"Symptoms of General Derangement of Nutrition," reference is made to the fact that mucinoid degeneration is due to the loss of the thyroid function. If the cretinic state supervenes, then there is no increase of mucin, but fibroid change and emaciation. "The Disorder of the Heat Changes."—At the onset of spasms and twitchings a rise of temperature is noted. Subsequently a remarkable fall is observed, and a low outside temperature, as is well known, aggravates the condition.

Wm. Robertson.

Croft.—*Glandular Swelling in Neck—Conversion into Pulsating Tumour, etc.* "Brit. Med. Journ.," Jan. 30, 1892.

A SWELLING after sore throat, situated over upper part of the great blood-vessels of the neck, subsequently becoming pulsatile and expansile. The vessels were secured, and on incising the tumour it was shown to be in connection with an arterial trunk, for which carotids and jugular were tied. No pus was found, and attention was drawn to the disappearance of the inflammatory process. The discussion that followed throws no light on the nature or etiology of the process. The abstractor met with an acute and, possibly similar enlargement over the same region after a galvano-cautery operation on the lingual tonsil. Two surgeons pronounced it aneurismal. It was pulsatile and expansile, and of the size of a small egg, and had developed in a few hours after operation. Little or nothing was done, and the tumour had disappeared in fourteen days' time.

Wm. Robertson.

Krowczynski (Lemberg).—*Myxœdema.* "Medycyna," 1892, No. 9.

THE author reports two cases of this disorder occurring in young peasants. In both the commencement was not clear. On examination of the first (in the third year of the disease) the characteristic thickening of the skin was especially observed on the face; there was also thickening of the tympanic membranes, with diminution of the hearing, and, after a certain period of observation, thickening of the mucous membrane surrounding the teeth. The second case was analogous. Both females complained of headache, and a certain dejection and apathy were observed in both. In both cases the thyroid gland was diminished. The first female was taken with small-pox in the hospital, after which there was observed in general a diminution of the thickening of the skin, and the patient, moreover, changed for the better in regard to disposition and intelligence.

John Sedziak.

EAR.

Bechtezeff.—*The Striæ Medullares of the Medulla Oblongata.* Annotation in "Lancet," July 23, 1892.

THESE striæ are developed much later than the roots of the auditory nerve, and therefore Bechtezeff holds that they cannot be connected with it.

Dundas Grant

Guranowski (Warsaw).—*On Foreign Bodies in the Ear.* "Medycyna," 1892, Nos. 8, 9, and 10.

UNSKILFUL trials of extraction of foreign bodies from the ear often produce grave functional disturbances, and sometimes may endanger life, by thrusting a foreign body into the tympanic cavity. In order to avoid these consequences, the author presents different methods of extraction of foreign bodies from the ear, among which he gives the first place to energetic irrigation of the external ear with warm water. *John Sedziak.*

Würdemann, H. V. (Milwaukee). — *Condylomata of the Auditory Canal.* "Arch. of Otology," 1892, No. 3.

THE rarity of the affection may be judged of by Deprès' statistics (quoted by Rupp, "Journ. Cutan. Vener. Dis.," Oct., 1891), giving only six cases of condylomata of the external ear out of 1200 syphilitics, of whom 980 had condylomata in other parts. Otorrhœa usually precedes and probably causes the lesion. The granulations appear much the same as in cases where there is no syphilis, and the diagnosis is established by the history and concomitant symptoms.

He describes a typical case of foul middle-ear suppuration, with a granular raised ulcer on the wall of the external meatus, covered with discharge, but when cleansed reddish-grey, and inclined to bleed upon touch. Under antiseptic treatment the middle-ear suppuration ceased, but the ulcer did not heal. Inquiry elicited a history of syphilis, dating from fifteen years previous. Under appropriate anti-syphilitic treatment this late secondary manifestation rapidly disappeared. [In some cases the resemblance to the condylomata seen so much more commonly round the anus is unmistakable.—ED.] *Dundas Grant.*

Spalding, J. A. (Portland).—*Three Cases of Epithelioma of the Auricle.* "Arch. of Otology," 1892, No. 3.

IN a man aged forty-one it commenced as a small scar on the helix, which was irritating and bled as he scratched it. In half a year it was a centimètre in length, and seemed to sink deeper into the tissues, the whole structure feeling abnormally hard. A V-shaped piece was removed, and the remains of the auricle were brought together with stitches. Healing took place, but there was much swelling for some days. The disease recurred, and a second operation was performed two years after.

