

Scherk (Bad., Homburg).—*Functional Relations of the Thyroid Gland to the Genital Organs.* "Aerztliche Rundschau," 1896, No. 3.

WITHOUT doubt a relation exists between the thyroid gland and the genital organs. In many animals this gland is enlarged during the time of rut.

Michael.

Schoiz (Graz).—*On the Influence of Thyroid Treatment on the Organism, especially in Cases of Basedow's (Graves') Disease.* "Centralbl. für innere Med.," 1895, Nos. 43 and 44.

THE most important result of this biochemical examination is the fact that the excretion of phosphoric acid is increased in a high degree by administration of thyroid gland. The carefully compiled tables must be seen in the original.

Michael.

Smerton, C. W.—*Acute Bronchocele following Influenza.* "Brit. Med. Journ.," May 18, 1895.

THIS condition arising in a middle-aged man during third day of convalescence from influenza. High temperature; skin reddened: subsidence in a few days, but some enlargement remaining after eighteen months.

Ernest Waggett.

Smith, Hugh.—*Enlarged Thyroid; Disappearance of Gland, followed by Myxedema.* "Brit. Med. Journ.," Jan. 4, 1896.

A CASE of a female in whom, at the age of seventeen, was noticed enlargement of the throat and prominence of the eyeballs, with hurried, jerky manner both in speech and movements. This condition seems to have persisted to the age of twenty-one, when with the appearance of the catamenia the health became normal. Within a year of this symptoms of myxedema supervened, and when seen at the age of twenty-six the latter were well developed and the thyroid gland imperceptible. A normal state of health returned after five months' treatment with dry sheep's thyroid.

Ernest Waggett.

Treysel (Freiburg).—*Examinations in Cases treated by Thyrosodin.* "Münchener Med. Woch.," 1896, No. 6.

IN nearly all cases an increased excretion of nitrogen is observed. The differences only can be explained by individual differences. The principal result is the identity of the effect of Baumann's thyrosodin and thyroid gland.

Michael.

Watkin-Browne, P. O.—*Acute Bronchocele following Influenza.* "Brit. Med. Journ.," June 8, 1895.

A MONTH after influenza, in a middle-aged lady with slight goitre dating from childhood. Very considerable swelling of the left lobe occurred, with redness, high temperature, and dyspnoea. Relief was obtained by giving vent, with a blunt probe, to a thick, viscid, yellowish fluid. A discharging sinus persists.

Ernest Waggett.

EARS.

Barclay, Robert.—*Foreign Bodies in the Ear.* "Med. News," New York, Jan. 11, 1896.

THREE cases of foreign bodies in the external meatus, the first where a broken hair-pin had become firmly embedded in the floor of the auditory canal. The part healed rapidly after its removal. In the second case some small shot were thrown

into the meatus, setting up congestion of the drumhead. In the third a small dark foreign substance, supposed to be a cinder, was found adherent to the membrana tympani, and was removed with Sexton's hooked curette. *StGeorge Reid.*

Barr, Thomas.—*Giddiness and Staggering in Ear Disease.* "Brit. Med. Journ.," Dec. 28, 1895.

THE author has found giddiness present in 5·5 per cent., marked, and 18 per cent., slight, of a series of 1276 consecutive ear cases. After classifying giddiness in accordance with the portion of the ear affected, he gives a description of the classical symptoms of Ménière's disease, with illustrative cases. Ménière's disease is relatively frequent in cases of ozæna, while middle-ear catarrh with nasal disease has occurred in many cases. Among constitutional dyscrasias, syphilis is a frequent exciting cause of labyrinthine hæmorrhage, while many cases may be traced to Bright's disease, atheromatous arteries, exertion, trauma, mumps, etc.

Ernest Waggett.

Deknatel (Utrecht).—*A Case of Absolute Hysterical Deafness.* "Nederland. Tijdschrift voor Geneesk.," 1895, II., No. 19. Abstracted in "Monats. für Ohrenheilk.," 1895, No. 12.

