

Van den Wildenberg (Antwerp).—*Two Cases of Papillomata of the Larynx in Little Children treated by Killian's Direct Method.* "La Presse Oto-laryngologique Belge," August, 1907.

Communicated to the Belgian Society of Oto-rhino-laryngology.

In a child, aged seventeen months, the cause of aphonia and slight but progressive difficulty of breathing was seen without difficulty, by Killian's tube-spatula, used under general anæsthesia, to be due to two papillomatous growths in the larynx. They were successfully removed.

The second child, aged eighteen months, had been aphonic for a year, and had had several dangerous suffocative attacks. There was considerable dyspnœa and some bronchitis. The same procedure was followed, but during the manipulations tracheotomy became necessary. The larynx was full of papillomata; these were ablated at subsequent sittings, and the tube removed. The patient ultimately did well.

The difficulties encountered in such young children are due to the small size of the larynx and the shortness and softness of the epiglottis. Cocaine and adrenalin are not very safe for infants, and the author prefers to operate without their aid, under light general anæsthesia.

Chichele Nourse.

E.A.R.

Hunt, J. R. (New York).—*Herpetic Inflammations of the Geniculate Ganglion.* "Arch. of Otol.," August, 1907.

Herpes zoster in the region of the trifacial and of the superficial cervical plexus is well known, and the writer associates herpes affecting the ear with the seventh nerve, which he compares to a spinal nerve having the geniculate swelling as the posterior root-ganglion, the nerve of Wrisbey as the afferent root, the facial as the motor, while the peripheral divisions are the petrosal nerves to the carotid (sympathetic), the otic, and Meckel's ganglion. The greater and lesser superficial petrosals both participate in the tympanic plexus.

The clinical types are: (1) Herpes auricularis, situated in the concha, meatus, and tympanic membrane; (2) herpes auricularis, facialis, or occipito-collaris with facial palsy in which the inflammation has extended to the facial nerve, including often the chorda tympani; (3) herpes auricularis, facialis, or occipito-collaris with facial palsy and hypo-acousis, there being extension to the auditory nerve; (4) herpes auricularis, facialis, or occipito-collaris with facial palsy, deafness, and symptoms of Ménière's disease. The writer recalls that the acoustic ganglion is an outgrowth of the so-called neural ridge from which the Gasserian, geniculate and posterior spinal ganglia take their origin, the cells of the geniculate assuming the spinal unipolar type and those of the acoustic (Corti and Scarpa) retaining their primitive bipolar character. The rarity of the affection is shown by statistics giving 5 cases out of Gruber's 20,000 cases of ear disease, 2 out of 47,600 in the Manhattan, 1 out of 15,000 in the Brooklyn, 33 out of 65,000 in the Massachusetts Eye and Ear Hospital. Leeching the mastoid region is recommended as soon as the diagnosis is made. For further details the author refers to the *Journal of Nervous and Mental Diseases*, February, 1907, the *Transactions of the American Neurological Association*, 1906, p. 184, and the "Transactions of the Meeting of the New York Neurological Society," March, 1907, in the *Journal of Nervous and Mental Diseases*. *Dundas Grant.*

Barr, J. S., and Rowan, J. (Glasgow).—*An Investigation into the Frequency and Significance of Optic Neuritis and Other Vascular Changes in the Retina of Patients Suffering from Diseases of the Middle Ear.* "Glasgow Med. Journ.," vol. lxxviii, No. 6.

The authors of this paper have examined the eyes of 100 cases of purulent otitis media. They have ascertained that seventy-two of these cases showed more or less vascular engorgement in one fundus, sometimes in two. In six out of the seventy-two cases actual optic neuritis existed. All cases with the slightest error of refraction were excluded. The cases showing distinct vascular changes were carefully watched. The purulent otitis was more severe in these cases. The result of their investigation was: (1) That otitis media cases with vascular changes in the fundus should be carefully watched, and that to have a favourable result mastoid operations should be performed early; (2) if the vascular engorgement was clearing up then the prognosis was favourable and conservative treatment was recommended; (3) the ophthalmoscope should be employed in every case of purulent otitis media.

