

E A R S.

Blaxall (London).—*A Bacteriological Investigation of the Suppurative Ear Discharge, occurring as a Complication of Scarlet Fever.* "Brit. Med. Journ.," July 21, 1894.

THIS important investigation is treated by the author in an exhaustive manner, and is introduced by brief references to the more important researches of other observers in this field. That which relates to the scarlatinal process *per se* is first dealt with; next, that which deals with the bacteriology of otitis media, acute and chronic, and thirdly, that which relates to the combination of the two processes. As regards the bacteriology of scarlet fever, the author concludes that the streptococcus pyogenes is the organism that plays the most important part, at any rate in regard to the secondary infections of this disease. Under the bacteriology of otitis media, Zaufal's division of otitis into three forms—viz., (1) that due to pneumococci, (2) that due to staphylococci—*aureus*, *albus*, and *cereus albus*, (3) that due to streptococci—is instanced, and it is pointed out that Zaufal was the first to assert the importance of the streptococcus pyogenes in the complications of otitis media. Kanthack is referred to as having found most abundantly the diplococcus pneumoniae in acute otitis and mastoid suppurations—in chronic cases never but pathogenic staphylococci. To this organism—viz., the diplococcus pneumoniae—the majority of authors assigned the first place in the etiology of acute otitis. The next place, more especially as causative of the complications that follow otitis media, is assigned to the streptococcus pyogenes.

The author's observations on the bacteriology of otitis in scarlatina is based on the results obtained from an examination of two hundred and eighty-seven cases of scarlet fever. Out of these thirty-six suffered from otitis media, occurring mostly from the twentieth to the thirtieth day after the onset of the disease. Of these fourteen were examined bacteriologically, four of them twice at different periods. The pus was aspirated out of the middle ear through the aperture in the membrane with all due precautions. The results obtained are clearly tabulated, and it is shown that the shorter the interval between the rupture of the membrane and the examination the more the pyogenic cocci predominate over rod forms. The various forms were found as follows:—

Streptococcus pyogenes	12 times.
Bacillus striatus albus	9 ..
Staphylococcus pyogenes albus	8 ..
" " aureus	5 ..
Micrococcus albus liquifaciens	3 ..
Bacillus acid lact.	2 ..
" subtilis	1 ..
" pyocyaneus.....	1 ..
Tubercle bacillus	1 ..
Yeasts	6 ..
Sarcinae	3 ..
Moulds	4 ..

The author never once succeeded in finding the diplococcus pneumoniae, a circumstance which might be due to the prevalence of pyogenic cocci hindering its growth, or because the diplococcus pneumoniae does not play such an important part in the etiology of the otitis media of scarlatina. The author alludes to the theory advanced by some that the streptococcus pyogenes is an attenuated form of

the diplococcus pneumoniae. He, however, took every care to discover the diplococcus, but without success. Mention is made of the two forms of the streptococcus, namely, longus and brevis. The latter was not met with. Moos only once met with the diplococcus in scarlet fever, and in this case associated with cancer, whereas most refer to this as being present only in acute cases. The bacillus striatus albus, isolated nine times, resembles one found in normal nasal secretions. The bacillus acid lact., occurring in patients whose staple article of diet is milk, is interesting. The conclusions of the author are—

1. That the organism most potent in the etiology of the otitis media of scarlatina is the streptococcus pyogenes.
2. That the less chance there is of contamination from the outer air through the external orifice the more the pyogenic cocci predominate over rod forms, but that, prior to perforation of the membrane, the occurrence of such organisms is not precluded, since they may ascend from the mouth and air passages.
3. That, next to the streptococcus, the most important organisms are the staphylococci albus and aureus.
4. That apparently the diplococcus pneumoniae of Fraenkel or the bacillus pneumoniae of Friedlander do not play such an important part in the otitis media of scarlet fever as in that due to other causes. *Wm. Robertson.*

Cheatle (London).—*Aural Auscultation Tube*. “*Brit. Med. Journ.*,” Sept. 22, 1894.

