely chiselled away, with the exception of the medial table, and the lateral sinus was laid bare to the extent of 4 centimetres in the vertical and 2.5 in the horizontal direction; it was blue and soft, and when torn

gave vent to dark fluid inodorous blood. The wall proved thickened, but none of the thickened tissue could be scraped off. On compressing the upper part a moderate flow came from below, and on pressing the lower part, blood flowed freely from above. The wound was plugged with aseptic gauze. Improvement took place, and the dressing was left undisturbed for five days; then appeared an enlargement of the vein in the fundus of the eye, with the beginning of a choked disc. The sinus developed a solid, fleshy feel without pulsation; the patient did well for some days, but then the temperature rose, the optic discs became markedly swollen, and there were chilliness, insomnia, vomiting, headache, and pain in the joints. The sinus was then opened by operation throughout the exposed portion; there was no bleeding and no pus until the junction of the petrosal and lateral sinuses was reached, and free hæmorrhage took place. The patient's condition then became so bad that the operator injected a litre of salt solution into the vein of the arm, and put the patient to bed. A gradual improvement took place, and the patient recovered completely.

The author remarks with regard to the first case that if he had attempted to ligature the internal jugular vein, it would have been a failure, as it was only with the greatest difficulty that the small collapsed vessel could be found after death. The second case confirms the view that sinus thrombosis with articular metastases has a better prognosis than thrombosis with pulmonary metastases.

*Dundas Grant.*

**Lannois and le MarcHadour.**—*True Hysterical Deafness.* "Ann. des Mal. de l'Or.," September, 1899.

The authors record two cases. The criteria of true hysterical deafness may be summed up as follows:

1. Intensity of deafness incompatible with mere tympanic lesion.
2. Complete absence of perception by bone-conduction.
3. Absence of objective signs.
4. Insensibility of the drum-head. In old sclerotics the drum-head is sometimes insensitive.
5. Perfect symmetry of the deafness even at the outset. It is difficult to conceive a true central lesion producing this result.
6. Ephemeral character of subjective symptoms if any. In central lesions the auditory nerve reacts with a specific sensibility manifested by vertigo and tinnitus.
7. Coincidence of hysterical stigmata.
8. Radical cure of the deafness.

*Waggett.*

**Lermoyez, M.**—*The Treatment of Eczema of the Ear.* "La Presse Médicale," January 3, 1900.

There are two principal types of eczema: (a) acute, generally moist; (b) chronic, generally dry. Eczema may attack the auricle alone, in which case treatment is simple and easy; or the meatus alone, in which case treatment is not so easy, but is of more importance on account of the tendency to blocking of the meatus, to formation of furuncles, etc.; or it may attack both together.

The author gives, first, a full description of the local treatment of acute and of chronic eczema of the ear, giving the general principles which should be followed, and also prescriptions for the powders, ointments, etc., to be used; then a short summary of the general treatment and of prophylaxis.

*A. J. Hutchison.*

**Leutert-Konigsberg.**—*Bacteriological and Clinical Studies in the Complications of Acute and Chronic Middle-ear Suppuration.* "Arch. f. Ohrenkrankh.," Bd. 46, 3 and 4, and Bd. 47, 1 and 2.

In empyema of the mastoid process following acute middle-ear inflammation, micro-organisms were found in the following order of frequency: Streptococcus, pneumococcus, *Staphylococcus pyogenes albus*. tubercle bacillus; in epidural abscess, pneumococcus, streptococcus, staphylococcus; in sinus thrombosis, streptococcus almost alone.

In empyema, epidural abscess and sinus thrombosis following chronic suppuration, the staphylococcus was found almost alone, in cerebral abscess streptococcus.

In four cases of perichondritis the pyocyaneus was obtained in a pure cultivation. *Guild.*

**G. Liaras.**—*Lupus of the Ear.* "Revue Hebdom. de Laryng., d'Otol. et de Rhinol.," February 3, 10 and 17, 1900.

Lupus of the ear is rare. Very little has been written about it; indeed, it has never been systematically treated of either in works on otology or in works on dermatology. Amongst dermatologists, Hebra and Kaposi have written on lupus of the auricle, and Leloir, in his "Traité de la Scrofulo-tuberculose," has discussed lupus as affecting the ear generally. The present article, which is intended to fill this gap in otological literature, is founded largely on the writings of Hebra, Kaposi, Politzer, Leloir, Neumann, Besnier, Tenneson and Gaucher.

