

Intra-nasal examination is negative in many cases, but in some aids the diagnosis.

Turner's cases apparently throw no light on the ætiology of the condition.

Of the frontal sinus cases absorption of a part or of the whole of the bony floor of the sinus had taken place in six, of part of the posterior or cerebral wall in two, but in none was there any absorption of the anterior wall.

In the three ethmoid cases the os planum or lamina papyracea had been more or less destroyed. Turner doubts whether distension of the sinus occurs; the walls are eroded and thinned, but probably distension is more apparent than real.

The contents of a mucocele are usually of a thick tenacious mucoid consistence, but may be clear like serum or cerebro-spinal fluid, or may look purulent although microscopically they are not pus.

Operation may in a few ethmoid cases be carried out intra-nasally, but in most cases external operation is to be preferred. Turner establishes a large free opening between the cavity and the nose, puts a rubber drain through the said opening, packs the cavity lightly with gauze, and closes the external wound, except where the end of the gauze strip protrudes. The strip is removed after four or five days, and if the drain is acting well the skin incision is allowed to close. The patient is taught to wash out the cavity through the rubber drain, the latter being left *in situ* five or six weeks.

Arthur J. Hutchison.

E. A. R.

Gilbert, Paul.—*Abscess of the Right Temporal Lobe of Otitic Origin: Operation; Recovery.* "Annales des Mal. de l'Oreille du Larynx, du Nez, et du Pharynx," February, 1908.

A seamstress, aged fourteen, had suffered from purulent otitis in the right ear as long as she could remember. Otoscopy revealed that the whole of the drumhead except Shrapnell's membrane and the annulus fibrosus had disappeared. The manubrium hung bare in the atrium. The promontory was covered with granulations which bled easily, but there was no lesion of the underlying bone. Bare bone was felt in the attic above and internally. Hearing was much impaired. watch, contact. Rinne negative, Weber positive. The labyrinth was not involved. The left ear, nasal fossa, posterior nares, and oro-pharynx were normal. Three months' palliative treatment being ineffectual and there being evidence of infection, temperature 38° C., etc., Stacke's operation was performed on April 9. Whilst curetting the attic the roof was detached in a condition of osteitis. The dura thus exposed appeared healthy. Diseased bone was found in the aditus and antrum. During the succeeding four weeks the temperature did not descend below 38° C. There were anorexia and temporo-parietal headache.

The operated cavity, however, epidermised well, and the patient left hospital on May 11. Headache still continued, and by May 11 there was an appreciable falling off in health attended by pallor and wasting. A few days afterwards drowsiness set in. Pulse 55, temperature 37.4° C. Meningeal symptoms were absent. Brain abscess was diagnosed. On May 25 the osseous opening where the membranes had been previously exposed was enlarged, the dura mater, which was red and bulging, was opened in an antero-posterior direction; gray matter immediately pro-

truded. The latter was incised with the point of the bistoury to the depth of 3 mm.; some drops of pus escaped under pressure. A groove-director was next passed upwards and inwards to a depth of 3 cm. An abscess was found containing about a table-spoonful of pus. A drain-tube was inserted. During the next fifteen minutes the pulse-rate rapidly increased to 80. For the following forty-eight hours the patient remained drowsy and then gradually brightened up. During the first two dressings there was almost a complete absence of pus, but on May 26, when the tract was explored, a large quantity of pus welled out. A similar discharge occurred on May 30 and June 9. From the latter date onward no discharge followed exploration of the cerebral wound, and by June 21 the abscess cavity had healed. On June 27 the patient was discharged with the retro-auricular wound closed and the cerebral state normal.

In conclusion the writer remarks that the symptomatology in this case was for a while ambiguous and its evolution slow. Multiple brain-abscesses, as experience shows, are rare. Methodical daily exploration of the cerebral wound is advised. During the early period of the dressing drainage should be maintained, not only so long as discharge persists, but till granulation has proceeded so far as not to admit a drain-tube.

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REVIEWS.

On Treatment. By HARRY CAMPBELL, M.D., B.S., F.R.C.P. London: Baillière, Tindall & Cox, 1907.

The writings of this broad-minded and philosophic physician can never be read without profit, and the present volume is the most recent evidence in support of this opinion. Some of the characteristics set forth as desirable in the physician are equally important in the specialist, and this book contains many hints which we may well take to heart. In regard to medical education Dr. Campbell deplores the disproportionate amount of the student's time which, for examination purposes, is devoted to such minute details in anatomy and physiology as the average student dismisses from his mind as soon as his ordeal is past, and which the average practitioner scarcely ever finds applicable to his everyday therapeutics. He asks for the devotion of more time to the study of clinical methods and to the acquisition of a knowledge of much which is apt to be relegated entirely to the specialist. The student is advised not to lose the opportunity of clerking in the special departments. In this we heartily agree with him. The student will in practice find his work invested with greater interest and certainty, and he will be in a position to treat by himself many cases which he would otherwise have to submit to the specialist. The latter will also find that his services will be called into requisition at an earlier period in the case than is usual, and that the results will be more certainly and more speedily obtained. Dr. Campbell advises moderation in exercise, and points out that undue muscular exertion must be followed by an increase in muscle-katabolism (p. 271). The various kinds of exercise are discussed, the best being walking or horse-exercise (p. 277, etc.). Food in relation to health is one of the author's favourite subjects, and the chapter on "Proteids, Saccharids and Fats," which ought to be dry reading, is quite fascinating, as is also the