The second occurred as a ragged sore behind the auricle, occupying the furrow. The disease was abscised and scraped away. No recurrence was observed after three months.

In the third case a nodule had been felt on the back of the auricle for five years. Latterly it had broken open and become painful and liable to bleed. The morbid tissue was removed by means of the knife, and had not returned after four months.

Dr. Spalding is in favour of scraping away the disease with a sharp spoon, and only when unavoidable using the knife. He prefers strapping to sutures for operative or other wounds of the ear. The tendency to relapse of the disease when affecting the auricle he attributes to the facility with which it can be scratched. He has seen epithelioma of the auricle in men only, and never in women. *Dundas Grant.*

Du Fougeray, Hamon (Le Mans).—*Note on Aural Polypi.* "Annales des Mal. de l'Oreille, etc.," Aug., 1892.

DEALING with the symptomatology, Dr. Du Fougeray illustrates the extreme severity in rare instances by quoting the case of a lady who at a menstrual period was attacked by what appeared to be cerebral congestion. This passed off with the menses, but recurred with greater violence on their next return. At a third period life seemed in positive danger. The symptoms were violent pain over the whole of the left side of the head, pyrexia, intractable vomiting on the slightest movement, attacks of asystole with violent oppression, pulmonary congestion, aphonia, lividity, frequent cough without expectoration, and tenderness on pressing the pneumo-gastric nerve between the attachments of the sterno-mastoid muscle. She fortunately recovered for the time, and her medical attendant after much trouble traced her affection to the left ear, and referred her to the writer. A polypus was found, and after its removal the patient was entirely free from her trouble. Dr. Du Fougeray considers the symptoms to be due to excitation of the pneumo-gastric.

He objects to the use of the term "polypus" in all cases of pediculated growths, and instances four "polypi" which, pathologically, were entirely different from each other. One was a granulation-tumour, another a papilloma, the third a dermoid, and the fourth a mucous polypus. To the last only he would apply the term "polypus," the anatomical structure being (1) an epithelial covering equivalent to that of the tympanic mucous membrane, (2) connective tissue like the corium of the mucous membrane, but having undergone certain inflammatory modifications, (3) hypertrophied papillæ, (4) vessels, (5) here and there glands which sometimes form cysts. *Dundas Grant.*

Gifford, H. (Omaha).—*Note on the Operation for Reforming the Auditory Meatus.* "Arch. of Otology," 1892, No. 3.

THE meatus was nearly filled with cicatricial tissue as the result of lupus. This was cut out, and the meatus was scraped with a sharp spoon, and cleaned with peroxide of hydrogen. Thin Thiersch flaps were taken from the fore-arm and plastered over the meatal walls. A glass tube was inserted, and aristol was filled in around it. Healing took place, but recrudescence of the disease in the mastoid cells involved an operation which sacrificed the meatus. [The success following the operation in cases due to lupus ought not to lead to the expectation of similar results in cases of atresia of developmental nature.—ED.] *Dundas Grant.*

Richardson, C. W. (Washington).—*Excision of the Membrane and Ossicles in Suppurative Diseases of the Attic.* "Arch. of Otology," 1892, No. 3.

RICHARDSON rejects Walb's view that disease of the "attic" arises by extension of inflammation from the external ear—furuncle, etc.—through a foramen of Rivini, and agrees with Schmiegelow as to its tubal origin. In support of this he cites a case in which inflammation of the attic occurred in an ear for which Eustachian catheterization, on account of dry catarrh, was being practised, the possibility of external otitis being absolutely excluded. The well-known symptoms are offensive purulent

discharge and the presence of a perforation above the level of the short process of the malleus. Necrosis of the ossicles or outer wall of the attic is detectable by the probe.

If these resist all treatment he practises the operation of removal of ossicles and membrane. Originally the incision was carried from the perforation round the whole membrane to separate it entirely from its ring. The posterior flap was thrown forward, the incudo-stapedial joint divided by means of a narrow rectangular knife, the incus drawn down and removed. The tensor tympani was then cut, the malleus freed, and extracted with the remains of the membrane. Finding that the membrane always regrew, he has modified the operation in his later cases. He now commences by cutting the tensor and the ligaments of the malleus, then makes incisions along the front and the back of the malleus, which he removes. The incus is then examined and left, if sound, but if not, removed. The membrane is then replaced, the canal cleared of blood, and closed with a wad of absorbent cotton impregnated with iodoform. He finds that the later form of operation is followed by more rapid healing than the earlier one.