THIS consists of two nickel head bands (worn transversely on the head), one for the observer, and the other for the patient, to the appropriate sides of which bands are attached the respective ends of the otoscope, as used in the ordinary way. The otoscope is thus firmly, comfortably, and continuously applied. *Wm. Robertson.*

Deschamps.—*The Vapour of Formol in Affections of the Middle Ear*. “*Ann. des Mal. de l’Oreille, etc.*,” April, 1894.

THE author has obtained excellent results in the treatment of rhinitis, otitis media, and laryngitis, by passing through the nose a stream of air which had bubbled through a solution of five per cent. of formol in water. *Joal.*

Welsford (Dover).—*Rupture of both Tympanic Membranes by Cough*. “*Brit. Med. Journ.*,” July 14, 1894.

THIS occurred in a man, aged sixty, of intemperate habits, who was suffering from bronchitis and emphysema. During a severe fit of coughing he suddenly heard a loud explosion in both ears, and became deaf. There was slight hæmorrhage from both ears, and on examination a large rent was found in each membrane. He ultimately became totally deaf—bone-conduction being abolished. A slight discharge set in, and he complained of tinnitus, which conditions lasted until death, a few months later. *Wm. Robertson.*

Bronner (Bradford).—*On Intra-Tympanic Injections in the Treatment of Chronic Dry Catarrh of the Middle Ear*. “*Brit. Med. Journ.*,” Oct. 13, 1894.

THE author recommends these injections in the form of disease characterized by atrophy of the mucosa of the tympanum and ankylosis of the ossicles, especially of the stapes to the fenestra ovalis. He considers that these may arrest the progress of the disease, and in some cases improve the hearing. The disease is erratic, and may remain quiescent for months or years, and then suddenly begin to grow worse without any apparent cause. Dr. Bronner has used for these injections solutions of silver, mercury, chloralis hydratis, vaseline, etc., and now prefers

bicarbonate of soda in paroline. He has met with no accidents (acute otitis media, etc.). The solutions are applied warm with a syringe and catheter (Eustachian), two to three drachms being thrown up the Eustachian tube, and the oil further forced into the tympanum with Politzer's bag. The injections are made at intervals of a few days at first, subsequently at longer intervals.

Wm. Robertson.

Alderton, H. A.—*Acoustic Neurasthenia*. "Ann. Ophth. and Otol.," Oct 1894.

THE author defines this as a disease varying from "slowness of hearing to great impairment." Bone-conduction is diminished, the upper tone limit but little impaired, and great nervous debility detected. Direct treatment of the middle ear gives little encouragement, but rest and tonics improve most cases. R. Lake.

Hobby, C. M.—*Ear-Faints and Epilepsy*. "Ann. Ophth. and Otol.," Oct., 1894.

THE connection between *petite mal* and aural faintness is drawn chiefly from the absence of pallor, dilated pupils, nausea, and the presence of contractions, rigidity, and rapid recovery, the former being usually observed in syncope, the latter more in *petite mal*. R. Lake.

Isaia (Naples).—*The Treatment of Chronic Otorrhœa in Scrofulous Patients*. "The Med. Week," Dec. 7, 1894.

THE author first cleanses the meatus and ear with a solution of resorcin or salt, and then anæsthetizes with cocaine. Peruvian balsam (bals. Peru and alcohol equal parts three drachms, cocaine mur. 7 to 15 grs.) is then dropped into the ear, or introduced on a cotton-wool pledget. This application is only borne well where the meatus and pinna are sound. Wm. Robertson.

Baron (Bristol).—*Four Cases of Labyrinthine Disease treated by Injections of Pilocarpin*. "Brit. Med. Journ.," Dec. 1, 1894.

