

and diplococci. The case presented the features of diphtheritic croup, but there was absence of glandular enlargement and of involvement of the nose, while the fever was rather high. The author refers to a paper by Jacod in *La Semaine Medicale*, 1907, No. 43, and to a recent work on "Pneumococcic Infection of the Upper Air-passages" by Reiche and Schomerus in the *Reports of the Hamburg State Infirmary* for 1907.

Dundas Grant.

E.A.R.

Gomperz, B. (Vienna).—*Politzerisation in Children*. "Arch. f. Ohrenheilk.," Bd. 76, Heft 1 and 2.

In a recent article Walb has described a method of Politzerising young children who refrain from crying at the moment when we want them to cry in order to inflate. An assistant passes his finger or a spatula to the base of the child's tongue, and during the retching movements set up thereby the bag is compressed.

Gomperz, with the same object, has the child's head held back, and, after the nozzle of the bag is fitted into the nostril an assistant syringes some water into the child's mouth.

The author has a strong belief in the value of Politzerisation in the treatment of acute otitis in early infancy, but he does not employ inflation until the acute inflammatory phenomena are on the wane. In very young infants the bag should be compressed in the smallest possible manner.

Dan McKenzie.

Frey, Dr. Hugo (Wien).—*On the Question of so-called Recurring Mastoiditis*. "Monats. für Ohrenheilk.," Jahrg. 42, Heft 10.

In an interesting article under this title Dr. Frey describes two cases whose history and course he gives at length, together with a critical survey on the probable sequence of pathological events which took place.

The first case is that of a boy, aged five and a half, who in January, 1901, had an attack of influenza which was followed by an inflammation of the middle ear on the right side. This condition subsided after a "long while," but at Easter a periosteal abscess occurred necessitating an incision, the result being a complete cure. Four weeks before his admission to Politzer's clinic in November, 1901, he had had pain in the left ear, which subsided uneventfully. For the previous six days pain had again occurred on this side, accompanied with fever and some post-aural swelling.

On examination the right ear was found normal excepting the fact that it showed evidences of past recent, though now quiescent, inflammation. The left ear was the seat of a general inflammation; there was a purulent discharge from the meatus and a fluctuating swelling behind the ear. The radical operation was performed, and after running a quite usual course the discharge ceased and the wound was completely healed all within four weeks.

In June, 1902, the patient was again brought to the clinic, and his mother reported that he had been feverish and complained of his throat for the last few days. In and around the operation wounds on both sides was a fluctuating area of inflammation, which, however, caused very little pain or tenderness. On June 22 both sides were operated upon. Pus was only found between the soft parts and the bone. On the left side the bone in the neighbourhood of the original operation was found

so soft that it could be easily removed with a sharp spoon. The antrum was exposed on the right side but contained no pus. Within three weeks complete healing supervened.

The second case occurred in Dr. Frey's private practice, and relates to a boy, aged four, whom he saw on February 2, 1905, and whose condition necessitated a paracentesis on the left side that day. A profuse purulent discharge followed for some three days, after which, in spite of his directions, he saw nothing of the little patient for more than a week, when he was again brought to him with a swelling behind the ear affording a typical picture of an antral abscess. The discharge from the meatus had ceased. At the operation on the next day a collection of pus was found in the antrum. By March 15 the wound was quite healed.

Towards the end of April he had an attack of measles, and was seen by Dr. Frey on May 2, who found some infiltration and swelling in the site of the old post-aural scar, which had commenced some twenty-four hours before; temperature 37.9° C. This swelling burst spontaneously the next day, discharging a small quantity of pus. On examination the adjacent bone was found healthy and the cavity in it resulting from the previous operation filled with granulation tissue. Healing took place within thirteen days.

After a detailed description of the conditions found during all these procedures, followed by a commentary thereon, the author summarises his views on the subject by stating that he does not consider these cases, strictly speaking, should be regarded as "recurring mastoiditis," since too long an interval of time had elapsed between the attacks, notably in the first case. He would rather describe them as cases only of apparent recurrence due in reality to "breaking down" of the granulation tissue which fills the cavity in the bone resulting from the operation, and which should normally become transformed first into fibrous tissue and then later become ossified.

Alex. R. Tweedie.

Urbantschitsch, Victor.—*On the Electrical Treatment of the Ears.* "Monatschr. f. Ohrenheilk.," Year 43, vol. i.

