

Schroeder.—*Two Cases of Severe Acute Purulent Median Otitis, caused by "Schneeberger" Snuff-powder.* München: "Med. Woch.," November 25, 1902.

The first case was a man, aged thirty, who snuffed a pinch of Thuringean "Schneeberger" to relieve a severe cold in the head. He did not sneeze, but within ten minutes felt severe pain in the left ear, and developed the signs of hæmorrhagic median otitis. Posterior rhinoscopy revealed intumescence of the left half of the naso-pharyngeal cavity and the Eustachian cushion. Perforation followed, and healing took place in four weeks. In this case there was a spur on the left side of the septum, which closed the olfactory region, so that the powder went straight through the inferior meatus to the Eustachian tube.

In the second case, a boy, aged fourteen, suffering from ozæna, was recommended by his father to snuff up this same powder with the object of clearing "not only the nose, but also the brain." The result was "kolossal," but not exactly what was desired. Pain in both ears came on in a few hours, and the boy went through a severe attack of purulent otitis.

It appears that this powder consists chiefly of the powdered root of the iris, but the specimen employed probably contained veratrum.

Kessel and Haug have reported cases of acute ear disease resulting from ordinary snuff. *Dundas Grant.*

LARYNX, Etc.

Delavan, Bryson.—*The Results of Treatment of Laryngeal Cancer by Means of the X Rays.* "Laryngoscope," December, 1902.

So far as the author has been able to ascertain, not a single case of carcinoma of the larynx has been reported as cured by X-ray treatment. In an average case, however, where the progress of the disease has not been rapid, and where a few days must necessarily elapse between the definite diagnosis of the disease and the performance of any operative measure for its relief, the author considers that it would be quite justifiable to submit the patient to treatment by means of the X rays. *W. Milligan.*

EAR.

Dowling, J. Ivimey.—*The Ear Complications of la Grippe.* "The Journal of Ophthalmology, Otology, and Rhinology," May, 1902.

The author considers the chief predisposing factor in the production of these troubles to be an unhealthy condition of the nares and naso-pharynx; with these in a normal condition influenza would be less likely to induce auditory mischief. He divides the complications into immediate and remote. The immediate complications vary from an acute hyperæmia of the tympanum and its adnexa to a severe otitis media and mastoiditis. The remote, which set in from a few months to a year or two, consist for the most part of a hyperplastic inflammation of the Eustachian tubes with resulting stenosis, and are evidenced by labyrinthine symptoms—as tinnitus and vertigo—thickened and retracted membranes, and rotated mallei.

At the onset of influenza the writer advises that attention be especially directed towards the nose and naso-pharynx. These parts should be regularly cleansed by appropriate douches and sprays, such as sterilized normal saline or Seiler's¹ solution. The Eustachian tubes must be kept patulous by the air douche and catheter, or should there be mechanical hindrance to the introduction of the latter, inflation must be carried out by the Politzer method. Should the tympanum become inflamed, the writer advocates early paracentesis, so as to relieve tension and allow of the direct application of germicidal solutions. From the relationship existing between diseased states of the nose and pathological conditions of the ear, the author considers that, for the cure of aural lesions arising from grippe, such conditions as septal spurs, deviated septa, etc., should receive attention at the hands of the operator.

H. Clayton Fox.

Schwartz, H. (Halle).—*Variations in the Course of the Facial Nerve and their Significance in the Mastoid Operation.* "Arch. für Ohrenheilkunde," December, 1902.

The writer points out that, apart from want of skill in the operation, the occurrence of facial paralysis as the result of the mastoid operation may depend on destructive processes extending deeply into the substance of the petrous bone, such as caries, necrosis, or cholesteatoma, or some anomaly in the course of the nerve. He describes the usual course as "oblique," the unusual ones in their extreme forms as "vertical" on the one hand and "horizontal" on the other. The latter is the form which predisposes to injury of the nerve during the removal of the posterior wall of the external meatus, and is normal in children.