Case I. : Male, aged thirty, with tinnitus and severe vertigo. Watch, three inches; whispered voice, two feet. Thirty-five injections. Result: vertigo gone; tinnitus unimproved; watch, twenty inches; whispered voice, nine feet; improvement maintained four years; no relapse.

Case II. : Female, aged thirty, deafness of many years' duration. Watch on contact only, no bone-conduction. Forty injections; no result; patient in *statu quo*.

Case III. : Male, aged twenty-three. Deafness after scarlet fever, evidently due to labyrinthine disease. Forty injections, which did not act satisfactorily at first, but subsequently hearing began to improve after several months had elapsed.

Case IV. : A male, aged thirty-four. Improvement of hearing and tinnitus. Thirty-five injections; no improvement as regards tinnitus or deafness.

Wm. Robertson.

Hovell, Mark.—*Removal of an Exostosis of the Auditory Meatus by Combined Drilling and Traction*. "Brit. Med. Journ.," June 16, 1894.

THE exostosis, occurring in the left ear of a female patient, aged twenty-two, almost filled up the meatus to within an eighth of an inch from the entrance. The walls of the meatus being protected with guards, the exostosis was drilled, and then a screw was inserted into the drill hole. Making traction the exostosis was removed, firmly fixed on the screw. The growth was found to have been attached to the junction of the upper and anterior wall. Wm. Robertson.

Taylor (Norwich).—*Removal of an Aural Exostosis by the Chisel after Detachment of the Auricle.* "Brit. Med. Journ., Oct. 20, 1894.

THIS occurred in a boy, aged sixteen, who had suffered from otorrhœa for four years previously. The exostosis appeared as a large, round-looking, smooth, pale pink body, hard and fixed, pus passing through a chink between it and the anterior wall of the meatus. The auricle was detached from the posterior wall, and the exostosis exposed and chiselled off at its base. It measured seven-eighths of an inch long; weight, fourteen grains; apex growing into the tympanic cavity; base presenting externally. The author alludes to the facility with which the operation was effected by adopting the measure he employed—*viz.*, that of detaching the auricle and lifting forward the posterior soft meatal wall, and thus exposing the junction of the exostosis with the main bone. *Wm. Robertson.*

REVIEWS.

McBride.—*Diseases of the Throat, Nose, and Ear.* By P. McBRIDE, M.D., F.R.C.P.E. Second Edition, revised and enlarged. Edinburgh and London: Young; J. Pentland. 1894. Pp. 674.

IN this work the author has endeavoured to review the whole field of laryngology, rhinology and otology, discussing the more common diseases at some length, and the rarer ones more briefly. Such subjects as diphtheria and injuries of the larynx, which "are fully discussed in works on general medicine and surgery," have comparatively small space allotted to them. Three hundred and ninety pages are given to laryngology and rhinology, and two hundred and fifty-seven to otology—scarcely a fair division of labour, and we cannot but think that the former subjects have suffered in consequence. The author has made the attempt, to effect which is well-nigh impossible, to combine in one book of moderate size and large type three special branches of medicine of equal importance, and we cannot think that, on the whole, the effort has been uniformly successful. Most of the descriptions of disease are sketchy and not sufficiently precise to be fully serviceable to the student and practitioner, who will be obliged to supplement this work with others of greater detail. These remarks must not be held to be disparaging to Dr. McBride's work, which is an excellent one so far as it goes, and, to one already conversant with the special literature of the subject and able to fill up the gaps from his own knowledge, is an interesting one.

We read on page 15 that in "septic tonsillitis" the tonsils are swollen and often covered with patches. "The deposit is caused by suppuration of the lymphoid follicles, the irritation so produced gives rise to a fibrinous exudation, and as a result we have a considerable surface of one or both tonsils covered with a grey membranous-looking substance," etc. And again, on page 31, we read of follicular tonsillitis that it is associated with ulceration of the follicles, deposits of fibrin, and often exudation into the lacunæ. We are told that there is another form of