In the first chapter lupus tuberculosus and lupus erythematosus of the auricle are discussed. The second chapter is devoted to lupus of the meatus externus, which is generally an extension inwards of lupus of the auricle. No case of lupus of the meatus spreading from the tympanic cavity has been reported. The author has seen one case probably of this nature, but the diagnosis of lupus was doubtful. In the third chapter the few reported cases (and three more from Moure's clinique) of lupus of the middle ear are carefully analyzed, and the diagnosis, prognosis, treatment, etc., described. In all the cases here reported the lupus reached the middle ear via the Eustachian tube from a lupus of the naso-pharynx. In some of them, however, the diagnosis of lupus is not thoroughly established.

Lupus seldom affects the ear; thus out of 286 cases of lupus of the face Leloir found only fourteen in which the auricle was affected. The meatus is still more rarely affected, whilst of lupus of the middle ear only a few isolated cases have been reported. This monograph treats the whole subject carefully, and concludes with a bibliography.

*A. J. Hutchison.*

**Lindt, W., jun.**—*Rare Case of Otitic Abscesses of the Brain; Operation; Exitus.* "Corr. Bl. Schweizer Aerzte," 1899, No. 18.

Osteosclerosis of the whole temporal bone. Inflammation of the middle ear, and breaking through of the pus into the middle and posterior cranial fossa, as the sclerosis of the mastoid prevented the pus from going the usual way. Two abscesses in the temporal lobe. Operation was performed too late. Death ten hours after operation.

*R. Sachs.*

**Lucae, A.**—*Profuse Escape of Cerebro-spinal Fluid for Five Weeks without Cerebral Symptoms.* "Berliner Klinische Wochenschrift," No. 40, 1899.

A boy, seventeen years old, had a severe otitis media, followed by chronic suppuration, with caries of the osseous meatus. The radical operation was done; on laying bare the mastoid process, a bone defect was found over the dura. After the sequestrum was removed, the operation was stopped on account of a large quantity of cerebro-spinal fluid escaping. This escape lasted for five weeks; during this time there was neither fever, nor vertigo, nor change in the pulse. Lucae considered it due to an overproduction of cerebro-spinal fluid. Healing was slow. *Guild.*

**MacCallum, J. M., M.D.** (Toronto).—*Complications of Suppuration of Middle Ear.* "Canadian Journal of Medicine and Surgery."

An acute abscess may be formed. Granulation tissue may form in the cavities of the temporal bone, especially the antrum; this keeps up a chronic discharge, which may at any moment lead to an acute abscess. This may make its way by the external cortex of the mastoid—the typical mastoid abscess; it may make its way by the superior cortex, the pus opening into the fossæ of the skull, producing meningitis or cerebral abscess; it may be the posterior wall, the sigmoid sinus being attacked with thrombosis, causing septicæmia.

None of these can be diagnosed without exploration of the mastoid.

Abscess on the external surface of the mastoid is no guarantee that the pus has not at the same time made its way into the cranial cavity. Any of these complications may arise without any so-called abscess in the mastoid. They seem most likely to occur when there are no noteworthy symptoms, no outward signs, save a long-continued, it may be intermittent and scanty discharge. The narrow barrier of bone yields readily to the erosive process, and ready paths of infection are presented by the sutures and minute foramina by which nerves and vessels pass from the middle ear and mastoid spaces to the fossæ of the skull.

Sclerosis of the bone increases the danger, as the hardened bone offers greater resistance to the external exit of pus. Experience shows that erosion in the roof of the tympanum is more likely to occur when sclerosis attacks the mastoid process. *Guild.*

**MacCallum, J. M., M.D.** (Toronto).—*Scarlatinal Otitis Media; Intermittent Suppuration for Six Years; Thrombosis of Sigmoid and Lateral Sinus; Operation; Meningitis; Death.* "Canadian Journal of Medicine and Surgery."