In a long article of twenty-four pages the author gives the result of his experience of this method of treatment for the relief of deafness arising from past middle-ear catarrh and suppuration, and also its effect on tinnitus.

The communication consists in a detailed account of fifty such cases, accompanied by twelve charts, to which is added a commentary and his views as to the value of this method.

The hearing was apparently made worse in at least two cases, and in one the tinnitus increased in intensity. In more than half the number of ears thus treated no improvement of the hearing or tinnitus resulted, but the author claims a varying measure of success in the remainder as regards hearing. This improvement, however, was only such as can be described as increasing the range of perception only by some 5 cm. in fourteen ears, 10 cm. in eighteen ears, 15 cm. in three cases, 20 cm. in four ears, whilst in two instances he obtained an improvement of 25 cm. and 30 cm., and in one as much as 85 cm. He considers the tinnitus was relieved in thirty-three cases and absolutely cured in four. A current of from $\frac{1}{2}$ to 2 ma. was employed, derived from a small portable dry galvanic battery, which the patients used themselves, one application a day of some thirty minutes' duration generally being prescribed, the number of applications in some cases being as many as sixty-six.

A combination of these methods with politzerisation, massage, or the

passage of bougies is recommended, and faradisation may be substituted for the continuous current, at times with advantage.

The article is valuable as an accurate and exhaustive record of results, but one cannot help wishing that some form of "control" test were possible in order to corroborate the real relation of effect to cause.

Alex. R. Tweedie.

Homer, Dupuy.—*Otogenous Intra-cranial Complications in Children; Presentation of a Case.* "New Orleans Med. and Surg. Journ.," January, 1909.

The author considers extension to intra-cranial structures from suppurations in the temporal bone from (1) perforations through the tegmenta tympani et antri and the sulcus of the lateral sinus; (2) through natural channels, along the facial and auditory nerves, cochlea, and semi-circular canals; (3) through the blood and lymph-vessels. He points out the vulnerable area of the petro-squamosal suture, and the "safety-valve action" of the squamo-mastoid suture. The case is described of a male child, aged five, with lateral sinus thrombosis and extra-dural abscess, who recovered after operation.

Macleod Yearsley.

Smith, S. MacCuen.—*Purulent Disease of the Middle Ear; the Treatment of Meningeal, Sinus, and Labyrinthine Complications.* "The Therapeutic Gazette" (Detroit), March 15, 1909.

Chiefly a review of the best methods; contains nothing new.

Macleod Yearsley.

Dench, E. B. (New York).—*A Case of Sinus Thrombosis, following removal of Granulation Tissue from the Middle Ear; Excision of the Internal Jugular Vein; Recovery.* "Arch. of Otol.," vol. xxxvii, Nos. 3 and 4, 1908.

Granulations were removed by the house-surgeon. The temperature rose in the evening to 104.5° F., was normal next morning, but suddenly rose again with chilliness to 106° F. There was leucocytosis and a polymorphonuclear percentage of over 82. The radical operation was performed and the sigmoid sinus was found on exposure to contain a dense clot. On its removal blood came from the torcular, but not from below. The jugular vein was excised up to about half an inch below the base of the skull. The temperature never rose above 102° F. after the operation, the recovery being uninterrupted. The clot in the sinus and upper portion of the vein contained streptococci.

Dundas Grant.

Shambaugh, G. E. (Chicago).—*The Membrana Tectoria and the Theory of Tone Perception.* "Arch. of Otol.," December, 1908.

The writer disposes of the membrana basilaris as the organ of resonance for a number of reasons, including its absence in regions of the cochlea to which the rods of Corti extend, in the pig, at least, and its being irregularly hampered by a blood-vessel attached below it. The membrana tectoria is graduated in length from below upwards in the cochlea, and is presumably easy to be set in vibration by the oscillations of the endolymph. He approves of Hardesty's suggestion that although a considerable part of the membrana tectoria may oscillate under the action of sound-waves, only those portions which are in tune with the components of the sound will oscillate through sufficient extent to touch the hair-cells above which they lie.

Dundas Grant.

Biggs, G. L. (London).—*A Case of Cerebellar Tumour involving the Auditory Nerve.* "Arch. of Otol.," December, 1908.

