EAR.

Beattie Brown, H.—Treatment of the Mastoid Wound following Influenza.—"Annals of Otol., Rhinol., and Laryngol." vol. xx, p. 860.

The author discusses methods of treatment and obstacles to healing. The latter may be enumerated as: Delegating work to an assistant, infected sutures, failure to include periosteum in suture, failure to eradicate all diseased bone, a sinus, removal of too much bone, shock and low vitality, tonsils and adenoids, unhealthy granulation tissue, cellulitis, anæmia, diabetes. *Macleod Yearsley.*

Allport, Frank.—Some Rambling Thoughts concerning the Radical Mastoid Operation. "Annals of Otology, Rhinology and Laryngology," vol. xx, p. 400.

Described by the author as "a gossipy talk on certain aspects of mastoid work." It is marked by some very sound common-sense, and insists strongly upon the importance of closing the tympanic ostium of the Eustachian tube. The author is strongly opposed to the Heath operation, which, he says, "never has, and never can, appeal to my sense of proper surgery. He leaves practically untouched the diseased middle ear and the diseased attic, which in my opinion are usually the foci of all the trouble, especially the attic. His method is really not much more than an elaborated simple mastoid operation, and he hopes, with an optimistic (but not surgical) mind, that the large opening and the drainage will cure the disease. I do not believe that this hope is safe, sane, or surgical, and I therefore cannot espouse it, and would not advise others to." *Macleod Yearsley.*

Glogau, Otto.—A Case of Spindle-celled Sarcoma of the Mastoid. "Annals of Otol., Rhinol. and Laryngol.," vol. xx, p. 428.

Man, aged forty-five. Treated by Coley's fluid, but died. A *post-mortem* was refused. *Macleod Yearsley.*

Dench, E. B.—Division of the Auditory Nerve for Persistent Tinnitus; Operation; Recovery; Report of Case. "The Interstate Medical Journal," January, 1912.

Man, aged forty-two, who became suddenly deaf four years earlier in the right ear, with severe headache, tinnitus, vertigo and vomiting. Treatment was unsuccessful. Left tinnitus began two months before he was seen by Dench. Tests showed: Right ear, bone-conduction absent. Upper tone limit 7·0 Galton, lower limit, 512 double vibrations. Left ear normal. Walking with eyes closed he fell to the right. Rotation tests showed both labyrinths equally irritable. Tinnitus being distressing, it was decided to divide the right auditory nerve. This was done with the patient on his face, through an incision from just below the spine of the second cervical vertebra to just below the occipital protuberance, then carried horizontally outwards to a point vertically above the mastoid emissary vein and thence to just below the tip of the mastoid. The flap thus formed was reflected downwards and the underlying muscles and periosteum similarly dealt with. The cranial cavity was opened with a large gouge, the opening enlarged and the cerebellar dura exposed. The muscular and cutaneous flaps were sutured in place and the preliminary

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operation completed. One week later the flaps were again reflected and a dural flap formed by incision within the margins of the occipital, lateral and sigmoid sinuses. The cerebellar hemisphere was drawn upward and outward and hæmorrhage controlled with adrenalin chloride 1-3000. The auditory and facial nerves were easily recognised, the latter being recognised by the application of the faradic current. The auditory nerve was then broken up and its central end pulled out. The cerebellum was allowed to drop into place, and the dura, muscular and cutaneous flaps sutured. No reaction ensued, and the patient left hospital completely cured.

The author makes no reference to any of the work done in England, and it is difficult to understand why the less dangerous operation of destruction of the cochlea and vestibule was not preferred.

Macleod Yearsley.

Yearsley, Macleod.—A Case of Severe Vertigo: Destruction of the Labyrinth; Cure. "Lancet," February, 17, 1912, p. 428.

Patient, aged thirty-one. Discharge from right ear for eighteen months at eighteen years. Vertigo eleven years, followed by vomiting, growing worse and incapacitating her from work as a cook. Operation on May 28, 1910; radical mastoid. External semicircular canal opened and followed to vestibule. Stapes removed. Vestibule curetted. Condition on January 19, 1912: Slight occasional giddiness, never vomiting. No tinnitus. Health excellent. Slight tendency to lean to right on walking. Loses control of herself in the dark and "cannot imagine a clear space before her." The author comments upon this loss of orientation in the dark, which was noticed in another case of destruction of the labyrinth. He has not found that it is present in congenital deaf-mutes without vestibular function and suggests that the latter defect is compensated for by development of the muscular sense, which in his two adult cases has not yet had time to adapt itself to the altered circumstances. *Author's Summary.*

Alexander, Prof. G.—On the Possible Effect upon the Auditory Labyrinth of the Ehrlich-Hata Remedy in the Treatment of Syphilis. "Annals of Otol., Rhinol. and Laryngol.," vol. xx, p. 441.

