

**Schiffers.**—*Intubation and Tracheotomy.* "Rev. Hebd.," October 14, 1905.

The writer reviews the question as to the relative value of the two methods. He considers that intubation is not sufficiently practised, and cites the usual arguments in its favour. The risks of intubation are pointed out, and a case is described in which violence had produced stenosis in the region of the cords, which for a long time prevented the removal of a tracheotomy tube. Thyrotomy was performed, and after considerable time and trouble the patient recovered completely.

*Albert A. Gray.*

**E.A.R.**

**Hammerschlag, V.**—*The Influence of Heredity in Otosclerosis.* "Wiener klin. Rundschau," January 8, 1905.

Two interesting family trees are detailed, and below is an attempt to present each in small space.  $\alpha$  refers to individuals with difficulty of hearing.  $\beta$  refers to individuals totally deaf.  $\gamma$  refers to individuals with normal hearing. When enclosed in brackets = the female sex.

TABLE I.

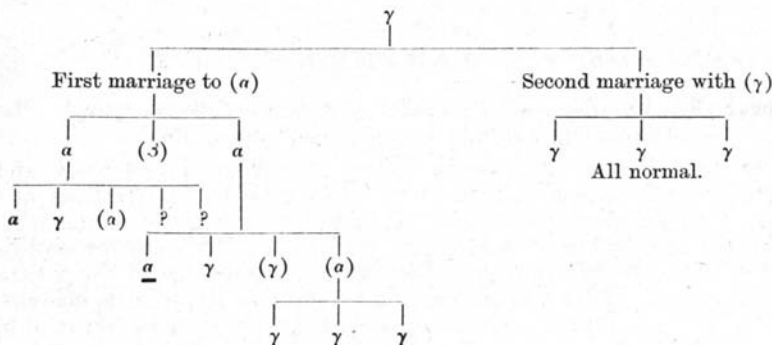
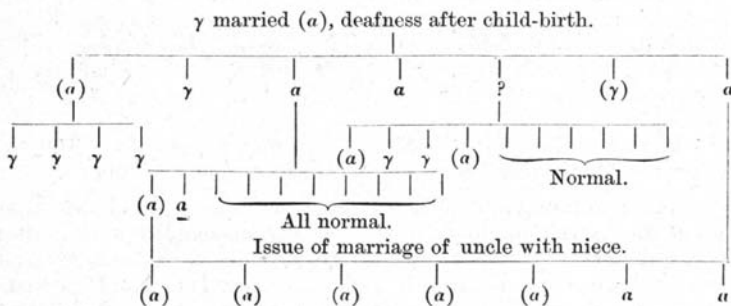


TABLE II.



The two underlined were Hammerschlag's patients; both had otosclerosis.

*Arthur Westerman.*

**Goris, C.**—*Intervertebro-digastric Abscess.* "La Presse Oto-Laryngologique Belge." August, 1905.

Under this title the author describes abscess located between the posterior belly of the digastric and the transverse processes of the atlas and axis, which, being so deeply situated, does not reveal its presence by swelling or redness of the surface. The symptoms observed in three cases were severe pain from pressure upon sensory nerves; fixation of the head, which was slightly thrown backwards and turned towards the affected side; complete dysphagia, and inability to open the mouth. The abscess extends forwards and presses upon the upper end of the œsophagus, where it tends to point. In one case it burst in this situation, causing the death of the patient from inhalation of the pus, which he was unable to swallow or to expectorate, and consequent septic pneumonia. The other two cases followed acute otitis media, in one of which mastoiditis had already necessitated an operation. The author opened the abscess from behind the sterno-mastoid by a dissection between the muscles.

*Chichele Nourse.*

**Brandegge, W. P.**—*Report of a Case of Double Mastoiditis, with Extensive Involvement of the Zygomatic Cells.* "Arch. of Otol.," vol. xxxiv, No. 5.

In this case the zygomatic cells were so large that the incision round the auricle had to be extended forwards to an unusual extent to render them accessible. The case was one of acute middle-ear suppuration due to influenza, and extending into the mastoid cells, so that within eight days the operation was called for. It was followed by pneumonia; recovery took place without disturbance of the hearing power. The writer remarks on the surprising rapidity of the infection. (Possibly the unusual extent of the pneumatic cells was one element in this rapidity. Bezold has drawn attention to the frequency with which in operations for acute secondary mastoiditis, the pneumatic cells are exceptionally large, and the amount of wall-space covered with protective lining therefore considerably less than when there are numerous dissepiments.)

*Dundas Grant.*

**Harland, W. G. B.** (Philadelphia).—*Secondary Anaesthesia Hemiplegia as a Complication of the Mastoid Operation.* "Arch. of Otol.," vol. xxxiv, No. 5.