He quotes C. H. Burnett's conclusions :—

1. That the operation has never failed to stop suppuration, or greatly diminish it, in all cases of chronic purulent otitis media in which he has used it.

2. In attic cases with normal atrium (tympanum proper), the sole perforation being in the membrana flaccida, this operation is the only means of cure.

3. In cases of chronic purulent otitis in which the sole perforation is in the anterior part of the membrana tensa and comparatively small, and while the purulency is limited to the anterior part, this operation prevents its spread to the posterior parts and the dangers thereby risked.

4. It improves the hearing, if any has existed before the operation.

5. It prevents the attacks of vertigo, headache, tinnitus, and earache, which occur so frequently in chronic otorrhœa, especially in children.

[Abstracts of papers on this subject have several times appeared in this JOURNAL, and notably of one by Dr. Milligan in the number for March, 1892.] *Dundas Grant.*

Booth, Mackenzie (Aberdeen).—*Mastoid Abscess.* "Brit. Med. Journ.," Jan. 16, 1892.

OPERATION with chisel; patient—a girl, aged ten. Well in fourteen days. *William Robertson.*

Randall.—*Mastoid Abscess breaking into the Digastric Fossa.* "Therapeutic Gazette," May 16, 1892.

THERE was, in a patient with aural polypi, gradually developed mastoid suppuration. A red swelling presented behind the ear which was very painful on pressure, but which yielded no pus on incision. Two days afterwards fluctuation was felt beneath the sterno-mastoid, and on pressing on the swollen part the ear filled with pus. Incision and gouging cleared

out fœtid pus and *débris*, which had made its way down in the track of the large vessels. The after-treatment consists in plugging the wound with gauze, free drainage and irrigation, and inasmuch as the fluid used tends to go into the pharynx through the Eustachian tube, peroxide of hydrogen, being non-poisonous, is of much value. *B. J. Baron.*

Dench, E. B. (New York).—*Two Unusual Cases of Intra-cranial Inflammation following Purulent Otitis Media with Mastoiditis.* "Arch. of Otology," 1892, No. 3.

A CHILD ten months old had had otorrhœa for nine months. There then developed a diffuse fluctuating mass behind and above the auricle, which was incised over the mastoid. The bone below was rough and bare. Temporary improvement took place under treatment, but, as the opening was healing, exuberant granulations appeared, and, no further advance towards recovery seeming possible, further operation was performed. The instrument employed was found to enter the cranium, obviously through the petro-mastoid suture. The meninges were disintegrated, and the presence of deep intra-cranial mischief was certain. This was preceded by drowsiness and irritability. Cerebral symptoms, indicative of meningitis, became distinct, and death occurred. No autopsy was allowed.

A man of forty, with a history of purulent otorrhœa of four months' duration, had great swelling and œdema behind and above the auricle, extending forwards to the eyelid. The external meatus was swollen, chiefly along the postero-superior and deeper parts, and there was a perforation in the postero-superior quadrant of the membrane. The ordinary mastoid operation was performed, and the bone was found to be denuded for a considerable distance beyond the incision. No improvement taking place, and the œdema of the eyelid persisting, a further operation was performed. The incision was extended forwards, and the bone was found to crumble under the elevator. The meninges bulged, but pulsated. Further appropriate exploration was unavailing. The autopsy revealed hæmorrhagic pachy-meningitis, most marked over the frontal and temporo-sphenoidal regions.

These cases show that sub-periosteal abscess of the mastoid region may lead to serious consequences. Dench cites a case of Andeer's ("Archiv für Ohrenheilk.," 1874, Vol. IX., p. 139), and refers to similar ones published by Pomeroy (Internat. Otol. Congress, 1876, "Archiv für Ohrenheilk.," Vol. XII., p. 313), Reinhard and Ludewig ("Archiv für Ohrenheilk.," Vol. XXVII., p. 218), and Moure ("Arch. of Otology," Vol. XI., p. 25).