To avoid this accident, he gives the following rules: During the removal of the posterior wall of the meatus the blows of the mallet on the chisel should be careful and gentle, not at right angles, but at an acute angle to the posterior wall; the chisel should be used simply to cut and not to prise out pieces of bone; the bent probe should be frequently used between the blows; the bevelled edge of the chisel should be turned towards the nerve (so that the instrument has a tendency to cut shallower rather than deeper—D. G.). In this way the nerve runs least risk of injury, or, at all events, of such an amount of injury as to render repair unlikely.

Dundas Grant.

Secord, H. Large.—*A Case of Exophthalmos following Mastoiditis.* "Annals of Otology, Rhinology, and Laryngology," November, 1902.

A man presented himself suffering from nasal obstruction, which was found to be due to polypi; these were removed.

On examining the ears, cerumen was found and syringed out. Subsequently, owing to exposure to a strong wind, acute otitis media supervened. He was treated with hot douches, calomel and opium, but as the pain did not subside in twelve hours, and there was some bulging of the membrane, paracentesis was performed, serum escaped, and considerable relief followed. A few hours afterwards the discharge became purulent and pain developed over the mastoid; an ice-bag was applied and the pain ceased. The discharge, which was now odourless and

¹ *Seiler's Solution.*—Sodii bicarb., ʒviii.; sodii bitoratis, ʒviii.; sodii benzoatis, gr. xx.; sodii salicylatis, gr. xx.; eucalyptol, gr. x.; thymol, gr. x.; menthol, gr. v.; ol gaultheriæ guttæ, vi.; glycerin, ʒviii. ss.; alcoholis, ʒii.; aquam ad Oxxvi.

contained streptococci, continued, but, with the exception of having a temperature of 102° F. and pulse 96, he seemed going on favourably. On the sixth day, as there was neither mastoid pain nor bulging of the postero-superior meatal wall, and the temperature was 99·5° F., it was hoped he was mending; but on the twelfth day delirium set in, with a temperature of 104° F., pulse 96, and exophthalmos of the left eye with diplopia were noticed for the first time.

An extensive mastoid operation was at once performed, which revealed foetid pus in the antrum, but no fistulous communications with the brain. On the following day the exophthalmos disappeared, the temperature fell to 99·5° F., and the pulse was 80. The patient made an uninterrupted recovery.

The author considers either sympathetic pressure or toxines were responsible for the exophthalmos.

H. Clayton Fox.

REVIEWS.

Oto-Rino-Laringoscopia ed Esofagoscopia: Anatomia Topografica e Metodi di Esame del Naso-Faringe, Laringe, Orecchio, ed Esofago. By Professor L. V. NICOLAI, of Pavia University. Two volumes, descriptive and atlas; 148 pp. and 90 plates with 577 illustrations. Ulrico Hoepli, Milan.

It is with great pleasure that we note the publication of this work, which must have been the result of immense labour on the part of Professor Nicolai, and we heartily congratulate our colleague upon its success. Workers in this country welcome every indication of the great activity now prevailing in our special department in Italy, and this important contribution to the subject, especially from the teacher's standpoint, will be studied with great profit, not only by our Continental colleagues, but also by those in Great Britain and the United States.

Professor Nicolai, in bringing out this large atlas of 90 plates with 577 illustrations, has attempted to cover a large and important part of our work. He treats of the topographical anatomy and methods of examination of the ear, nose, throat, and œsophagus. The first volume is descriptive, and after a general explanation in the preface he deals with the various methods of illumination, the principles underlying the source of light in different forms, as well as the necessary instruments required. Roentgen rays have also been taken into consideration, in as far as the author has found them of advantage in diagnosis. Chapters upon aseptic and antiseptic methods of treatment and anaesthesia follow.

The following parts of the first volume are devoted to the examination of the nose, pharynx, larynx, ear, and œsophagus, each section finishing with a useful and practical bibliographical reference. A very interesting and instructive opening will be found in each section upon the anatomy of the special region with which the author is dealing.

The second part, or atlas, cannot be approached without feeling that Professor Nicolai, as we have said, must have devoted much time and pains in carrying out this work. The plates are exceedingly instructive, and each subject is treated in the fullest way. The different kinds of