This case was operated on five days after the onset of symptoms; for six years there had only been slight discharge from the ears. The sinus was found collapsed and empty down to the jugular bulb, while its upper portion was filled with a hard, blackish-gray thrombus. He diagnosed thrombus in the vein in the neck, as pressure caused no regurgitation into the proximal portion of the sinus; but was prevented from attacking the vein in the neck. The great difficulty in diagnosis is that with otitis there may not be mastoid abscess alone, but mastoid abscess combined with sinus thrombosis, brain abscess and meningitis, any one or all of them. The thrombosis may obscure both the abscess and meningitis, so that it is wise to give a guarded diagnosis and a very guarded prognosis. In this case six years elapsed before infection



reached the sinus; the discharge was so slight as to cause no uneasiness to the parents and no inconvenience to the patient. The sinus was exposed by a gradual erosion and then infected, but the sinus may be infected while yet a thick hard mass of bone lies between it and the infected middle ear or mastoid spaces. For this reason he believes that no mastoid operation—and certainly none in chronic mastoiditis—is complete until the sigmoid has been exposed and its condition accurately determined, as well as that of its groove. Again, the sinus may, though patent, be a source of infection; that is to say, the thrombus may not completely occlude the lumen of the sinus.

*Guild.*

**Miot.**—*On the Use of Bleeding and Refrigerants in the Treatment of Acute Otitis Media, specially in Children.* “*Rev. Hebdom. de Laryngol., d’Otol. et de Rhinol.*” February 24, 1900.

In bleeding in cases of acute otitis media, as a rule only small quantities of blood need be drawn; leeches should be employed, or, failing them, Heurteloup’s artificial leech. The number of leeches to be applied will vary according to the acuteness of the inflammation and the age of the patient. For infants one leech is enough, if the bleeding be maintained for five minutes; for children of three years and upwards two leeches may be used; for adolescents four to six suffice. In old age bleeding is not indicated. The leeches should be applied in front of the tragus and over the tip of the mastoid process. The bleeding may be repeated two or three times if necessary at intervals of one or two days. Care must be taken that the bleeding has completely ceased before the patient is left. If this treatment is applied in an early stage of an acute otitis media, the inflammation will often be stopped and the patient obtain almost instant relief from pain. In feeble, nervous patients, however, it should be noted that sometimes, even when the inflammatory process is cut short, the pain may be increased by the bleeding. This is the more likely to occur if too much blood has been withdrawn. Cold, applied by a Leiter’s coil, is undoubtedly useful in cutting short middle-ear inflammations, but its action is less certain and less prompt than that of bleeding.

*A. J. Hutchison.*

**Mouret.**—*Noises in the Ear due to Spasmodic Contraction of the Tensor Tympani or of the Dilators of the Eustachian Tube.* “*Revue Hebdom. de Laryng., d’Otol. et de Rhinol.*,” April 28, 1900.

Noises in the ear of muscular origin are intermittent, commence suddenly, and cease equally suddenly. Bodily or mental fatigue, overstrain, etc., aggravate and render them more frequent. Those produced by the tympanic muscles are low, and perceived as vibrations, and are generally accompanied by a certain amount of giddiness. The displacement of the handle of the malleus and of the membrane may be seen through the speculum. Dilatation of the Eustachian tube is accompanied by a crackling noise, and a sensation of stretching in the throat. The sounds of respiration are heard, and autophonia is marked. Closing the mouth and nose and making an inspiratory effort closes the mouth of the tubes for a short time, and stops the subjective noises for the moment. Treatment by galvanic current is good, but is too slow and tedious for most patients. The best results are obtained from using bromides and iodides combined with arsenic.

*A. J. Hutchison.*

**Oppenheim.**—*On the so-called Ménière's Disease (Vertigo ab aure læsa; Vertigo auralis).* "Wien. klin. Rundsch.," 1899, No. 40.

The author gives a review of all the different opinions about Ménière's disease. He says, very rightly, that morbus Ménièrei means a "group of symptoms." The disease of the ear is a primary and necessary factor. When this factor is missing, then it is the so-called "pseudo-Ménière disease." The latter form is found as a symptom of hysteria; as aura of an epileptic attack; and as symptom of hemi-crania. As the best remedy, the author recommends 12 grains of sulphate of quinine three times a day; and to prevent any irritation of the stomach, plenty of water to be taken. This treatment must last a fortnight, and be repeated after some time.

