Raoul Leroy and Lucien Veslin.—*The Hygienic Treatment of Exophthalmic Goitre.* "La Presse Méd.," September 6, 1902.

In the treatment of exophthalmic goitre various drugs have from time to time been recommended by various authors, but none has proved satisfactory. For a certain number of years most cures have been obtained by the use of electric currents, chiefly faradic, combined with strict attention to hygiene. The authors attribute greater importance to the hygienic treatment than to the faradization, and report a case cured by the former alone.

Mme. C—— noticed that in 1884, after the birth of her first child, her neck began to grow larger. The neck continued to increase slowly for fourteen years without causing any inconvenience until in 1898 the left lobe of the thyroid grew rapidly larger. Then headaches, palpitation, tachycardia, trembling, slight exophthalmos, flushings, sweats, etc., appeared.

The patient was ordered to avoid excitement, to live as quietly as possible, and keep regular hours; take cold baths, avoid tea, coffee, and alcohol; to take only very simple diet, chiefly milk. The patient commenced this treatment in May, 1899; in August the sense of oppression, the tinnitus, and the pains in neck and left arm disappeared, and the thyroid began to grow softer. In September the trembling ceased, sleep returned, and the heart began to beat more slowly. By December the prominence of the eyes had gone, the goitre was smaller, mental condition much improved. In February practically all the symptoms had disappeared, and the thyroid had returned to the condition it had been in prior to the onset of the exophthalmic symptoms. There was no return of any symptoms of Graves' disease when patient was last seen in October, 1900. *Arthur J. Hutchison.*

EAR.

Blake, Clarence J. (Boston).—*Tension Anomalies of the Sound-transmitting Apparatus of the Middle Ear.* "Arch. of Otol.," vol. xxxi., No. 2.

To these the writer attributes the marked discrepancies between various observers as to the upper limits of human hearing power. He has observed that whereas with the intact drum the limit is at from 45,000 to 50,000 double vibrations per second, attachment of the membrane to the incus raises it to 65,000, and with direct transmission to the stapes it rises to 90,000. Increased tension of the membrane, as from closure of the Eustachian tube, causes an increase in the transmission of tones of the highest pitch, which sinks again to the normal on restoration of the patency of the tube. The posterior part of the membrane responds in vibration, especially to tones of lower pitch; hence, it is important that the proper degree of tension of this portion should be maintained. When it is diminished, paper discs or contractile collodion may be applied. Over-use of the various forms of pneumatic massage may induce an over-stimulation of the tensor tympani, with resulting decrease in the mobility of the conducting apparatus and lowering of hearing for qualitative overtones. The writer attaches considerable value in diagnosis to the performance of exploratory tympanotomy. *Dundas Grant.*

Douglas, Claude.—*Abscess in the Cerebellum; Operation; Recovery.* "British Medical Journal," January 17, 1903.

The patient, a male aged fifteen, had suffered from purulent middle-ear disease since infancy. On admission to hospital, he was dull, drowsy, and irritable. He complained of right-sided headache, and was sick at intervals. There was slight right-sided optic neuritis, pupils dilated and equal, knee-jerks exaggerated upon both sides, temperature subnormal, speech slow and hesitating.

The mastoid antrum was opened, and found healthy. The right cerebellar hemisphere was then exposed, and a pus-searcher passed forwards, upwards, and inwards into the lateral lobe. About 3 drachms of odourless pus came away. A rubber drainage-tube was inserted into the abscess cavity. For a few days the patient did well, but subsequently the temperature began to rise again and headache to return. The abscess cavity was once more explored, and about 1 drachm of pus evacuated. A silver drainage-tube was inserted. The patient now made an uninterrupted recovery. In commenting upon the case, the author notes the enormous appetite which the patient had, and refers to Luciani's experiments upon monkeys, where it has been found that removal of the lateral lobe produces voracious appetite with wasting. *W. Milligan.*

Eulenstein, H. (Frankfort).—*Toxæmia from Suppuration in the Temporal Bone.* "Arch. of Otol.," vol. xxxi., No. 2.

The writer narrates a case of acute suppuration of the middle ear with a measly rash. Mastoid operation revealed pus and granulations in the cells. The lateral sinus which was exposed was accidently torn, and the hæmorrhage was controlled by tamponade. For two days the patient did well, but on the third the pulse and temperature rose without any disturbance of the sensorium. Sudden collapse soon followed and death occurred. The autopsy showed swelling of the spleen, moderate œdema of the lungs, but nothing in the head except a little serous infiltration of the brain and a small area of nodular infiltration in the wall of the lateral sinus. This death from septic toxæmia seems to have been due to the extreme virulence of the infecting organism before there was time for the sinus to become thrombosed.

There is reference to two cases of Körner's ("Die Otit. Erkrankungen des Hirns," etc., 2nd edition, p. 94); two of Fränkel's (*Deutsch. Med. Woch.*, 1894, No. 9); one of Eulenstein's (*Zeitschrift für Ohrenheilk*, vol. xxx., p. 308); and two of Stanculeanu and Baup (*Le Progrès Méd.*, August 29, 1899). (A similar case was described by Ballance before the Otological Society of the United Kingdom.—D. G.)

Dundas Grant.

Gomperz, B.—*The Amelioration of the Troubles of Hearing following Suppurative Otitis.* "Annales des Maladies de l'Oreille, du Larynx," etc., October, 1902.

The author emphasizes the importance of early incision when pus is present.

Perforations usually take place in the inferior part of the membrane, less often in Shrapnel's membrane, and rarely in the antero-superior quadrant.

