

and died half an hour after the operation. There was a persistent thymus, hypertrophy of all the lymphoid glands and lymphoid follicles of the tonsils, tongue, and intestines. A large thymus is often found in cases of morbus Basedowii, and may have been the cause of death, and is often combined with a hydropic state of the blood. *Michael.*

**Chappell, W. F.**—*A Case of Tuberculosis of the Thyroid Gland.* "Manhattan Eye and Ear Hospital Reports," Jan., 1894.

THE thyroid had been affected two years, having been swollen, hard and tender for three months, since which time there has been a discharging sinus over the isthmus. The patient now also suffers with laryngeal and apical tuberculosis. *R. Lake.*

**Faber, Knud** (Copenhagen).—*Papilliferous Cysts of the Thyroid Gland.* "Hospitals-Tidende," 1893, No. 42.

A MAN, aged fifty, had during six years a stationary swelling of the thyroid gland, the tumour, however, now and then increasing somewhat, and then again returning to its usual size. Suddenly the tumour caused metastasis in the lungs, the heart, the peritoneum, the liver and the intestines, causing death, and the examination of the goitre showed that it was of cystic structure, the cysts containing numerous papilliferous masses without any trace of carcinomatous growths. *Holger Mygind.*

**Leichtenstein** (Köln).—*The History of the Question of Myxœdema.* "Deutsche Med. Woch.," 1894, No. 11.

THE author remarks that he forgot to mention in his paper that Semon proved in 1883 the relation between cretinism, cachexia strumipriva, and myxœdema and the loss of the thyroid gland. *Michael.*

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## E A R S.

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**Shaffaer, C.**—*Ruptures of the Membrana Tympani.* "New York Med. Journ.," May 12, 1894.

NOTHING new.

*R. Lake.*

**Caldwell, George W.**—*Transillumination of the Mastoid Cells as a Means of Diagnosis of Mastoiditis Interna Suppurativa.* "Canada Lancet," July, 1893.

THE apparatus required is a battery capable of developing ten volts, but not to burn out a lamp of two or three candle power. The lamp is covered by thin rubber tubing, fenestrated at one side, and made to fit snugly at the meatus by a washer of larger tubing. In a dark room the lamp is placed in the external auditory canal, with the fenestra directed backwards. When the current is turned on, a healthy mastoid is illuminated with a ruddy glow, extending from the apex to the lateral sinus, and upward to the limit of the cells. Where the canal is small, obstructed or painful, the transillumination may be carried out in a different manner. Place a speculum in the canal, as for an examination of the membrana

tympani, encase the lamp in a piece of rubber tubing which projects slightly beyond, and press against the mastoid, when the external auditory canal and tympanum will be filled with a rosy light from the posterior wall. By varying the position of the lamp different portions of the mastoid, the limitations of the cells and the position of the lateral sinus may be accurately mapped out, and the particular region in which a pathological process exists may be demonstrated. If the cells be occupied by a purulent collection, the glow will be absent, the cells will be dark. Comparison with the opposite side renders the diagnosis more complete. This method cannot but prove of value in obscure cases of suppurative mastoiditis where the external indications of suppuration are absent.

*George W. Major.*

**Dahl, Hans** (Christiania).—*Diplacusis*. "Norsk Magazin for Laegeviden-Skabn," 1893, No. 6.

THE author relates three cases of diplacusis caused by acute catarrh of the tympanic cavity, and one case caused by labyrinthine disease.

*Holger Mygind.*

**Burnett, C. H.**—*A Case of Otitic Brain Abscess — Operation — Recovery*. "Annals of Ophthal. and Otol.," April, 1894.

THE patient, a girl of sixteen, suffered with double otitis media suppurativa after influenza. She had an attack of vomiting, followed by unconsciousness on November 24th, 1893. She had then a high temperature, and pain before admission behind the right ear and dilated pupils. The temperature fell to subnormal, and continued so until December 15th, when she had a convulsion, with Cheyne-Stokes' respiration, extreme flexion of the left arm over the chest, increased left knee jerk and ankle clonus; in an hour's time she became comatose, with a pulse rate of 120. Dr. De F. Willard trephined over the right temporo-sphenoidal lobe, removing three and a half ounces of green foetid pus. The pulse rate just before the operation rose to 184. The patient completely recovered.