[We would recall to our readers' recollection the well-known mechanism of intra-cranial abscess following injury to the skull, in which the mischief spreads through the venous channels in the bones. As a practical rule to be kept well before the mind, Gruber, in his Text-book (Law and Jewell's translation, p. 407), advises that in abscesses behind the ear, opposite *the upper third of the auricle*, incision should be made in the roof of the meatus; in those *opposite the lower two-thirds*, over the mastoid.]

Dundas Grant.

Knapp, H. (New York).—*A Case of the so-called Bezold Variety of Mastoiditis. Opening of Mastoid. Craniotomy. Death. Autopsy. Abscesses in Temporal Lobe and Cerebellum. Sinus Thrombosis on the Other Side.* "Arch. of Otology," 1892, No. 3.

A WOMAN of twenty-five, after attacks of coryza for several months, was affected with acute catarrh of both tympana, which improved. Later on, there were symptoms of mastoiditis on the right side, and some cerebral disturbance—intense headache and giddiness. There was redness and swelling of the inner part of the meatus, with bulging of the postero-superior wall, redness of the membrane, but no discharge. The mastoid region was red, swollen, and tender, and the swelling extended down the sterno-mastoid muscle. Pus issued on incision being made in this swelling. After operative opening of the mastoid gradual irregular improvement took place, but a similar swelling appeared on the left side. This diminished, but she had some headache, followed by drowsiness and double optic neuritis, without much fever. Operation was proposed, but refused for some time. Cerebral symptoms getting more marked, consent for operation was obtained. The outer surface of the mastoid (right) was chiselled away, and part of the inner table removed. No pus was found, and the dura mater and sinus appeared healthy. The attic was opened without material result, and the middle fossa was then explored. There was no extra-dural pus, the dura did not pulsate, and both it and the surface of the brain were incised. Both appeared healthy, and the operation was given up. A temporary improvement preceded death.

On autopsy, the anterior part of the lateral sinus was thrombosed, the posterior part filled with pus, which extended into the longitudinal and left lateral sinuses and the left sub-mastoid swelling. Two abscesses were found, one in the right temporal lobe, the other in the right hemisphere of the cerebellum. On the medial wall of the tip of the mastoid process there was a small but distinct perforation of the bone leading into the digastric groove.

The cultivations made from the cerebellar abscess showed that its pus was sterile, whereas those from the temporal abscess showed a multitude of cocci (staphylococcus aureus and albus) and a bacillus.

Knapp makes the following remarks with regard to the significance of the subjective cerebral symptoms in middle-ear inflammation :—(1) *Transient headache, nausea, vomiting*, and *dizziness* in acute cases indicate meningitic irritation, from which recovery is usual, without operation. (2) *Persistent headache, nausea, vomiting*, and *dizziness*, especially when the discharge from the ear diminishes, indicate transition to real meningitis, demanding operation on the membrana flaccida when bulging, or on the mastoid. (3) The *above symptoms*, with *delirium stupor, impediment of speech, chills, spasms, drowsiness*, and *coma*, signify fully-developed intra-cranial suppuration. The diagnosis of its exact form is doubtful in many cases, but usually demands surgical interference, namely, opening the posterior cranial fossa to ligate and cleanse the lateral sinus, or opening the posterior or middle fossa to liberate the extra-dural accumulation of pus, or evacuate an encephalic abscess. [An abstract of Prof. Guye's cases appeared in the JOURNAL OF LARYNGOLOGY for September, 1892.]

Dundas Grant.

Dean, H. Percy (London).—*A Case of Cerebellar Abscess successfully treated by Operation.* "Lancet," July 30, 1892.

A GIRL came under Dr. James Anderson's care for pain in the head. He traced it to chronic middle-ear disease, with mastoid inflammation, and referred her to Mr. Dean, with a view to operation. The middle ear and mastoid were treated by the usual operative measures, proving also the normal condition of the sinus, and there was improvement for a few days. The girl then became drowsy, and had occasional slight headache. Her temperature was subnormal, but suddenly, for one observation, ran up above 102°. The drowsiness increased, and Mr. Dean operated again. He turned down a skin-flap, and one of periosteum, applied a three-quarter inch trephine, with the pin an inch and a quarter behind, and half an inch (elsewhere he specifies a quarter of an inch) above the centre of the external (osseous) meatus. The sinus was exposed below, and the dura bulged considerably above. He incised the dura, and punctured the temporo-sphenoidal lobe and lateral ventricles without finding pus or diminishing the bulging. The lateral sinus was then punctured with a fine trocar and canula, but pure blood escaped, showing the absence of thrombosis. The trephine opening was then enlarged downwards and backwards by means of Hoffman's forceps, and the dura below the sinus exposed. An incision was made into the dura mater, and a trocar was thrust into the cerebellum; at the second insertion pus flowed freely. A larger trocar was introduced, and then a pair of sinus forceps; an india-rubber drainage tube was inserted, the dura was carefully laid over the surface of the brain without stitches, and the usual dressings applied. Rapid improvement and complete recovery, including the disappearance of optic neuritis, took place.

