

Seifert, Professor (Würzburg). — *Hæmorrhage after Tonsillotomy.*
 "Wiener Klinische Rundschau," No. 15, 1901.

In addition to a general consideration of the causes and treatment of hæmorrhage following tonsillotomy, Dr. Seifert points out some of the dangers attendant on this operation. He quotes Lichtwitz, who found Löffler's bacillus present in 40·7 of his cases, sometimes alone, or in conjunction with staphylococci, streptococci, leptothrix, etc., in the wound surface. The author holds that tonsillotomy should not be performed in a general hospital or during epidemics of scarlet-fever or diphtheria.

A large number of cases are mentioned, showing that hæmorrhage usually comes on soon after the operation. Moure, however, reports a case of severe secondary hæmorrhage (in a child) where a week had elapsed before the bleeding commenced. The causes to which hæmorrhage is generally due are as follows: Injury of the tonsillar artery, some atheromatous changes in the vessels, hæmophilia, or even injury of the internal carotid, if the latter pursues an abnormal course. In cases where any of the above conditions are suspected, Dr. Seifert advises the use of the galvano-cautery snare, the pressing forward of the tonsil externally, and suggests that only three-quarters of the tonsil should be removed.

Complete rest, sucking ice and gentle gargling are recommended after the operation. The author does not approve of astringents, such as alum, tannin, or perchloride of iron; he advocates the use of a saturated solution of chromic acid applied on cotton-wool. Compression, either digital or by forceps, with lint soaked in ergotin, is recommended; use of the cautery, insertion of a deep suture, or twisting the bleeding part with forceps are further methods mentioned. Regarding the danger of injuring the carotid artery in operations for tonsillar abscess, it is safer to use the galvano-cautery to let out the pus (Moure).

Anthony McCall.

E A R.

Chavasse, P. — *Contribution to Acquired Cholesteatoma of the Ear.*
 "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," May-June, 1901.

The author gives particulars of three cases. He considers that cholesteatoma of the ear presents a constitution intimately identical with that of pearl tumours of the meninges, of the iris, and of the palmar surface of the fingers. Cholesteatomata must be divided into two groups: 1. Those of embryonic origin—rare; 2. Acquired cholesteatomata secondary to a suppurative inflammation of the middle ear—common. The author's cases belong to the second category.

Macleod Yearsley.

Torretta. — *Contribution to the Study of Psychopathies of Auricular Origin.* "Annales des Maladies de l'Oreille," etc., May, 1901.

The author remarks that it is a well-established fact that auricular affections can bring about epileptic attacks in individuals who have no nervous taint in their histories, and that such manifestations yield readily to surgical interference. He brings forward a case which came under the care of himself and Albericci, remarking that in all recorded

cases of psychopathies of auricular origin the symptoms were but slightly marked and transient, whereas in his instance they were so intense and persistent that it became necessary to place the patient in an asylum.

The case was that of a woman aged about forty years. There was no neurotic taint in her family or personal history. Five years before her death, which took place in an asylum, she began to have attacks of epilepsy, and later to exhibit symptoms of dementia. She had noises and slight deafness in the left ear, and as the case progressed the symptoms of insanity became more marked. She threw stones at passers-by, became taciturn and suicidal, whereupon she was put into an asylum. Her examination on admission is given in great detail, and the most salient points were: Exaggeration of genito-spinal reflexes, difficulties in gait and prehension, uniform diminution of skin and mucous membrane sensibility, tactile sensibility and sense of temperature similarly diminished, complete loss of hearing for voice on the left side, bone conduction preserved, tinnitus, auditory hallucinations, and vertigo. She had mania with epileptic crises, the latter regularly recurring every three or four days. The epileptic attacks were ushered in by a general inquietude, and she became hostile and taciturn. Loud noises and detonations would determine a fit. She died three years later during a very violent epileptic convulsion. During the later months of her life examination of the ear pointed to cholesteatoma.

Autopsy revealed cholesteatoma of the middle ear, which had perforated the tegmen tympani and extended into the cranial cavity. There was also pulmonary œdema and atrophy of the myocardium.

The author makes his case a plea for the more systematic examination of the ear in mental cases.

Macleod Yearsley.

NEW PREPARATION.

WE have received from Messrs. Burroughs Wellcome and Co. a specimen of "Tabloid" Morphine and Emetine, the formula of which is as follows: Morphine sulphate, $\frac{1}{40}$ gr.; emetine, $\frac{1}{80}$ gr.

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BOOKS RECEIVED.

- J. B. Ball, M.D.**—*Diseases of the Nose and Pharynx*. Fourth edition. London: Ballière, Tindall and Cox, 1901. 7s. 6d.
- A. Broca.**—*The Surgical Anatomy and Operative Surgery of the Middle Ear*. Translated by Macleod Yearsley, F.R.C.S. London: Rebman Limited, 1901. 3s. 6d.
- P. H. Gerber, M.D.**—*Atlas der Krankheiten der Nasen, der Nebenhöhlen und des Nasenrachenraumes*. Lief. 1-4. Berlin: S. Karger, 1901.