EAR.

Wolfenstein, J. (Cleveland).—*Cocaine in the Treatment of Acute Inflammations of the Ear.* "New York Med. Journ.," Nov. 5, 1892.

THE author speaks very favourably of the use of solutions of cocaine in acute inflammatory affections of the middle ear. In order to be efficacious the solution must be used immediately after the onset of the pain, and instillations should be repeated with every recurrence. The drug acts as an analgesic and antiphlogistic in acute inflammatory conditions. The preparation used by the writer is a five to ten per cent. solution of Merck's crystallized hydrochloride of cocaine. A few grains of boric acid are added to every ounce of the solution to ensure stability. The solution should be slightly warmed before being used. *W. Milligan.*

Field (London).—*On Labyrinthine Deafness treated by Pilocarpin.* "Brit. Med. Journ.," April 2, 1892.

THE author speaks favourably of the drug in properly selected cases, and begins by injecting one-twelfth of a grain. Most benefit follows, it would seem, in syphilitic cases. *Wm. Robertson.*

Swinburne, R. E.—*The Relation of Aural and Nasal Affections, based on One Thousand Cases of Otitis Media.* "Med. Rec.," August 6, 1892.

OF these one thousand ca es of middle-ear disease ninety-five per cent. presented pathological conditions of the nasal and pharyngeal mucous membrane to account for the aural trouble. [The numbers, no doubt, are correct, but the mode of statement rather begs the question.—ED.] Of these 77 per cent. were of the various forms of rhinitis, 14·3 per cent. had deviations of septum, polypi, vegetations and enlarged tonsils, and 3·7 per cent. could be attributed to the throat complications of the exanthemata, leaving a balance of 4·7 per cent. in which the cause was not accounted for. Swinburne believes that inflammation extends from the nose and pharynx to the tympanum by direct extension by continuity of tissue, and not from rarefaction of air in the post-nasal space and tympanum during inspiration, due to nasal stenosis or from obstruction of the mouths of the Eustachian tubes by adenoid vegetations. He finds that many patients with nasal disease, if asked, say that they have aural symptoms, but the nasal disease is usually of an inflammatory rather than of a simply obstructive nature, unless the latter lead to catarrhal inflammation. He believes that naso-pharyngeal disease is often overlooked in cases of aural catarrh from want of practice in posterior rhinoscopy on the part of aural surgeons. [While feeling strongly that the writer's opinions are in the main correct, we think that he might with advantage have considered the assailability of his position a little more, and advanced his reasons for the faith that is in him somewhat more argumentatively. —ED.] *Dundas Grant.*

Stetter (Königsberg).—*The Surgical Treatment of Deafness due to Disease of the Conducting Apparatus.* "Monats. für Ohrenheilk.," Aug., 1892.

IN many cases where deafness is due to an affection of the conducting apparatus, great relief may be experienced by mobilization of the ossicular joints. In such cases the membrana tympani appears thick, opaque, white, and retracted. Conduction of sound through the cranial bones is usually preserved, but not always so, as in some cases the function of the terminal filaments of the auditory nerves may be in abeyance, owing to the effects of prolonged increase of intra-labyrinthine tension. In consequence of the thickening and retraction of the membrane in cases of chronic middle-ear catarrh, too great pressure is exerted upon the ossicles and the contents of the labyrinth. Anchylosis of the ossicular joints is also common, and the base of the stapes may become fixed in the foramen ovale. A pressure paresis of the organ of Corti results from this increased tension. Accompanying this condition tinnitus and vertigo are frequently complained of.

Catheterization and the use of Lucae's spring pressure sound generally fail to effect any permanent improvement.

The author has in several cases excised a portion of the membrane, and by means of a special hook has drawn upon the ossicular chain, with the result that adhesions are stretched or even severed, and the intra-labyrinthine tension in this way diminished.

In those cases where there is reason to suppose that a bony and not a fibrous anchylosis exists between the base of the stapes and the fenestra ovalis, the operation is contra-indicated.