Mr. Dean deprecates the customary desistence from further operation after fruitless exploration of the temporo-sphenoidal lobe, and offers the method above detailed as permitting of investigation of the cerebrum (and ventricles), the lateral sinus, and the cerebellum, by one comparatively limited opening in the cranium. *Dundas Grant.*

Sheppard, J. E. (Brooklyn).—*Head Injuries with Aural Complications.* "Arch. of Otology," 1892, No. 3.

THE first case was a man who, after a severe fall on the head, was unconscious for five days. He is stated to have had delirium tremens, followed by meningitis. He had giddiness and a roaring in the head, and his hearing power was somewhat dulled after the accident, but about six weeks afterwards it diminished, was lost in the right ear, and very rapidly, a little later, in the left. The watch was then not heard in either ear. In the right the tuning-fork was not heard by air-conduction, and very doubtfully by bone-conduction. In the left, air-conduction was better than bone, but voice was only heard at six inches. A diagnosis was made of labyrinthine concussion, rather than of fracture at the base of the skull.

The second was a boy who, after a fall, was unconscious for several hours, had hæmorrhage from the nose and mouth and from the left ear, no facial paralysis, and no marked dizziness. Hearing distance for conversation was diminished on the left side to three or four feet. The meatus was

partially occupied by a firm white bo dy extending across it. Fracture of the base and a splinter of bone in t he meatus were diagnosed.

The next is the case of a boy, deaf in the right ear since childhood. He was struck on the left side of the head above the ear, and was unconscious for several hours, then delirious for some hours more. There was some hæmorrhage from the ear, and great diminution of hearing power, but more for aërial than for osseous conduction. Suppuration followed. The diagnosis was rupture of the membrane, with subsequent suppurative otitis. Some improvement resulted after the removal of the ossicles of the left ear.

The subject of the fourth case was a man who, after a blow on the left side of the head, was unconscious for a short time, and lost blood by the left ear, nose, and mouth. He had left facial paralysis and great dizziness. The hearing power, normal in the right ear, was very much lowered in the left, in which bone-conduction was better than air-conduction, and the tuning-fork on the vertex was heard louder than by the right ear. The left meatus contained a quantity of *débris*, and there was a hæmorrhagic crust on the upper and anterior part of the meatus. There was probably fracture of the temporal bone, and a rupture in Shrapnell's membrane. The absence of paralysis of the uvula and soft indicated that the facial nerve was injured in the part of the Fallopian canal which crosses the inner wall of the tympanum.

He quotes Buck's division of fractures of the temporal bone into:—(1) "Fracture or diastasis of the tympanic or squamous portion, in the region of the middle ear, without implication of the pars petrosa." [Bone- better than air-conduction.] (2) "Fracture of both the tympanic and the petrous portions." He holds that fractures of the temporal bone need not necessarily cause death, or even loss of hearing, and insists on a thorough examination of the auditory meatus in all cases of suspected fracture of this part of the skull. *Dundas Grant.*

Shield, Marmaduke (London).—*A Case of Sinus Thrombosis, attended with Remarkable Ocular Symptoms.* "Arch. of Otology," 1892, No. 3.

A MAN of thirty-five, with chronic otorrhœa of the right ear of long standing, was taken seriously ill with pains in the head, fever, and occasional rigors. The right eye-ball protruded more than the other. Complete right ptosis appeared, but improved, then left ptosis, which persisted, and also right facial paralysis. Both eyes protruded to an extraordinary degree, the lids were engorged, and their veins unduly prominent. The left pupil was greatly dilated, fixed, and not acting to light. Optic neuritis was present. A vein at the root of the nose was thrombosed and suppurated before death. The mastoid was unaffected, but there was swelling at the upper part of the jugular vein. The patient lived a fortnight, and the autopsy confirmed the diagnosis. *Dundas Grant.*