The patient, a boiler-maker, with right-sided deafness of seven years' duration and gradual in onset, developed headache, vomiting and optic neuritis. There was slight anæsthesia of the fifth nerve, no facial paralysis, but sensory ataxy in both hands and Rombergism to the right. Nystagmus appeared later, slow to the right side with fine movements to left. The signs of a nerve-deafness were marked. A large infiltrating sarcoma was found which involved the anterior part of the right cerebellar region and was attached above to the tentorium. *Post-mortem* examination revealed that it had involved the nerve and extended into the internal auditory meatus.

Dundas Grant.

Bloch and Hechinger.—*Anosmia in Temporo-Sphenoidal Abscess.* "Arch. f. Ohrenheilk.," Bd. 76, Heft 1 and 2.

The cortical centre for smell is bilateral and situated in both temporo-sphenoidal lobes. It is curious, therefore, that of all the many cases of otitic temporo-sphenoidal abscess recorded, so little mention is made of any interference with the olfactory sense. There are, indeed, only two cases on record, and now the authors report a third. In this case there was a left-sided temporo-sphenoidal abscess evacuated by operation, and one of the symptoms was well-marked anosmia on the same side as the abscess.

Of the other recorded cases, in the one the abscess was right-sided and the anosmia right-sided also; in the other the abscess was on the right side and the anosmia on the left.

The anosmia in the case reported by the authors might have been diagnosed as hysterical, for there was a considerable anæsthetic area of the cutaneous surface of the body, and the anosmia did not entirely clear up for five years after the operation. The diagnosis of hysteria is, however, rejected, because the cutaneous anæsthesia was not exactly unilateral, but affected "whole regions" of the skin; and the tardiness of recovery manifested by the olfactory symptom is explained by assuming that the lesion of the olfactory cortical centre was "deeper" than usual.

Dan McKenzie.

Hawthorne, C. O.—*The Cerebral and Ocular Complications of Anæmia and the Probable Relationship of these to Thrombosis.* "Lancet," September 19, 1908.

In the course of a general discussion of the subjects mentioned in the title, the author offers a new explanation of the occurrence of optic neuritis and ocular paralysis in suppuration of the middle ear. As Messrs. Barr and Rowan have shown, these events may complicate aural suppuration without any manifest intra-cranial complications, but the author suggests that it is an intra-cranial complication, nevertheless, which is responsible for these phenomena, namely, mild sinus thrombosis (which presumably stops short of general septic infection because the primary focus is removed, either by successful antiseptic treatment of the aural disease through the meatus, or by the performance of the radical mastoid operation).

Dan McKenzie.

de **Milly** (Orleans).—*A Case of Otitic Cerebro-spinal Meningitis; Radical Mastoid Operation; Cure.* "Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie," December 5, 1908.

The patient was a woman, aged twenty-five, who had been the subject

of chronic suppuration of the left middle ear for ten years. A radical mastoid operation was performed on account of the sudden onset of left facial paralysis. The mastoid process was eburnated, and the antrum obliterated; the attic contained granulations.

Four days after the operation the temperature and pulse rose, and the patient complained of slight headache at the nape of the neck and the left side of the head. She occasionally vomited, the neck was slightly retracted, and a *tâche cerebrale* could be obtained, but there were no ocular or other signs, and the mental condition remained good. This state of things continued unchanged for a week. The cerebro-spinal fluid obtained by lumbar puncture was cloudy, and contained numerous polynuclear cells, but no micro-organisms. It was sterile when inoculated on a tube of blood serum.

The treatment consisted in lumbar puncture repeated daily; subcutaneous injection of electrargol (10 c.c.), and finally, injections of 5 c.c. of electrargol into the spinal canal. After the second of these injections the headache and vomiting disappeared, and the temperature became normal.

Chichele Nourse.

Marsh, F. (Birmingham).—*Treatment of Facial Paralysis due to Division of the Facial Nerve in the Mastoid Operation.* "Brit. Med. Journ.," June 5, 1909.

Two cases of anastomosis of the facial nerve in the aqueduct of Fallopius are here described. The cases show—(1) that if division of the nerve is recognised at the time of operation careful adjustment will probably result in restoration of function; (2) that if division has not been recognised, the wound should be re-opened and the nerve ends adjusted at the earliest possible opportunity; (3) that if a careful adjustment has been made a second operation should not be undertaken within three or four months; (4) that this method should be tried before anastomosis with the hypoglossal or spinal accessory nerves is attempted, the results of which are not always gratifying. [Surely "anastomosis," which is derived from "*ἀναστομῶναι*—to furnish with a mouth," is not a word that should be used for the junction of solid nerves?—M. Y.]