The larger the perforation the more the functions of hearing are interfered with, but the whispered voice may be heard at ten yards if

the stirrup is free, even if the hammer and membrane are lost. The noises in the head may be due to increased inflammatory pressure in the labyrinth, or pressure on the oval window by the retraction of the stirrup. Politzerization is more efficacious if the perforation is small.

The regenerating power of the tympanum is considerable, and can be painlessly excited by renewing the edges of the perforation with trichloracetic acid after the use of 10 per cent. cocaine solution. If the continuity of the ossicles is interrupted the occlusion of the perforation is not of much importance as regards amelioration of the hearing, but it is wiser to bring this about to prevent subsequent infection of the middle ear.

The author reviews in detail the various artificial ear-drums, but believes the best results are obtained by pledgets of cotton wool, the lining membrane of an egg, or silver discs.

The mucous membrane of the ear is usually intolerant of these foreign bodies, but if it has been destroyed it is replaced by a fibrous structure which is more tolerant.

Where the perforation is more than a quarter of the whole surface of the membrane the artificial ear-drums act best. In some of the author's cases insufflations of boric acid towards the oval window gave no relief, but when the powder was directed towards the round window there was distinct improvement in the hearing, the powder replacing the loss in continuity of the hearing apparatus. Paraffin with a high melting-point injected and allowed to cool answered, but the author prefers silver discs with wings 4 to 20 micro-millimetres thick, as these can be easily cleaned, and prove very satisfactory in practice.

Anthony McCall.

Knapp, A. (New York).—*A Case of Cerebellar Abscess after Infection through the Labyrinth; Death from Meningitis; Autopsy.* "Arch. of Otol.," vol. xxxi., No. 2.

This was a case of a young man who had for many years been subject to chronic suppuration of the middle ear, and who for several weeks had complained of severe headache and vertigo; temperature 102·4°; pulse 110. The radical mastoid operation was performed, and a large cholesteatoma cleared out; there was found to be an opening into the external semicircular canal, and enlargement of the oval window with granulations seen in the vestibule. The facial nerve was also exposed for some length. The temperature remained high for a few days, but after about three weeks he was well enough to leave the hospital. He returned five days later with headache, nausea, slight left facial paralysis, and nystagmus, accentuated on looking to the left side; there was no vertigo, but his gait was unsteady; temperature 101·4°; pulse 108. The second operation was performed, the labyrinth being more freely opened. Six days later he became comatose; the pulse dropped to 80, although the temperature remained high. Lumbar puncture drew off a faintly clouded liquid, with increased leucocytes. A third operation was carried out, when the lateral sinus was found to be healthy. Then the semicircular canals and the cochlea were removed. The cancellous bone at the apex of the petrous bone was laid bare, and appeared congested and discoloured, but free from pus. The dura mater of the cerebellum was incised (through the opening made in the posterior surface of the petrous bone); the cerebellum was punctured in various directions without result. Exploration of the cerebrum was also negative. The patient died two days later with marked symptoms of meningitis. At the autopsy there was found

extensive purulent meningitis, and in the left cerebellar lobe in the region of the flocculus a small abscess cavity filled with thick greenish pus without a capsule, and apparently communicating with the fourth ventricle. The contents of the internal auditory meatus were swollen, matted together, and discoloured.

Okada has said that a preponderating majority of cerebellar abscesses follow labyrinth suppuration, and only one-third are secondary to sinus disease. The only pronounced localizing symptom in the present case was nystagmus. The writer in exploring through the posterior surface of the petrous bone follows the recommendations of Jansen, Koch, and Trautmann. The position of the abscess cavity in this case was perfectly inaccessible. *Dundas Grant.*

Meierhof, E. L. (New York).—*Does Early Treatment of Acute Inflammation of the Middle Ear prevent the more Serious Complications?* "Arch. of Otol.," vol. xxxi., No. 1.

The author holds that in by far the majority of cases early paracentesis will avert the tendency to serious complications, including among these chronic suppurative otitis. There is, however, a small percentage in which the mastoid operation will be required. He includes the latter as among the prophylactic measures. He considers paracentesis of the membrane with aseptic precautions as free from danger. In view of the comparative safety of the mastoid operation in acute cases, he foresees its earlier and more frequent adoption. (In this we are quite of his opinion.—D. G.) *Dundas Grant.*

Stoker, George.—*Ozone in Chronic Middle-ear Deafness.* "Lancet," November 1, 1902.

The effect of oxygen, and more particularly of its allotropic form, ozone, in restoring a healthy condition to diseased nasal mucous membrane led to a trial of the latter in chronic progressive deafness. The ozone was generated by means of an electric current acting on a Ruhmkorff's coil, to which the ozonizing tube was attached. The ozone so generated was pumped into the middle ear through an Eustachian catheter for about three minutes, from twice to four times a week, according to opportunity. The notes of cases treated are then given.

In all the cases the hearing considerably improved. This improvement, as shown by the watch, represents a much greater improvement when the voice is in question. The disappearance of the tinnitus after a few applications is important. *StClair Thomson.*

THERAPEUTICS.

Chaldecott, J. H.—*The Choice of an Anæsthetic for Short Operations upon the Throat and Nose.* "Lancet," September 13, 1902.

The anæsthetic agents which we have to choose from are chloroform, A.C.E. and C.E. mixture, nitrous oxide, nitrous oxide + oxygen, nitrous oxide + ether, ether, and chloride of ethyl.

The author has collected a list of more than fifty recorded deaths under chloroform given for the removal of adenoids, including children and adults—cases in which the chloroform was given by specialists in anæsthetics, and cases in which it was administered by general practitioners and at all stages of the procedure.

He recommends ether for infants. For children from four to twelve years of age N_2O will generally do, but if when pressed it causes much jactitation and rigidity it is better to give a little ether.