

laryngeal muscles; that in chronic syphilitic laryngitis there is always thickening of the inter-arytenoid mucous membrane; and that a triangular opening between the vocal cords is an essential characteristic of functional aphonia. In laryngeal phthisis, he finds it is no use to apply irritating treatment, such as scraping and rubbing in lactic acid, as the only result is to create a tuberculous ulcer which one never succeeds in healing.

*Middlemass Hunt.*

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**Adams, J. L.**—*Thrombosis of the Lateral Sinus, with Recovery after Operation.*  
 "New York Med. Journ.," Aug. 29, 1896.

THE author narrates a successful case of removal of a septic thrombus from the lateral sinus in which the jugular was not exposed in the neck, and in which the lower end of the thrombus does not appear to have been removed. He then appends a very clear and concise summary of the history of the operation, and the views held by those who have considerable experience in this operation.

*R. Lake.*

**Bacon, G.**—*A Case of Brain Abscess secondary to Chronic Suppurative Otitis Media and presenting Unusual Symptoms. Operation. Recovery.* "New York Med. Journ.," Aug. 15, 1896.

THE patient, thirty-two years of age, who suffered with otitis media suppurativa on the left side, was seized with intense headache on December 5th, 1895, aural pain, and fever (104° F.); in the afternoon he had general convulsions and foamed at the mouth. The evening temperature was 100° F.; pulse, 104; respiration, 26. The eburnated mastoid was opened; the lateral sinus, being wounded and containing fluid blood, required plugging. For some days he was better; but aphasia and a rigor were observed on the 9th. The former becoming marked and the temperature continuing high, a second operation was undertaken the next day. A piece of bone was removed three-quarters of an inch in diameter, and two inches above the meatus, and pus was found between the brain and tegmen tympani, and a large abscess cavity was found in a direction in- up- and backward, the amount of pus being in all about an ounce and a half. There was reaccumulation of pus on the 14th; and on June 1st all aphasia is gone, and the facial palsy which had existed since the first operation is disappearing.

*R. Lake.*

**Bernstein, Edward J.**—*Primary Tuberculosis in Relation to the Middle Ear.*  
 "Charlotte Med. Journ.," June, 1896.

THE middle ear may become infected at any period in tuberculosis, and in a considerable number of cases it is the primary seat of the disease. If any suspicion, seek for bacillus; but remember a negative result does not exclude, nor the actual presence of the bacilli is not, *per se*, conclusive of tubercular origin. The membrana tympani may be first affected, small greyish-yellow elevations forming, which on breaking down leave numerous perforations—the "sieve-like" drum. The meatus is large and wide, owing to the absorption of subcutaneous fat, and the skin lining it is pale, hard, and dry. The left ear is attacked by preference, but, though usually unilateral, it is often bilateral. In conclusion, Dr. Bernstein relates two cases of primary (?) tuberculosis of the middle ear occurring in his own practice.

*Middlemass Hunt.*

**Clayton.**—*A Case of Peripetrous Suppuration.* “Birmingham Med. Review,” Aug., 1896.

A GIRL, aged twelve years, who had suffered from a purulent discharge from the left ear from infancy. After severe headache, lasting five weeks, accompanied by rigors, she had right hemiplegia.

The left mastoid antrum was opened with a trephine, but nothing abnormal found. The left Rolandic area was then exposed, and an exploring needle inserted through the bulging dura mater. Several drachms of cerebro-spinal fluid were withdrawn, and the pulse and respiration improved. Drainage tubes were inserted, and for three days the patient did fairly well. Then the mastoid trephine wound looked unhealthy, and less than one drachm of pus was found beneath the dura mater at the bottom of the trephine hole. Also she was trephined over the temporo-sphenoidal region, and a needle passed in order to explore the parts in relation with the temporal bone, but no pus was reached.

Two days later proptosis of both eyes was noticed—this increasing on the left side—the conjunctiva became chemotic, and the globe became very prominent. Cerebro-spinal fluid escaped from the upper trephine hole and pus from the mastoid.

About a week after this fluctuation was noticed over the upper eyelid and external angular process, and a quantity of thick, foetid pus escaped on incision. The patient died a few hours later.