*R. Sachs.*

**Ricard.**—*Aural Reflexes in a Hysterical Patient.* "Revue Hebdom. de Laryng., d'Otol. et de Rhinol.," April 21, 1900.

F. G., a girl seventeen years of age, complained of pain and tinnitus in the left ear, accompanied by headache, of a few days' duration. A rapid otoscopic examination revealed a normal meatus and membrane. As the introduction of the speculum seemed to cause acute pain, a few drops of hydrochlorate of cocaine (1 : 20) were instilled. The patient at once had a sensation of choking, tore open her dress, trembled violently, turned giddy, then lost consciousness, with arrest of respiratory movements in the stage of inspiration. After a few moments she recovered, only the trembling persisting. Some days later the same symptoms were produced by instillation of a few drops of water; warm water (30° C.) produced no effect. Touching the membrane with a probe gave rise only to pain and reflex cough. Various stigmata of hysteria (anæsthetic and hyperæsthetic areas, etc.) were found.

*A. J. Hutchison.*

**Schwabach.**—*Diseases of the Ear in Pernicious Anæmia.* "Zeitschr. f. Ohrenheilk.," Bd. 34, Heft 1 and 2.

While the only cases examined post-mortem by Habermann showed hæmorrhages in the sound-perceiving apparatus, this case of Schwabach's showed hæmorrhage in the middle ear, with secondary inflammation. The inner ear was intact. The disease was correctly localized by examination before death. Six other cases examined clinically showed symptoms partly due to disease of the middle ear, and partly due to disease of the inner ear.

*Guild.*

**Taptas.**—*Hysterical Deafness cured by Suggestion.* "Rev. Heb. de Laryng., d'Otol. et de Rhinol.," January 20, 1900.

A Turk, male, aged thirty-five, after a quarrel suddenly became deaf; no giddiness, no vomiting. On examination he appears greatly depressed and his expression is one of terror; field of vision normal; no dyschromatopsia; cutaneous sensibility normal. Tympanic membranes very red, but little retracted. Watch not heard at all. Tuning-fork not heard by air conduction, but heard on mastoid and vertex. Complains of tinnitus.

During the tuning-fork tests the patient said he gradually heard the fork better and better. It was then explained to the patient that the passage of his ears would be opened; a probe, protected with cotton-wool, was passed through each side of the nose, through a nasal

speculum. The watch was then held to the ears; the patient heard it, then he heard it at a distance; also he heard the voice, first loud, then whispered. He was then assured that he was cured absolutely, and would never have a relapse. He has remained well.

The points of special interest in this case are: (1) Absence of cutaneous anæsthesia or other stigma of hysteria; (2) the presence of subjective noises in the head and ears. The latter is generally held to exclude hysterical deafness. In hysterical deafness the patient has forgotten the existence of his ears, consequently can hear no sounds objective or subjective. The presence of tinnitus may possibly indicate that the patient had not completely forgotten the function of the ears, and therefore that the attack was not very serious.

A. J. Hutchison.

### THERAPEUTICS.

**Piaget.**—*Transformation of Alternating into Constant Current—Installation of a Silent Motor.* "Ann. des Mal. de l'Or.," December, 1899.

The author prefers the use of an accumulator to a transformer. The silence of the motor is arrived at by suspending the instrument, enclosed in a box, by rubber bands from the wall.

Waggett.

### REVIEWS.

**Price Brown, J.**—*Diseases of the Throat and Nose.* Pp. 471. 159 engravings, with 6 coloured plates. The F. A. Davis Co., Philadelphia, New York, Chicago.

This book, to whose advent we referred in a previous number as being the first book written on the subject in one of our colonies, is now before us. The author in his preface modestly tells us that his work is not for the specialist or the embryo specialist—it is for the general practitioner; and this, together with a laudable desire not to place too expensive a book before this class, has led to the omission of certain subjects usually included in works of this description.

The metric system is adopted throughout, which will, we trust, be an example more widely followed. In reviewing this work, and keeping the views and intentions of the author in mind, one cannot fail to appreciate the skill with which he has accomplished a difficult task. One, however, believes that in his future editions—and we confidently predict them—he will find it advisable to enlarge upon some parts incompletely touched on. One may instance frontal sinus disease as being too much in the province of the rhinologist to be passed to the oculist without comment. Nasal hydrorrhœa, again, is treated with far too brief a mention; few, if any, disorders as the vasomotor disturbances of the nose so test the skill and patience of the practitioner; and hopeless as one too often finds them, the various methods of cure or alleviation suggested would prove a boon to the harassed man.

In the remarks on rubber splints, albolene is recommended for cleansing the parts. This seems scarcely the advice one expects from so clear-sighted an observer, as all oily matters act deleteriously on