

Meltzer (New York).—*On Myxœdema*. "New York Med. Woch.," April, 1894.

THE author gives a complete report of the literature of myxœdema, and then relates a case observed by himself. The patient, thirty-seven years old, had for some years all the symptoms of myxœdema, which are elaborately described. By treatment with pulverized sheep's thyroid all symptoms disappeared in three months, and the patient was cured.

Michael.

Dickenson (Leamington).—*A Case of Congenital Hydrocele of the Neck cured by Drainage and Compression*. "Brit. Med. Journ.," May 12, 1894.

THIS occurred in a child, aged three years, and extended from the ear to the shoulder, filling up the sulcus of the neck. It was a soft white fluctuating swelling, translucent, without veins running over it, and becoming dense during screaming or coughing. Eight ounces of dark greenish-brown highly albuminous fluid being drawn off, a small incision was made into the posterior part of the cyst, through which the cavity was explored. The sterno-mastoid muscle in front of the wall of the cyst felt thin and atrophied; the carotid lying by the trachea, and the subclavian passing over the soft lung, were felt quite hard and clear, and apparently having no covering, but lying free in the cyst. The arteries could be followed down behind the sternum to the arch of the aorta, which was felt beating vigorously, and to the touch quite bare. A seton was introduced into the cyst wall. In five weeks the wound was healed, and no recurrence of the cyst has taken place. The cyst extended from the sternal end of the clavicle in front to the middle line behind, and quite filled up the sulcus between the neck and shoulder, and overhung the clavicle in front.

Wm. Robertson.

E A R S.

Scripture, E. W.—*The Use of Antiphones*. "New York Med. Journ.," April 7, 1894.

THE use of antiphones made of sealing wax in cases of insomnia is advocated.

R. Lake.

Schmiegelow, E. (Copenhagen).—*Foreign Body in the Tympanum; Removal; Tetanus*. "Ugeskrift for Læger," 1894, No. 11.

THE author removed a small stone which, for eleven days, lodged in the tympanum of a boy aged three and three-quarter years, and which had caused a purulent discharge from the ear, after several medical men had tried in vain to remove the foreign body. The operation was performed by loosening the auricle and removing by means of chisels the posterior and superior wall of the osseous auditory meatus. Twenty-four hours after the operation slight rigidity of the muscles began to develop, and thirty-six hours later typical tetanic convulsions set in, death occurring five days after the operation. The author considers it beyond all doubt that the infection was caused by the foreign body itself. *Holger Mygind.*

Stangenberg, E. (Stockholm).—*Contribution to our Knowledge of the State of the Hearing Organ, the Nose and the Pharynx of our School Children.* "Hygeia," March, 1894.

THE examination embraced 2344 school-children, of whom 1416 were boys and 928 girls, all belonging to different social classes. The power of hearing was examined by means of whispering figures, ranging from 1 to 100. 11'30 per cent. of the individuals examined were deaf in one or both ears, the percentage being 12'07 in girls and 10'81 in boys—a result which is much more favourable than any obtained by previous authors. Discharge from the ear was found in 1'88 per cent. of the cases examined, the percentage being 2'22 in boys and 1'35 in girls. 16'56 per cent. of the individuals examined, who exhibited objective signs of ear disease, had their right side affected, 21'03 their left side, and in 62'41 per cent. the disease was bilateral. Diffuse rhinitis was found in 11'09 per cent., atrophic rhinitis in 3'67, hypertrophy of the pharyngeal tonsil in 7'38, adenoid vegetations in 2'77, diffuse pharyngitis in 2'81, pharyngitis sicca in 1'32, granular pharyngitis in 50'25, and hypertrophy of the tonsils in 14'98 per cent. of the cases examined. As to the significance of these diseases in relation to the hearing organ, the author came to the following conclusions :—(1) The frequently existing hyperplasia of the adenoid tissue of the oral part of the pharynx, and the more rarely appearing hypertrophic and atrophic catarrh of the pharynx is comparatively more frequently combined with normal hearing organs than the corresponding affections of the nose and the naso-pharynx ; (2) the hyperplasia of the lymphatic tissue of the naso-pharyngeal cavity is, of all diseases mentioned above, most frequently associated with ear disease ; (3) atrophic rhinitis is more frequently complicated with ear disease than the hypertrophic form.

Holger Mygind.

Dalby (London).—*Note on Auditory Vertigo.* "Brit. Med. Journ.," May 12, 1894. IN this thoughtful contribution the author asks for a determined line of division in these cases—on the one side to be placed those cases in which the external and middle ear are healthy ; on the other side, those in which both are unhealthy. The next point is that the term "Ménière's disease" must either be dismissed or retained for those cases in which there is no disease of the conducting media. Vertigo, it is remarked, in long-continued otorrhœa is often the advent of cerebral complications.

Wm. Robertson.

Mackenzie, Stephen (London) —*Remarks on the Nature, Diagnosis, Prognosis and Treatment of Aural Vertigo.* "Brit. Med. Journ.," May 5, 1894.

THESE remarks are introduced by reference to a pronounced case of aural vertigo in a man aged fifty, beginning with vertigo, vomiting, and deafness. The subject is dealt with under the following heads : (1) Seat of lesion ; (2) its nature ; (3) the mechanism by which the chief phenomena are brought about : (a) tinnitus, (b) deafness, (c) vertigo, (d) locomotor inco-ordination, (e) vital symptoms (faintness, perspirations, nausea, vomiting), (f) movements of the eyes ; (4) the diagnosis ; (5) the prognosis, and (6) the treatment of aural vertigo.