*Post-mortem.*—Dura mater at the bend of the left lateral sinus and at apex of middle fossa on left side abnormal, the point of left temporal lobe being adherent. No pus within the dura mater, but a small abscess in the extreme apex of the left lower temporal convolution. The convolutions over it were greenish in colour, and their vessels markedly injected. Left mastoid antrum contained yellow inflammatory material, which had entered and completely plugged the left lateral sinus, and had burrowed some distance along the posterior surface of the petrous bone, between the latter and the dura mater. On the front surface of the bone there was a similar condition, and the pus had entered the orbit through the sphenoidal fissure, and lay within and among the structures embedded in the capsule of Tenon, and had made its way out into the subcutaneous tissue of the left temporal region.

*B. J. Baron.*

**Gellé.**—*The Aura of Auricular Vertigo.* “Ann. des Mal. de l’Oreille,” March, 1896.

THE author discusses the sensorial and motor premonitory phenomena of the attack of auricular vertigo, showing that irritations of the auditory nerve produce in man not only divers perturbations of equilibrium and movements, but that they also act upon the psychical centres, provoking veritable hallucinations of sight and movement which only clinical observation can discover.

*R. Norris Wolfenden.*

**Martin, W.**—*Some Remarks on Chronic Aural Catarrh.* “Charlotte Med. Journ.,” May, 1896.

ADVOCATES the use of pilocarpin injections in all cases of advancing aural catarrh where ordinary treatment has been of no avail. In selected cases this method of treatment produced improvement in seventy per cent. In cases not selected benefit followed in twenty per cent. In the atrophic form it is of no use, and then the only resort is operation for removal of the tympani and ossicles, which is now recognized as beneficial in a large class of cases.

*Middlemass Hunt.*

**Richardson, C. W.** (Washington).—*A Case of Hemorrhage from External Auditory Canal.* "Ann. Ophth. and Otol.," July, 1896.

THE author refers to five published cases, and proceeds to narrate his case, which was briefly: A negress, thirty years of age, who had recently been under treatment for tertiary syphilis, complained of frequent hæmorrhages from the ear (left); these gradually became more frequent, until in and since March, 1895, it has been practically continuous. The only obvious objective symptom was the blood in the meatus, no bleeding point being observed; the subjective symptoms being pain, especially over the mastoid and parietal regions, and on introducing the speculum, severe tinnitus, vertigo, and increasing deafness. Treatment has been most unsatisfactory, and the source of the bleeding is supposed by the author to be the cerumenous glands.

*R. Lake.*

**Thornton, Bertram.**—*The Telephone and its Application to the Deaf.* "Lancet," Aug. 15, 1896.

A DESCRIPTION with two illustrations of a modification of the telephone, which promises to be of material use in the education of those deaf mutes who possess a fragment of hearing power; and it has the following advantages over the single speaking-tube that is sometimes used:—(1) That the wires from several receivers can be coupled up to one transmitter, and thus a teacher can instruct a group of children at the same time; and (2) that, as it is not necessary for the teacher to apply his mouth close to the transmitter, the pupils have a full view of his facial expression and lip movements, which is not the case when he has to direct his attention and his voice into the mouth of a speaking-tube or trumpet.

*St Clair Thomson.*

**Wall, G. A.** (Topeka, Kan.).—*Mastoid Abscess, complicated with Lateral Sinus Thrombosis and Diabetes—Recovery.* "Annals Ophth. and Otol.," July, 1896.

THE patient was a woman, sixty-two years old, who was attacked with otitis media, with perforation on the right side and hæmorrhagic otitis on the left; the membrane on this side was incised, and quite a large quantity of blood escaped. Both ears now became the seat of suppurative otitis. The urine was examined and found to contain seven per cent. of sugar, for which she was treated with codeine. The left ear was now—one month after the first attack—the only one discharging. She now suddenly had a rigor, followed, two days later, by another; tenderness over the mastoid was well marked, with induration along the anterior border of the sterno-mastoid. Ten days later the antrum was opened, giving exit to much thick pus. The lateral sinus was also exposed and found thrombosed; the thrombus was removed with a curette. The internal jugular was not tied in the neck for the following reasons: the grave history of these cases; the age of the patient; the large amount of sugar; and her great debility. The result quite justified the course pursued, as the patient not only made an uninterrupted recovery, but, under dietetic treatment, her excretion of sugar was reduced to one-half per cent. The article also contains a brief review of the subject, and the author expresses his belief that all cases of hæmorrhagic otitis are renal in origin.

*R. Lake.*