

wall was clearly visible on both sides. Posterior rhinoscopy: Choanae free. May 15, 1905: Hearing much improved; watch, right ear = 55 cm., left ear = 45 cm. Thoracic mensuration: Submammary diameter: right = 45 cm., left = 44.5 cm. Xiphoid diameter: Right = 42 cm., left 42 cm. In conclusion the writer urges the necessity of removing nasal obstructions, especially when congenital, and remarks on the beneficial results in regard to hearing, return of smell, and conformation of thorax manifested in this case.

H. Clayton Fox.

LARYNX.

Kuttner, A. (Berlin).—*Critical Observations on the Present Position of the "Recurrent" Question.* "Archiv für Laryngol.," vol. xviii, Part I, 1906.

In a very exhaustive paper the author discusses our knowledge of the recurrent nerve, as derived from physiological experiment, pathological anatomy, and clinical observation. He points out that while experiments on animals and pathological examinations have failed to upset Semon's law, clinical observation, after twenty-five years, has discovered one case, that recorded by Saundby in 1903, which is admittedly an exception to that law. But, he asks, is it not a law that the heart lies in the left half of the thorax, because in certain exceptional cases it has been found on the right side? Or is it not a law that in lead palsy the extensors are first, or exclusively, affected, because in rare instances the flexors have been the first to suffer?

Saundby's case has destroyed the last position taken up by Semon's opponents. They said that the clinical picture supposed to indicate a simple abductor paresis was really due to a loss of power in all the muscles supplied by the recurrent, and that the weaker abductors only *appeared* to suffer more than the stronger adductor group. This view is no longer tenable; for in Saundby's case it was the more powerful adductors which were first and most affected, proving that here there must have been a special involvement of the adductor fibres of the nerve and by inference that in all other cases the abductor fibres must have been primarily involved. Saundby's case therefore, though an exception, has established Semon's law. It has proved the existence of a law where his opponents said there was none.

Middlemass Hunt.

EAR.

Bar, Louis.—*Mastoiditis without Otorrhœa; Trepanning; Hearing Recovered; Absolute Cure.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," May, 1906.

In 1903 a man had suppurative inflammation of the left ear; he recovered with perfect hearing in a month. In January, 1906, he was seized with slight pain in the left ear lasting two or three days. Absolute deafness immediately ensued, Rinne negative, Weber negative; loss of perception for watch and acoumeter on contact, also for whispered and spoken speech. Examination of the Eustachian tube and drumhead revealed nothing save some opacity of the latter; the meatal lining was not swollen. There was no pain or entotic sound experienced on move-

ment of the pinna, neither was pain induced by pressure over the mastoid. No vertigo. One of the retro-pharyngeal glands was enlarged. The nasal fossæ and pharynx of the corresponding side were hyperæmic. No improvement followed treatment, and towards the end of March the tissues covering the mastoid became suddenly swollen, the tumefaction extending up into the parietal region. The auricle was displaced and the retro-auricular groove obliterated; even now pressure over the mastoid did not induce pain; the trouble seemed glandular in origin. On March 28 paracentesis was performed; no pus present. The retro-auricular swelling went on increasing and fluctuation was present. On April 6 a large subperiosteal mastoid abscess was opened. After clearing away granulations and detritus from the purulent pocket the bone seemed healthy, so much so that the operator hesitated to proceed further. However, after consideration antrotomy was decided upon and carried out. Pus was found immediately under the cortex, and the bone intervening between it and the antrum was in a state of purulent osteitis. All the diseased tissue was removed with the curette, an uneventful course followed, and by the end of May there was a complete cure. Hearing returned, and the drumhead assumed its normal aspect.

In this case the usual symptoms of mastoiditis were absent. The author remarks on the rarity of this form of mastoiditis and discusses the pathology of such cases, quoting Laimó's views as to their etiology. In this particular case he considers a latent mastoiditis was established two years previously during the attack of suppurative otitis above mentioned, and that this suddenly fulminated when the patient below par was subjected to the infection of influenza.

H. Clayton Fox.

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