This occurred in the case of a boy who was the subject of chronic suppuration of the middle ear. The usual radical mastoid operation was performed on the left side. After recovery from the anæsthetic the patient showed considerable loss of power in the left arm and leg, together with some disturbance in the movements of the muscles of the mouth and face, the exact nature of which was obscure. There were a slight amount of albumen and some hyaline and granular casts in the urine. The mother asserted that before the operation the boy had no paralysis. The neurological examination revealed the typical gait of hemiplegia and spastic contracture of the left upper and lower limbs, the grip of the left hand being weak as compared with the right; there was also distinct difference in the measurement of the limbs on the two sides. Babinsky's test by plantar irritation indicated the presence of organic disease, as it produced distinct extension of the big toe. It was evident that

there must have been a left hemiplegia of long duration in order to have caused atrophy of the left arm and leg. On further investigation, it was elicited that since an attack of scarlet fever at the age of five there had been some difficulty in speaking, the boy screwing up the mouth and twisting it as he talked. The author discusses the etiology in relation to syphilis, embolism, left cerebral abscess, apoplexy, pressure paralysis (the latter being excluded by the absence of sensory disturbance). He suggests the probability that the original cause was a forceps delivery leading to cerebral hæmorrhage and atrophy of the cortex, leaving the affected portion weaker and less stable than normal, although apart from further disturbance, apparently normal; the disturbance in the circulation incidental to the anæsthetic was possibly the element which determined the subsequent manifestation of the nervous defect, and in point of fact he was subjected to general anæsthesia on three subsequent occasions, after each of which the hemiplegia was again increased, subsiding in a short time.

*Dundas Grant.*

**Mongardi.**—*Considerations et Analogies Physiques.* “Rev. Hebd.,” September 2, 1905.

A short paper on the transmission of sound in the middle ear and its reception in the labyrinth. The only new suggestion in the paper is that the weariness and headache which sometimes occur after listening for a long time to some kinds of music, or to oratory, may be due to exhaustion of the stapedius muscle.

*Albert A. Gray.*

**Fremont** (Caen).—*Extra-dural Abscess Complicated by Abscess of the Neck.* “Rev. Hebd.,” October 14, 1905.

Report of a case in which recovery occurred in spite of the serious symptoms.

*Albert A. Gray.*

**Blake, Clarence John** (Boston).—*Vertigo of Aural Causation.* “Boston Medical and Surgical Journal,” October 5, 1905.

The conclusions of this short paper are as follows: (1) That, in view of the existing knowledge of normal conditions in the semicircular canals, vertigo, of aural causation, may be regarded, primarily, as a pressure symptom. (2) That pressure may be exerted upon the labyrinth by forces operating from without as the result of changes in the middle-ear transmitting apparatus. (3) That it may be produced from within by invasion of the intra-capsular space, as in case of hæmorrhage into the labyrinth. (4) That the effect upon the semicircular canals of intra-labyrinthine pressure thus produced will depend, as to its intensity and duration, upon the locality and extent of the hæmorrhagic invasion. (5) That the recurrent vertigos are the result of an excessive intra-labyrinthine vessel dilatation from suspense of vasomotor inhibition of reflex origin, alone, or coupled with a persistent intra-labyrinthine pressure of either extrinsic or intrinsic origin.

Under these conditions it is plain that a minute study of aural pathological changes, as bearing upon the causation of vertigo, affords an interesting field of inquiry.

*Macleod Yearsley.*

**Lecompte, Walter A.** (Boston).—*The Ménière Symptom Complex.* “Boston Medical and Surgical Journal,” October 5, 1905.

Reports two cases and urges the discarding of the term “Ménière’s

disease" from the systematisation of ear diseases, inasmuch as these symptoms are the result of so many diverse diseased conditions.

*Macleod Yearsley.*

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## REVIEW.

*From Cloud to Sunshine.* By ALFRED S. GUBB, M.D., D.P.H., of Algiers and Aix-les-Bains. Pp. 50. Price 1s. Published by Baillière, Tindall & Cox, London, 1905.

Under this picturesquely descriptive title Dr. Gubb has brought together the salient facts of life in Algiers from the point of view of climate. Apart from its excellence as a refuge from the harshness of the northern winter, the climate of Algiers has, of course, certain therapeutical bearings, and these the author has summarised in the pages before us. It is certainly a noteworthy fact that although the European population comprises a large proportion who have taken up their residence in Algiers on account of what may be generically described as weakness of the chest, yet the phthisical death-rate is but a fraction of that of any large city in northern, indeed, even in southern, Europe. An instance is mentioned of a young doctor who, thirty years ago, went to live in Algiers, suffering from advanced laryngeal tuberculosis that had already invaded the larynx and destroyed the vocal cords, yet he lived to become senior physician to the large general hospital at Mustapha and only died a few months since. Apart from chest affections the mild, equable climate is, of course, beneficial in cardiac and chronic renal cases, and in general whenever constitutional or acquired debility renders persons more than usually susceptible to sudden changes of temperature and moisture. The thermometric charts show that there is much greater difference between the climates of Algiers and Nice, for instance, than between Nice and Paris, the average temperature being several degrees higher in Algiers all the year round. The book is prettily got up and tastefully illustrated. Incidentally the various means of getting to Algeria are given together with some sound advice in regard to the choice of a dwelling-house, which no doubt will be appreciated by practitioners who are called upon to advise as to the choice of a winter resort.

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## BOOKS RECEIVED.

*Transactions of the Twenty-seventh Annual Meeting of the American Laryngological Association.* New York: 1905.

**P. Lacroix, M.D.** *Précis de Laryngologie Clinique et Therapeutique.* Paris: F. R. de Rudeval. 1906.

**Professor A. Onodi.** *Die Nebenhöhlen der Nase. Nach photographischen aufnahmen 124 präparate in natürlicher grösse dargestellt.* Wien. Alfred Hölder. 1905.

**Professor A. Politzer—Dr. Gustav Brühl.** *Grundriss und Atlas der Ohrenheilkunde.* Zweite, umgearbeitete und erweiterte auflage. München: J. F. Lehmann. 1905.