

EAR.

Heaton (Manchester).—*Congenital Malformation of the Right Ear, etc.* "Brit. Med. Journ.," Feb. 13, 1892.

THERE were two small supernumerary auricles in front of the ear; external meatus absent, its position being indicated by a dimple covered with normal skin. The ramus, condyle, and coronoid process of the lower jaw of the same side were rudimentary. There was evidence (not given) of an internal ear, and some evidence of a middle ear.

Wm. Robertson.

Dalby, W. (London).—*Cancer of the Ear.* "Lancet," July 2, 1892.

THE author has seen six cases of this very rare disease. The usual order of events, as in four of the cases, was a suppuration from the middle ear, followed by a polypoid growth in the meatus. Pain and facial paralysis usually ensue, and the growth tends to invade the mastoid process, ulcerating through the skin, over it, and fungating through the opening thus formed. In only one case was there absence of precedent suppuration, and in one the disease commenced on the surface of the mastoid and extended inwards. Microscopical examination of the polypoid growth showed "typical cell nests, composed of squamous epithelium, surrounded by granulation tissue."

[Our readers may remember Dr. Charazac's paper on Malignant Disease of the Ear in the "Revue de Laryng. d'Otol.," &c., 1892, abstracted in the JOURNAL OF LARYNGOLOGY for March, 1892.]

Dundas Grant.

Bonnier (Paris).—*Ménière's Disease a Symptom of Chronic Bright's Disease.* "Lancet," August 27, 1892, p. 511 (Paris Letter).

UNDER the designation of "Auricular Brightism," he describes a form of Ménière's disease paroxysmal in character, generally due to vaso-motor trouble, such as congestions, hæmorrhage, or œdema of the internal ear determined by uræmia, and which may be an early indication of kidney disease, or only appear late in its course. In its treatment quinine (which is useful in ordinary forms of Ménière's disease) must be avoided, and an exclusive milk diet insisted on. The ear complications of Bright's disease, described as frequent by Dieulafoy, are incomplete deafness, accompanied or unaccompanied by noises, and sometimes associated with sharp pains in the ear or in the face. [The "specialist" should keep this cause of ear-symptoms well before his mind, as he ought also—and no doubt does—in cases of epistaxis. We abstracted lately (JOURNAL OF LARYNGOLOGY, September, 1892), a paper in which Dr. Church, of Chicago, dwelt on the importance of recognising the vertigo of arterio-fibrosis, and recommended iodide of potassium as a remedy. We cannot refrain from citing as analogous, Dr. Francis Hawkins' paper read before the Clinical Society of London, on cases of hæmoptysis due to kidney disease. They were

made worse by the routine use of ergot, but cured (*quâ* hæmoptysis) by the treatment appropriate to the renal condition.] *Dundas Grant.*

Buck, Albert H. (New York).—*A Contribution to the Technique of Mastoid Operations.* "Med. Rec.," July 23, 1892.

IN order to keep in view the position of the upper and posterior curved margin of the osseous meatus during the course of the operation of opening the antrum, Dr. Buck makes use of a sharp steel hook, shaped like a single claw of a hammer in miniature. This is inserted into the meatus between the bone and the soft parts. There is a small knob, corresponding to the knob of a hammer, which remains a visible guide even when the hook is drowned in blood. The handle is held by the anæsthetist in the long axis of the patient's body.

He recommends a large external incision, "and preferably one that is curved (horizontal above, curving gradually into vertical below)." He uses a very broad retractor, by the aid of which the flap composed of the auricle and immediately surrounding soft parts can be drawn well forward. *Dundas Grant.*

Editors of the "Medical News."—*Excision of the Membrana Tympani and Removal of the Two Largest Auditory Ossicles.* "Medical News," September 10, 1892.

THE operation is performed in two varieties of aural disease: (1) in chronic purulent otitis media; (2) in chronic non-purulent otitis media.

In chronic purulent otitis media excision of the necrotic membrane and ossicula and of the granulation tissue always present in these cases a large quantity of obstructive and septic matter from the drum space, promoting in this way thorough drainage, and permitting at the same time of more direct and complete antiseptis and asepsis of the suppurating tympanic cavity. The operation also favours a renewal of the muco-periosteum of the wall of the tympanic space when this has become carious, and improves the hearing greatly in some cases in consequence of more direct entrance of sound-waves to the stapes in the oral window, brought about by the removal of the mechanical hindrances already named. In chronic non-suppurative catarrh the retraction of the membrane and malleus brings about retraction of the incus and stapes with consequent hardness of hearing and tinnitus and vertigo.

By excision of the membrane and ossicles in such cases the hearing is frequently improved, especially where there is no restitution of the membrane. The entire and permanent relief from aural vertigo and tinnitus afforded by this operation proves one of the most brilliant achievements of modern aural surgery. *W. Milligan.*