A SOLDIER, after the removal of a mass of cerumen from his ear, became more deaf. The air-douche brought on an epileptiform fit; deafness soon became absolute, without tinnitus or vertigo. He was not awakened from sleep by noises. Zwaardemaker eliminated labyrinthine disease by the occurrence of vertigo when a current of 1·5 milliampère was applied, and normal nystagmus when the patient was on a revolving chair—also by the absence of any known cause. The diagnosis was made of hysterical deafness. This was confirmed by the detection of narrowing of both fields of vision (for colours also), and by the induction of an hysterical fit by pressure over the ileo-cæcal valve. "Suggestion" was employed, a cure by electricity being promised. On the application of the induced current a fit took place. A loud-sounding tuning-fork with a resonator was put to the patient's ear, who rose, and heard perfectly and permanently.

Dundas Grant.

Fritts, W. H.—*A Case of Old Fracture of the Handle of the Malleus, with Fibrous Union.* "Philadelphia Polyclinic," Dec. 28, 1895.

THE manubrium in this case was fractured about its centre, the tip being bent upwards and backwards, the interval being filled up by a band of yellowish-white callus. On inflation the tip was seen to be very freely mobile, being thrown upwards and forwards.

StGeorge Reid.

Gomez, V.—*Tinnitus Aurium, and Some Results obtained by its Treatment with Coniin Hydrobromate.* "Annals Ophth. and Otol.," Oct., 1895, and Jan., 1896.

THE whole question of causation of tinnitus is carefully reviewed. The method of preparing the coniin is not gone into, nor are its properties very fully described; its chief action being directed to the motor nerves, less so to the efferent nerves. Twenty-three cases are reported in detail in which this drug was administered, with the following results: Cured, 1; very much improved, 6; not improved, 10. The maximum dose was $\frac{1}{30}$ gr., three times daily after food. Whether this was the sole treatment does not appear. Coniin gave the best results in mixed middle and internal ear cases.

R. Lake.

Gruber, Jos. (Vienna).—*An Abnormal Cavity in the Petrous Portion of the Temporal Bone.* "Monats. für Ohrenheilk.," 1895, No. 12.

IN a unique bone Prof. Gruber observed that the groove for the sigmoid sinus was abnormally shallow and in part almost obliterated. On section he found a large

accessory cavity communicating with the mastoid cells, and separated by very thin layers of bone from the sinus, the bulb of the jugular vein, and the internal auditory meatus. He comments on its inaccessibility and on the dangers likely to arise from infection of its contents.

Dundas Grant.

Holinger, J.—*Asepsis and Antisepsis in Otology.* "Journ. Am. Med. Assoc.," Jan. 18, 1896.

A PLEA for greater care in the handling of ear cases than is generally used. Many cases of otorrhœa which progress for years are due to lack of cleanliness in treatment when the inflammation first began.

Oscar Dodd.

Holinger, J.—*Mastoiditis and Sinus Phlebitis after Influenza.* "Chicago Med. Record.," Dec., 1895.

THE patient, when first seen some weeks after an attack of influenza, had temperature 103° to 105°, pulse 120 to 130, frequent chills, great pain and swelling of left side over mastoid, large perforation of drum, and ear filled with pus. She refused operation. The symptoms continued until five days later, when he found pulse 68, temperature 96·8°, vomiting, and symptoms of brain pressure. Operation was now permitted, and after evacuating a large amount of pus from beneath periosteum and in mastoid cells, a small opening was found below the prominence of Fallopien canal closed with granulations, and leading into a large extradural cavity filled with pus, granulations, and thrombosis. Patient recovered with fair hearing. He calls particular attention to the necessity for careful exploration in all directions in mastoid operations, as in this case he was ready to dress the wound when the probe was forced through the opening into the cavity.

Oscar Dodd.

