this, which appeared to be the starting-point of the meningeal infection, the dura was thickened and presented vascular striæ.

Chichele Nourse.

Manasse, Paul (Strasburg).—*A Study of the Pathology of the Internal Ear and the Auditory Nerve.* "Arch. of Otol.," vol. xxxii., No. 2.

Two cases are described. The first case was one of multiple disseminated gray degeneration of the auditory nerves, in which nerve deafness was present in a man who died, at the age of forty-three, of pulmonary tuberculosis, and who during his illness had suddenly lost his hearing. The middle ear was normal, as were apparently all the parts of the labyrinth, but the auditory nerves contained large numbers of pale-pink areas between the fibres of the nerve trunks; they consisted chiefly of fibrous structures and corpora amylacea. The second case was one of disease of the labyrinth and the auditory nerves in a syphilitic subject. The patient, a man aged thirty-five, with a history of specific infection, and who had been under treatment for nerve deafness for about a year, had died suddenly upon the street. Gummata were found in various parts of the body. Microscopical examination of the left petrous bone showed that the middle ear was normal, but in the internal ear were extensive pathological changes. Fine granular deposits, containing no cells, were noticed, covering the epithelium of the roof of the scala vestibuli, the under surface of the lamina spiralis ossea, and the basilar membrane in the scala tympani. The new formation was made up of fibres, arranged in a coarse network; the auditory nerve in the internal meatus was greatly distended, and contained a number of round cells and corpuscles between its fibres. In the right ear the same conditions were present, but more marked, one part of the scala tympani being completely filled with a fibrillar network of connective tissue. The conditions were such as result from chronic inflammatory changes. *Dundas Grant.*

THERAPEUTICS.

Koerner, O.—*The Usual Methods of Treatment and Operation in the Ear and Throat Clinic at Rostock.* "Arch. of Otol.," vol. xxxii., No. 2.

The clinical consulting-room has to be kept extremely clean, and for this purpose should have the brightest daylight in all corners. Care should be taken in the preparation of a patient for operation, cleansing and sterilizing not being limited to the mastoid process, in view of the possibility of it being necessary to follow a purulent process deep in the occipital bone or within the cranial cavity, etc. Changes of dressings are made in a special room, the parts round the wound being cleaned with benzine after the removal of the old dressing, and a sterile towel with a central opening, through which the ear and the wound appear, being placed over the head of the patient.

Small operations, like the removal of adenoid vegetations, should not be performed in the dispensary rooms, for fear of the infections which frequently follow. These come on usually forty-eight hours after the operation, rarely earlier, and Koerner considers them as either caused or favoured by removal of the pharyngeal tonsil. He holds that non-operative anginas also begin in the pharyngeal tonsil, as is shown

on post-rhinoscopic examination, if made early enough. Such anginas sometimes follow digital examination of the naso-pharynx, which he always now examines with a protected finger. In the surgical anginas which occur after operations on the nose, he considers that the site of infection is the lymphatic tissue in the nasal mucous membrane. He considers it well known that a surgical scarlet fever, which sets in after operations, may run its course without producing the customary angina. If any operative wound furnishes the site of entrance for the scarlet fever germ, the scarlet fever angina is absent; but scarlet fever following the removal of adenoids is a form of surgical scarlet fever by itself, as the site of entrance is in the same location as in ordinary scarlet fever. Consequently, in these cases the angina is also present.

In order to keep the clinic as free as possible from pus of all acute and profuse chronic otorrhœas, the auditory canal is drained with a strip of gauze, and an ear dressing is applied. Instruments are boiled, including the olive tips of the auscultation-tubes and the pharyngeal mirrors. All instruments are placed in a porcelain dish after use, collected by the nurse, and boiled. The syringes are fitted with metal pistons. A mixture of hot and cold water is used for syringing, without the addition of any disinfectant. Gauze and cotton in a sterilized condition are always at hand. The cotton is wound round thin pieces of wood, which are sterilized in small test-tubes and are thrown away after use. The *Staphylococcus albus* is the commonest microbe, but the *Bacillus pyocyaneus* sometimes appears, the most efficacious agent against infection by this microbe being a 2 or 5 per cent. solution of nitrate of silver for impregnating packing and dressings.

Dundas Grant.

Mosetig-Moorhof.—*Iodoform Bone-Stopping.* "Centralblatt für Chirurgie," 1903, No. 16.

The author recommends the filling up of large holes made in bones by means of "stopping," consisting of 60 parts of iodoform with 40 of spermaceti and sesame oil, of the consistency of a viscid fluid. The cavity, after being thoroughly cleared of all disease, is cleansed with formalin, or in case of hæmorrhage a from 3 to 20 per cent. solution of peroxide of hydrogen, then dried out by means of hot air and filled with the mass above described; he has used it in 120 cases with perfect result. Three radiograms are given, which show very distinctly the diminution in the size of the iodoform plug, as iodoform acts to the rays just as a metal would do. (This method of procedure may be applicable in some cases of operation on the frontal sinus and the mastoid process.—D. G.) *Dundas Grant.*

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