To establish the fact that bony anchylosis is present between the base of the stapes and the margins of the fenestra ovalis, the entotic use of an ear trumpet fixed to a catheter, placed in the Eustachian tube, is of great value. If the patient hears words spoken (in a moderately loud tone) into the trumpet, it may be safely assumed that no bony anchylosis exists, for sound waves which reach the cavity of the tympanum in this way must be passed immediately from the base of the stapes to the contents of the labyrinth. The fact that bone-conduction is frequently restored after operations of this nature shows that even in those cases where a marked pressure paresis has lasted for a long time, the functional activity of the terminal filaments of the auditory nerve may be re-awakened when that source of pressure is removed. *W. Milligan.*

Jack.—*Operative Treatment for the Relief of Chronic Suppurative Affections of the Middle Ear.* "Boston Med. and Surg. Journ.," June 2, 1892.

REPORT of three cases. The conclusions drawn by the author are:—

1. The removal of the drum membrane and ossicle is attended with little annoyance to the patient.

2. The operation often produces marked improvement of the hearing.

3. Satisfactory results may be expected towards the relief of tinnitus and vertigo.

4. The results of the operation seem to be permanent.

In proof of these statements statistics of twenty-three cases are quoted in which operation cured twelve in three months or less; one in

six months ; five cases were improved ; three were not improved, and two were lost sight of. At the same time the author does not advocate removal of ossicles and scraping, or caustic destruction of granulations, even though rough bone is felt, until other methods have been tried.

B. J. Baron.

Harrison, C. E. (London).—*A Case of Cerebellar Abscess secondary to Ear Disease, treated by Trephining and Drainage of Abscess ; Death.* "Lancet," Oct. 1, 1892.

THE patient, a Dragoon Guard, was admitted, partially unconscious, and groaning as if in severe pain. His body was much wasted, the abdomen retracted, and there was a polypus and fœtid discharge in the left ear. The mastoid was apparently normal, and there was no pain or swelling down the left side of the neck. Temperature, 98·2 ; pulse, 56. There was a history of acute suppurative otitis two years before, which was recovered from, but returned with an attack of scarlet fever four months before the present illness. Two months later he was seized with acute pain in the left ear and side of head, with troublesome vomiting, very slight diarrhœa, and no marked rigors. This lasted a fortnight, but shortly before admission he had a relapse, lost flesh rapidly, had occasional delirium, and was constipated.

The removal of the polypus made no difference, and it was determined to explore the temporo-sphenoidal lobe and cerebellum. In the former there was no pus, but in the latter the canula evacuated about three drachms. The abscess was irrigated and drained. Improvement took place as regards consciousness, but next day his respiration became irregular and almost of Cheyne-Stokes character. Death took place the following morning. The autopsy verified the diagnosis of abscess. There was no affection of the meninges beyond congestion and roughness of the dura in the posterior fossa and discoloration on the anterior and posterior surfaces of the petrous, a portion of which was necrosed. The writer regretted not having opened the abscess forty-eight hours sooner.

Dundas Grant.

Maughan (London). — *Cerebral Abscess ; Slight Symptoms ; Sudden Death.* "Brit. Med. Journ.," April 2, 1892.

THAT of a girl, aged seventeen, found dead by the author, who obtained a history that the deceased had complained of headache and impaired sight in right eye, and that she had been treated for polypus in right ear. The day before her death she was apparently well. At the *post-mortem* the inferior temporo-sphenoidal convolution was found to be torn up by fœtid pus, and attached to the posterior surface of the petrous bone was a fibrous cyst the size of a pigeon's egg, also containing fœtid pus, and ruptured on its inferior aspect. Underneath this a probe could be passed through the carious roof of the tympanum into the external meatus. *Wm. Robertson.*

Robinson, Beverley (New York).—*Disorders of the Ears in Typhoid Fever.* "Med. Rec.," Sept. 3, 1892.