*R. Lake.*

**Pomeroy, O. D.**—*On the propriety of using Stimulants and increased Nutrition in relieving the pain of acute Otitis Media*. "Annals of Ophthal. and Otol.," April, 1894.

THE above describes the paper.

*R. Lake.*

**Rasch** (Copenhagen).—*On the Frequency and Importance of Otitis Media in Sick Infants*. "Hospitals-Tidende," 1893, Nos. 18 to 20.

THE author has examined the middle ear in sixty-one cases of *post-mortem* examinations of children up to two years of age. Only in five cases—*i.e.*, in eight per cent.—was the middle ear normal; in forty-six cases—*i.e.*, in 75.5 per cent.—otitis media suppurativa was found in either one or both ears; and in eight cases—*i.e.*, 14.5 per cent.—simple catarrhal otitis media was present. In nearly all the cases in which death was caused by broncho-pneumonia (forty-three cases) otitis media was present, but had not been diagnosed during life on account of the membrana tympani being rarely perforated, although pus was found in seventy-seven per cent. of these cases. In several of the cases the children had exhibited

brain symptoms, which had several times been so conspicuous that meningitis was diagnosed during life, while the *post-mortem* examination revealed no affection of the brain or its membranes. The author calls attention, therefore, to this source of error in the diagnosis in cases of broncho-pneumonia. In forty-three cases the exudate was examined more minutely, and in thirty-three pneumococci were discovered. Whenever pneumococci were found the tympanic membrane was not perforated. Perforation of the membrane was, on the whole, very rare, appearing in only four of the sixty-one cases examined. The author is inclined to the opinion that infantile broncho-pneumonia plays some part in the etiology of deaf mutism, the otitis media being propagated into the internal ear.

*Holger Mygind.*

**Bacon, G.**—*Middle-Ear Operations.* "New York Med. Journ.," April 14, 1894.

A RÉSUMÉ of the recent literature, the author falling in with Blake's views and advocating Blake's "exploratory tympanotomy," also quoting one of his cases left with severe tinnitus after excision of the ossicles.

*R. Lake.*

**Dodd, O.**—*Conjugate Deviation of the Eyes with Middle-Ear Suppuration.* "Chicago Med. Record," Feb., 1894.

THE patient suffered with left purulent otitis after influenza, which gave rise to severe symptoms—vertigo and vomiting, with a pulse rate of 120, slight left facial paresis, and deficiency of ocular movement. The following day conjugate deviation to the left was strongly marked. Under treatment all the symptoms disappeared, and the patient recovered. The author then proceeds to review the literature of the subject and his reasons for considering this as a reflex spasm.

*R. Lake.*

## REVIEWS.

**Goldschmidt, Sigismund** (Reichenhall).—*Tuberculosis of the Lungs: its Etiology, and a Review of the New Methods of Treatment.* ("Tuberkulose und Lungenschwindsucht, ihre Entstehung und critische Ueberschrift ihrer neuesten Behandlungsmethoden, nebst Anhang ueber familiener krankeriger an Schwindsucht.") Leipzig: B. Koenigen. 1894. 42 pages.

THIS little book contains no new material, but it should be commended, as the author gives an excellent review of the different forms of tuberculosis and their treatment. He begins with a review of the theories before the discovery of the bacillus; then speaks of the influence this knowledge has had on the different clinical forms of tuberculosis and their relation to the mode of infection. The next chapters treat of the influence of disposition and heredity on the development of the disease, with special regard to all the important publications on this subject. Concerning therapeutics, the author has a rather sceptical standard and believes that hygienic prophylaxis should have the first place in the battle against tuberculosis. The most important part of the work is the