Andrew Wylie.

Küstner, W. (Halle).—*Tumours of the Auditory Nerve and the Possibility of their Diagnosis from the Clinical Phenomena hitherto Observed.* "Arch. f. Ohrenheilk.," Bd. 72, Heft 1 and 2.

From an examination of the literature on the subject the author points out that although many tumours growing in the cerebello-pontine recess may produce auditory phenomena by pressure upon, and destruction of, the acoustic nerve, yet very few of these are growths originating in the nerve-trunk itself. Most of them are tumours of the pons, cerebellum, meninges, cranium, etc. And so far no attempt seems to have been made to differentiate clinically tumours which grow in the nerve-trunk from those which merely implicate it secondarily.

He reminds us of the curious propensity exhibited by growths in this region to penetrate and occasionally to distend the internal auditory meatus, and draws attention also to the equally curious fact that the facial nerve, even when stretched by, or otherwise involved in, a tumour, retains its function after its close companion, the auditory nerve, has ceased to convey impressions.

In many cases of cerebello-pontine tumour the first symptoms which appear are unilateral impairment of hearing, with tinnitus and slight vertigo. But these signs are almost always attributed simply to middle-ear catarrh and no heed is paid to them. Even after the development of the other and more definite signs of cerebello-pontine tumour, a careful and patient investigation of the hearing is carried out so rarely that a complete picture of the auditory phenomena present in these diseases can scarcely be said to exist.

This deafness ultimately becomes absolute, but in only one third of the recorded cases is paresis or paralysis of the face also present.

He considers that Gradenigo's researches on the exhaustibility of the hearing-power in diseases of the nerve-trunk are of great value.

In any case the presence of these auditory phenomena enables us to fix with confidence the situation of the tumour.

Finally, he concludes that inasmuch as a tumour of the cerebello-pontine angle never produces steadily progressing nerve-deafness of a high grade, unless when other cerebellar symptoms are already present, it follows that if nerve-deafness of this type is present along with an absence of the

definite phenomena of pressure upon the cerebellum, then the tumour is one which is actually growing from the auditory nerve-trunk.

Dan McKenzie.

MISCELLANEOUS.

Vernet, Dr. A.—*A Case of Tubercular Meningitis cured by injecting Beranech Tuberculin.* "Revue Medicale de la Suisse Romande," July 20, 1907.

The case briefly is as follows: A child, aged four, suffering from tubercular meningitis was considered hopeless. The symptoms were grave, one specially noted being "the characteristic odour of mice," often found in severe cases of this disease.

The tuberculin was injected for eight days, a dose each day, and the child became so well that she was removed to the seaside. A relapse ensued as severe as the original disease, and to show the value of the tuberculin, as soon as it was used the child improved and was soon well.

Andrew Wylie.

REVIEW.

Nisbet's Medical Directory.

We have received a copy of the first issue of "Nisbet's Medical Directory"—a handy volume of 789 pages, light, portable, well printed, and well bound, and suitable for the table of every medical practitioner. It contains the names, addresses, qualifications, telephone numbers, of every medical man, arranged in alphabetical order. The work also contains a note of any important work which the practitioner may have written or been engaged in. The price at which it is published (*7s. 6d.*) is by no means prohibitive. We have applied the usual tests as regards accuracy to this volume, and it has responded accurately to every one. The second part of the volume contains a local directory, in which the names of medical men are given under the names of places where they are resident. One has only to know the village, town, district, or country abroad, to be able to ascertain at a single glance the names of every practitioner practising there. The whole book is arranged with a view to handiness, and cannot fail to be of great service to those whose duties lead them into correspondence with medical men in various parts of the country and the globe.

THERAPEUTIC PREPARATIONS.

DOWN BROS., LTD., London.

BARDELLA BANDAGES.—We have received from Messrs. Down Bros., Ltd., London, a sample of a bandage which has been in use for some years. It is a gauze bandage, saturated with an antiseptic and cooling powder, and forms a convenient dressing for burns, scalds, and in certain conditions of eczema, herpes, and ulcerations of the skin. It may be used either loosely as an ordinary bandage, or can be folded into a pad or