THE ears are affected in a large number—about forty-three per cent.—of cases of typhoid fever. Tinnitus occurs often at the beginning of the

fever, but it is usually at the end of the second or during the third week that inflammatory conditions present themselves, and occasionally they produce perforation without any pain having been complained of. Hence the necessity for frequent inspection of the organs. The nature of the deafness seems very uncertain, and it is not made out how much it is due to extension of pharyngeal catarrh, and how much to the condition of the nervous system. Oppolzer recognized for it three distinct causes :— (1) propagation from the pharynx ; (2) the affection of the nervous system incident to the profound blood dyscrasia ; (3) periostitis of the middle ear. Barallier suggested that it was due to the administration of quinine, but Murchison denied that it was dependent on this, or to softening of the muscles of the middle ear, as was thought by Stokes. Of course, impaction of a ceruminal plug has to be excluded by inspection. The ordinary prophylaxis and treatment of ear disease is recommended.

Dundas Grant.

Cohnstädt, Ernst (Erfurt).—*Contribution on Tuberculosis of the Labyrinth.* "Monats. für Ohrenheilk.," May, 1892.

A GIRL, eleven years of age, had suffered from right-sided otorrhœa since the age of four. It had come on without any known cause, had occasioned no pain, and had long been left untreated. Swellings over the mastoid region had twice been treated by incision. Taken into the clinic she complained of pain over the whole of the right side of the head, and her temperature was 40·2° C. There was thick fœtid pus in the right meatus. The membrane was seen, after syringing, to have been almost entirely destroyed, and the ossicles were not recognizable. The tympanic cavity was filled with rugged spongy granulations, the Eustachian tube pervious, the mastoid region free from swelling, the face slightly paralyzed. There was absolute loss of hearing for watch, tuning-fork, and whispered voice, and bone-conduction was completely lost. Microscopic examination of the discharge revealed quantities of tubercle bacilli. Next day the mastoid was chiselled open. There was no fistula, and after a few strokes of the chisel fœtid pus welled forth. The mastoid was well cleared out with the sharp spoon, and the same evening the temperature decreased to 38° C. Improvement continued for eleven days, but the patient was then attacked with anorexia and retching, became comatose, and died. There was caries of the petrous bone. The labyrinthine structures were entirely destroyed, the cochlea and ampullæ were replaced by connective tissue. The facial canal was eaten into, and was full of pus. There was basal meningitis, and an abscess of the size of a walnut in the right lobe of the cerebellum. The route of the pus was not evident, but it appeared to have followed the facial nerve to the posterior fossa, where it had reached the cerebellum. The pus in the labyrinth contained bacilli in great quantity. In all chronic otorrhœas bacilli should be looked for, and in scrofulous patients are almost always found. In such cases the bone is very liable to be affected, and therefore the mastoid should be opened without waiting for swelling or tenderness.

[The painless onset is very characteristic of tuberculous otitis.—ED.]

Dundas Grant.

Smith (Cheltenham).—*Foreign Body in the Ear.* "Brit. Med. Journ.," Feb. 27, 1892.

A LARGE prism-shaped piece of stone enveloped in cerumen, said to have been lodged in a man's left ear for thirty-seven years, and only to have given rise to symptoms during a few months, probably on account of the wax having more completely occluded the meatus within that time. After removal the membrana tympani was found uninjured. Hearing restored. *Wm. Robertson.*

Ryan, J. P., and Barrett, J. W. (Melbourne).—*Removal of Lead from the Ear by the use of Metallic Mercury.* "Lancet," Oct. 15, 1892.

IN the case of a child who had pushed a leaden bullet into his ear an endeavour was made to diminish its bulk by means of metallic mercury (syringing, etc. being unavailing), as was done by Mr. Marmaduke Shield in one case. The result was absolutely disappointing and experiments were conducted for the purpose of explaining the discrepancy. It was found that sheet lead was only very slightly diminished in weight after being immersed in mercury for sixteen hours. They suggest that the "lead" in Mr. Shield's case was probably "plumber's solder" (2 of lead to 1 of tin), as distinguished from "tinman's solder" (1 of lead to 1 of tin), "pewterer's solder" (1 of lead to 2 of tin), and sheet lead. The result was :—

Substance.	Weight before immersion.	Weight after immersion.	Loss.	Time.
Plumber's solder	22 gr. ...	10 gr. ...	12 gr. ...	16 hours
Tinman's solder	22 gr. ...	17 gr. ...	5 gr. ...	16 hours
Lead piping	17 gr. ...	15 gr. ...	2 gr. ...	16 hours
Sheet lead	11 gr. ...	9½ gr. ...	1½ gr. ...	16 hours

[A knowledge of these facts may prevent disappointment and account for varying success.] *Dundas Grant.*

Pepper (London).—*Disease of the Mastoid Bone.* "Brit. Med. Journ.," March 5, 1892.