In answer to the first point the author inclines to the opinion that the

seat of the lesion is to be found in the semicircular canals, and that this (the lesion) is of an irritative character producing its effects so long as there is no absolute atrophy of the auditory nerve. It is pointed out that Buzzard and Dalby suggest a bulbar origin for some of these cases of aural vertigo. As to the nature of the lesion it is observed that in few cases indeed has coarse disease been demonstrated in the semicircular canals. There are causes direct and indirect which may irritate the nerve terminations of the former, *e.g.*, hæmorrhage, syphilis of the latter, *e.g.*, otitis media. The theory of Spear that there is a condition in the labyrinth resembling glaucoma, as well as Knapp's suggestion that Ménière's disease is an idiopathic, serous exudative otitis interna, are referred to. Seeing that aural vertigo occurs in the latter part of life, degenerative changes in the local blood vessels is probable, and Gower's statement that it is associated with gout (in the labyrinthine membrane) is supported.

In the case referred to, the author imagines that the lesion consists of inflammatory changes in the labyrinth, associated with middle-ear disease. In discussing the mechanism by which the chief phenomena are brought about, tinnitus is attributable to pressure disturbances in the cochlea; possibly minute changes (degeneration) occur in the cochlear nerve. Deafness, almost always present at some period in aural vertigo, is again due to some change in the cochlea. The vertigo defined by Hughlings Jackson as the consciousness of disturbed equilibration, a rudimentary inco-ordination of locomotive movements, associated as it is in this form with deafness and tinnitus, is no doubt due to disease in the semicircular canals. The lesion may be functional or organic, and may be in the trunk or in the nucleus of the nerve, but the proved existence of disease in the middle ear renders it highly probable that it is a peripheral and not a central lesion in these cases. The locomotor inco-ordination may in some cases be due to abeyance of function in the cerebellum, or in other cases to alteration of this organ. The vital symptoms (nausea, vomiting, faintness) are due to shock, and attributable perhaps to overflow of the irritation in the acoustic nucleus to the closely adjacent vagus nucleus in the medulla. The true diagnosis of the disease is difficult, *i.e.*, the different conditions that may cause the disease. When tinnitus, vertigo, nausea, and vomiting occur together, suspicion as to an aural origin ought to be entertained. In the majority of these cases a certain degree of deafness is appreciable. The treatment consists in the recumbent position during an attack and bromide of potassium in fair doses. Lithium may be given in gouty cases. Counter-irritation and attention to the ear affection. The inter-paroxysmal treatment consists in the administration of quinine. Pilocarpin is used by Field. Mercury is useful to keep down arterial tension, and is beneficial when given during the premonitory symptoms of an attack. *Wm. Robertson.*

Wilkin (London).—*Pyoktanin in Epithelioma of the Ear.* "Brit. Med. Journ.," May 12, 1894.

THIS was a case of epithelioma of the ear. The left pinna was very prominent, had a large swelling in front of the ear, and the skin over

the mastoid was adherent and discoloured. Pyoktannin injections (one in five hundred, one in three hundred, and then one in one hundred) were used. The growth hardened and became more defined after two injections, and the pain was relieved. Death took place sixty-five days after the first injection, and at the *post-mortem* examination no epithelioma was found in the tissues in front of the ear. *Wm. Robertson.*

Hammond, L. J. — *Three Cases of Attic Suppuration followed by Facial Paralysis.* "Med. News," May 26, 1894.

IN one case the paralysis was marked immediately after the operation itself was finished—in all cases Stacke's—and was persistent, though two months' galvanic treatment restored some muscles. In the other two the paralysis was of later onset and not persistent. *R. Lake.*

REVIEW.

Klebs (Karlsruhe).—*Die causale Behandlung der Tuberculose; Experimentelle und Klinische Studien. Mit einer Tafel in Farben und Kurventafeln, vier Figuren im Text und eines statistischen Tabellenblattes.* Hamburg and Leipzig: Leopold Voss. Six hundred and thirty pages. ("The Causal Treatment of Tuberculosis; Experimental and Clinical Studies." With one Photogravure, seven coloured Plates and Tables of Curves, four Woodcuts in the Text, and one Statistical Table.)

THE dubious results of tuberculin have induced the author to make studies upon the causes of the danger sometimes arising in consequence of the use of the medicament, and to seek for methods to avoid this danger, and to change tuberculin into a substance which preserves only its curative powers without disagreeable after-effects. He begins his book with a review of the history of tuberculosis; he then analyzes the different forms and the course of the disease. The chapters following relate the results of his experiments with Koch's tuberculin on guinea-pigs, a histological description of the tubercles, and the results of a careful examination of the different substances which Koch's tuberculin contains, and their physiological effects. The author then describes two substances which he has produced by several chemical processes from "rohtuberculin." He has removed the toxic substances from tuberculin, and has so obtained a medicament which has the curative properties of tuberculin without its deleterious effects. Extensive casuistical records prove the good results which he has obtained by the application of the new substance. It is not possible to review in a short report all the carefully collected details of the work, and the results of the microscopical and physiological examinations. The perusal of the book is necessary for all who desire to make scientific researches on the effect of the new substances. The polemical papers directed against the views of the author were reported in former numbers of this journal.

Michael.

APPOINTMENT.

Dr. WILLIAM J. HILL has been appointed to the charge of Aural Out-patients at St. Mary's Hospital.

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