Macleod Yearsley.

Fulton, F. T.—*The Serum Treatment of Epidemic Cerebro-Spinal Meningitis, with a Report of twenty-two Cases.* "Boston Med. and Surg. Journ.," October 22, 29, and November, 5, 1908.

This long paper is quoted because in four cases out of nineteen there were ear complications. In one case only did recovery result without permanent impairment of hearing; the other three recovered with total deafness, two in both, one in one ear.

Macleod Yearsley.

Anton, W., and Imhofer, R.—*The Case of Deaf-Mutes in German Bohemia.* "Prag. med. Woch.," 1909, xxxiv, S. 255.

In European countries there are 7·9 deaf-mutes to 10,000 inhabitants; during the last few years the average in Bohemia has been 7·8 per 10,000, the smallest number occurring in Prague—1·92—and the greatest—21·1—in the region Schüttenhofen in the south-western part of Bohemia. The northern part of Bohemia is relatively free from deaf-mutes. This confirms the rule that deaf-mutism, like cretinism, flourishes in mountainous regions; for instance, in Switzerland it reaches the colossal figure of 24·5 per 10,000 inhabitants.

There are four institutions in Bohemia for teaching deaf-mutes, which receive between them 80,000 kronen a year. These are quite insufficient to deal with the large number of deaf-mutes, and until more are provided many children will grow up, as they have done in the past, utterly without education. The authors recommend that a doctor should be sent to those regions where there is a greater incidence of deaf-mutism to study its cause; to visit each deaf-mute child personally. Further, they recommend that teachers should be sent to these regions who could commence the instruction of these children, which could be continued with more success later in an institution for teaching deaf-mutes. *W. G. Porter.*

Grazzi, Prof. V.—*Concerning certain Parasitic Diseases of Corn capable of being communicated to the Human Ear: A Contribution to the Study of Oto-mycosis.* A communication made to the Royal Academy of Georgofili, of Florence, in the usual Public Assembly of January 3, 1909. "Practical Oto-rhino-laryngology," No. 1, 1909, Milan.

In treatises and in monographs dealing with otology certain species of Aspergilli (*e. g. A. nigricans, flavescens, fumigatus*) are pointed out as the agents of such a state of aural disease. These only are mentioned in medical literature and thus acquire a special importance. According to the personal observations of Prof. Grazzi, other cryptogams are capable of attacking the external auditory passage. Even in 1886 Prof. Grazzi had described in his "Manual of Otology" a case of parasitic external otitis produced by *Ustilaga carbo* or the "grain carbuncle," a case which remained, as it should not have done, unnoticed.

Another more recent observation comes now to confirm the first; in this the author has been able to recognise as the agent of the otomycosis yet another of the Ustilagino, the *Tilletia levis*, commonly called *volpe*, or *carie del grano* (grain fox or rot).

Arguing from the description of this new case the author discusses the circumstances which favour the development of such vegetable parasites in the meatus, which constitutes, so to speak, a veritable hot-house, admirably suited to the culture of the spores of the Aspergilli and of the Ustilagina. These fungoid growths never pass further in than the tympanic membrane, the outer surface of which is, however, attacked in the more serious cases. As a matter of fact these parasites are, fortunately, according to the experimental observations of Ferreri, of Rome, not capable of developing in the middle ear.

All those who suffer from constant irritation of the auditory passage or from abnormal discharge, whether chronic or intermittent, should adopt special precautions (as, for example, the closing of the meatus with gauze or cotton-wool) before exposing themselves to the particles of grain-dust which, especially if the grain be in a damaged state, contain a considerable number of spores. Moreover, everyone who has to do with corn should wash the hands and uncovered parts of the body with soap or disinfectant so as to prevent the contagion from being carried to his own ears.

The best and most rapid method of curing oto-mycosis consists in first cleansing the auditory meatus by washing it with sterilised tepid water with a third part of alcohol added, and then repeatedly introducing peroxide of hydrogen. Such a medicament acting as a dehydrating solvent quickly destroys mycelium and the spores. *Dr. F. Di Colo.*