In the course of six years the author met with nine cases of serious affection of the auditory nerve in early stages of syphilis. Professor Finger found three cases in six months, and in these, Alexander thinks the auditory condition must be considered to have an ætiological relation to arseno-benzol. At the same time it is not yet possible to assume it with absolute certainty, as severe acute forms of auditory nerve disturbance may occur during mercurial treatment. As regards his own observations, he details one case which certainly suggests the responsibility of "606" for the auditory condition. Ehrlich's experiments on white mice with arsacetin, which produced degeneration of the central fibres of the vestibular nerve, are cited as being in agreement with Alexander's warning that caution should be used in cases already the subjects of auditory nerve-deafness. *Macleod Yearsley.*

Butler, T. Harrison M.D.—Subdural Abscess, Thrombosis of the Lateral Sinus, and Diffuse Osteomyelitis of the Skull-bones, treated with Vaccines; Recovery. "Brit. Med. Journ.," March 16, 1912.

Male, aged twenty-five, seized with illness and severe headache February 8. Old right otorrhœa. Pain; headache, vomiting three days ago; no

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rigor. Temperature 100° F., pulse 100. Right meatus blocked by polypi, tenderness at tip of mastoid; no tenderness in neck. The middle ear was curetted under chloroform. February 9: Patient vomited twice. Temperature 100°, pulse 90; intermittent headache; no optic neuritis. February 10: Temperature 104°; rigor; vomited; February 11: Radical mastoid operation; sequestrum of tegmen tympani; extra-dural abscess. Lateral sinus not examined Pyæmic temperature followed. Injections of anti-pneumococcus and anti-staphylococcus sera. Later, further operation. Lateral sinus found thrombosed and full of pus, Cultures found only *Staphylococcus pyogenes albus* and Hoffmann's bacillus. Vaccine prepared and administered on fifth day, and subsequently. Later, abscess over left squama; sequestrum removed. Multiple abscesses of scalp: twenty operations. Final complete recovery. *C. E. West.*

Meyer, J.—Further Studies on the Question of Sound-Localisation, Investigations on Infants and Animals. "Monats. f. Ohrenheilk.," No. 4, Year 46.

After extensive research on these points the author concludes that the sense of hearing cannot be regarded as in any way established till some weeks after birth in the case of the human being and that its development is gradual and in part dependent on the education of other senses. At first the infant reacts to no sound, then there is a stage when very loud sounds are noticed, as is evidenced by the movement of the eyes, which may be possibly the result of stimulation of some other sense, then sounds associated with events begin to be noted, and lastly, commencement of sound-localisation can be witnessed in the directing of the head and eyes towards the source of sound.

In adult life so many other factors must, of course, always enter into the question of hearing—such as attention, use, custom, interest, etc.—that the subject becomes extremely complex. The author discusses the results of his various experiments at length which, although affording a certain amount of academic interest, do not appear to be of much clinical value with the exception that he considers he is able to state that sound-localisation is a function dependent on the auditory sense and is not attributable to the semi-circular canals, that it is represented in the cerebrum and is quite independent of the small brain.

Alex. R. Tweedie.

ŒSOPHAGUS.

Lerche (St. Paul., Minn.)—Remarks on Cardio-spasm, with Special Reference to Treatment and the Use of the Œsophagoscope for Examination, Based on a Study of Seventeen Cases. "Amer. Journ. Med. Sci.," March, 1912.

The physiological closure of the œsophagus toward the stomach is effected, not at the cardia (the anatomical line of junction of the œsophagus and stomach), but at the "epicardia," by which name the author denotes a portion of the œsophagus, about 4 to 5 cm. in length, extending from the cardia to about the hiatus œsophagus. The term "cardiospasm" is therefore inadequate. Cases of diffuse dilatation of the

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