EAR.

Max Scheier (Berlin).—*A Wound of the Tympanum.* "Archives Inter. de Laryngologie," etc., July—August, 1904.

The author records a case where his patient (a lady), in cleaning her ears with a hairpin and a towel, slipped the hairpin through a hole in the material and inflicted a wound in her ear. She was immediately seized with giddiness and a loud buzzing in her head. After a couple of hours the giddiness passed off, but the ringing noise persisted.

On examination the membranum tympanum could not be clearly seen owing to the presence of some foreign body; on removing this it was found to be the anvil covered with blood-clot and some little shreds of skin; the bone itself was quite healthy.

The wound was washed and treated with antiseptic gauze; the discharge was very little and only of a serous quality. In about ten days the hearing began to come back; five months after the patient had still slight buzzing and could only hear the ordinary voice at 3 metres.

Anthony McCall.

Meniere, E.—*A Living Animal in the Ear.* "Archives Inter. de Laryngologie," etc., July—August, 1904.

Dr. Ménière records a case where a "mite" had entered a lady's ear during her sleep.

Spasms of pain resulted, so severe as to cause her to visit him at once.

An otoscopic examination revealed a small yellowish body, and, suspecting it to be alive, he injected eight to ten drops of liquid vaseline. The pain ceased at once and the animal dropped out.

The author quotes a case where a flea in the ear caused epileptic fits. He strongly advises the use of oil, glycerine, or liquid vaseline, followed by a douche of warm water, in preference to the use of forceps.

Anthony McCall.

Braislin, Wm. C.—*Mastoiditis in Infancy and Childhood.* "Brooklyn Medical Journal," August, 1904.

This paper deals with the peculiarities which mastoid disease presents in children. *Anatomical peculiarities* are taken first and, *inter alia*, the author points out that the inferior width in calibre of the external auditory meatus in early life is often the cause of imperfect drainage of middle-ear discharges in young subjects. In discussing *symptomatology*, prominence is given to temperature and to the fact that abdominal pain may be complained of when the ear is really the part at fault. In *diagnosis* routine bacteriological examination is advocated, the statistics in the New York Eye and Ear Infirmary demonstrating that the virulence of the infection varies with the organism. In the author's experience facial paralysis is an uncommon complication of mastoiditis in children.

Macleod Yearsley.

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