Koerner, O. (Rostock).—*A New Type of Influenza Otitis.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

IN one case perforation took place in the postero-inferior segment, and above this there arose a swelling which, on puncture, was found to contain pus. A few days later the membrane was hidden by half a dozen granulation-like swellings, which subsided, leaving at their site small incomplete rings, like the spots on a panther. The types previously recognized were one characterized by hæmorrhagic myringitis, another by saccular or teat-like projections from the membrane, and a third by primary central mastoiditis with secondary involvement of the tympanum.

Dundas Grant.

Richardson, C. W. (Washington).—*Living Larvæ in Normal Auditory Canals.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

A BABY in a foundling home became unaccountably peevish, and screamed as if from pain. A slight discharge was observed in the ears, and on careful inspection a white moving reflex suggestive of pus. The movements were too active, however, and by means of forceps one living larva was extracted from one ear and two from the other. After removal they were placed in ninety per cent. of alcohol, where they quickly died. Instillation of alcohol is recommended if extraction is impracticable.

Dundas Grant.

Richey, S. O.—*The Etiology of Tinnitus Aurium.* "Journ. Am. Med. Assoc.," Jan. 4, 1896.

AFTER reviewing the ordinary causes of tinnitus, he cites the condition reported by Politzer, where a "circumscribed primary affection of the labyrinthine capsules" progresses to the production of bony protuberances and finally complete ankylosis

of the stapes. Excision of membrana tympani with the incus and malleus does not reach the source of the trouble in these cases, and when benefit of the tinnitus results it is due to the inadvertent breaking up of the ankylosed stapes, and the relief is only temporary. The progress of the affection may sometimes be relieved by the internal administration of iodine. *Oscar Dodd.*

Scheibe, A. (Munich).—*A Histological Contribution to Deaf-Mutism due to Otitis Interna.* "Arch. of Otol.," Vol. XXIV., Nos. 3 and 4.

THE subject lost his hearing after a brain disease at four years of age, and died about four years later from scarlet fever and diphtheria. On *post-mortem* examination there was a recent otitis media due to the scarlet fever. The old changes in the labyrinths were very marked. The fenestræ were blocked up on the inner side; there was extensive ossification in the semicircular canals and the cochlea—especially the lowest whorls—and near the orifice of the aqueductus cochleæ (in the right organ only). Meningitis may reach the labyrinth by four paths—internal auditory meatus (lymphatics, etc., of modiolus), aqueductus vestibuli, aqueductus cochleæ (the most usual), middle ear and fenestræ. In this case the labyrinths were probably invaded through the aqueductus cochleæ. *Dundas Grant.*

Todd, F. C.—*Chronic Middle Ear Suppuration complicated with Suppurating Mastoiditis.* "Journ. Am. Med. Assoc.," Jan. 4, 1896.

THE author narrates his success in the use of hypnotism to control an unruly patient ten years of age during the painful dressing after a mastoid operation.

Oscar Dodd.

Walker, Secker.—*Case of Double Mastoid Disease with Septic Thrombosis of Lateral Sinus.* "Brit. Med. Journ.," April 13, 1895.

RECOVERY after operation. On each side abscesses occurred considerably behind the mastoid, not in immediate relation with bone disease. *Ernest Waggett.*

Obituary.

CHARLES FAUVEL.

THE death of this well-known and respected laryngologist, which has recently occurred in Paris, robs the specialty in France of one of its oldest and most prominent members. Wherever laryngology is known the name of Fauvel is honourably associated with it. The deceased specialist was born at Amiens in 1830, being the son of a well-known physician of the department of La Somme. Early in his career he held the appointments of "externe" and "interne" at the Lourcine, Enfants Assistés, the Lariboisière, and the Charité Hospitals. He early began to occupy himself with laryngology, his inaugural thesis in 1861 being on "*La Laryngoscope au Point de Vue Pratique*," in which he dealt with the utility of the mirror in the study and treatment of diseases of the larynx. He founded a clinic in Paris, where for three years he gratuitously attended the patients from all quarters, and where instruction was afforded to many who have since become prominent in the specialty. It is unfor-