THE author draws attention to "preventible deaths from chronic ear disease," and as causes of the high mortality suggests the tendency with surgeons to defer operation on account of the frequently observed difference of symptoms and the repugnance to interfere where the region is dangerous. The causes of otitis media and damage to the mastoid bone were discussed, and the mortality from pyæmia and intra-cranial mischief stated to be higher than it should be. Reference was made as to the way in which inflammatory progress was effected towards the large blood vessels and brain, and the appropriate steps of treatment demanded in each case. In connection with the above communication several authorities took part. Mr. Cheadle referred to a case of meningitis secondary to ear disease. The patient was trephined without result. At the *post-mortem* plastic lymph was found in the middle ear, the inflammation extending to the brain and optic nerve, while the membrana tympani was not perforated. Dr. Scanes Spicer thought 85 per cent. of cases of mastoid disease were due to adenoid vegetations and always preventible of course. Dr. William Hill showed (1) a temporal bone with tegmen

very thin; (2) one in which the mastoid cells nearly approached the lateral sinus; (3) one with a perforation between the mastoid cells and the sinus; (4) one with a very large mastoid foramen. J. Jackson Clarke showed a section of a temporal bone of a child, aged three years, where the whole of the antrum was above the upper border of the meatus; in another, from an adult, two-thirds was below the same, and in both little room existed between the lateral sinus and the posterior meatal wall. Dr. McNaughton Jones showed his ivory scale for determining the position of the trephine in opening the skull in different sites. *Wm. Robertson.*

REVIEWS.

Schrötter (Wien).—*Vorlesungen über die Krankheiten des Kehlkopfs der Luftröhe der Nase und des Rachens.* ("Lectures on Diseases of the Larynx, Trachea, Nose and Pharynx.") Sixth part, with 11 woodcuts. Wien and Leipzig: Wilhelm Braumüller, 1892.

THIS part concludes the first volume of the interesting work of this well-known author. The thirty-fifth lecture treats of *neuroses of the larynx, hyperæsthesias, paræsthesias, and anæsthesias.* Effective treatment the author often found in gargling with cold water and brushing with chloroform and opium. The thirty-sixth chapter treats of *nervous cough and glottic spasm.* The spasm is often produced by hysteria, tabes, tetanus and lyssa; the diagnosis is easy; treatment by nervine tonics. Concerning nervous cough the author relates an interesting case in which a cough could be produced by the introduction of a probe into a fistula colli congenita. The name "chorea laryngis," first suggested by the author, should be preserved because the symptoms resemble chorea and are often combined with true chorea. The thirty-seventh lecture treats of *disturbances of co-ordination and atactic movements of the larynx.* The symptoms of aphonia spastica are very minutely described, and the reading of this chapter must be especially recommended. Dyspnœa spastica should be regarded as a severe affection which merits more attention than the author gives, who only deals with it in a few lines. The thirty-eighth and three following lectures treat of the *different forms of paralysis and pareses* in a very excellent manner. With regard to the many papers published during the last few years without much change in the views of the author enunciated in his former publications as to treatment, he now agrees with the recommendation of the use of cocaine, whose effect lasts only a short time. The book concludes with a register of authors and a general index. *Michael.*

Zuckerkandl (Wien).—*Normale und Pathologische Anatomie der Nasenhöhle und ihrer Pneumatischer Anhange.* ("Normal and Pathological Anatomy of the Nasal Cavity and its Pneumatic Appendices.") Volume II., with 24 lithographic plates, 223 pages. Wien and Leipzig: Braumüller.

THE first volume of this excellent work appeared ten years ago. It contained the history of the anatomy and physiology of the parts, with a