

6. That there seems to be some relation between follicular tonsillitis and the infectious diseases which is not yet properly understood: that, whatever the function of the tonsil may be, it seems in disease to endeavour by its activity to assist Nature in eliminating infection.

W. Milligan.

E A R.

Gradenigo, S. (Turin).—*On Clearing out the Tympanum as a Means of Improving the Hearing.* "Archiv. für Ohrenheilkunde," vols. liv. and lv.

The author divides his cases into four groups: (1) Scleroses; (2) chronic catarrhs; (3) post-suppurative cases showing no destructive changes, but only the objective signs of Group 2; (4) post-suppurative cases showing destructive changes.

The prognosis is best in Group 4. In Groups 2 and 3 the membrana tympani is generally thickened, dull, immovable, often retracted, and there are traces of old catarrhs in nose and throat, or adenoids, etc.

In sclerosis the membrane is thin, smooth, shining, and more movable, and there are often cases of deafness in the same family. The nose and throat are normal, except in mixed cases, which are not infrequent.

The greatest differences exist between the scleroses and the destructive suppurative cases. In both there is interference with air-conduction and defective hearing of low-pitched notes but in scleroses there is also defective hearing of high-pitched notes, the internal ear being affected, which is not generally the case in destructive suppurative cases.

In the catarrhal and suppurative cases without perforation (Groups 2 and 3) much depends upon the stage of the disease. In old catarrhal cases one may find the perception of high-pitched sounds (*i.e.*, the internal ear) more affected than in early sclerosis.

Nine cases in all were operated upon. Two cases of sclerosis were distinctly benefited both as regards hearing-power and tinnitus when examined fourteen months after operation. One of the cases was a very bad one of thirty years' duration.

Of three cases of chronic catarrh, one showed at first enormous improvement, but the ultimate result was negative. The wound suppurated and the membrane was rapidly regenerated. The second case gave a negative result; and the third, after showing some temporary improvement, with great variation in hearing-power, finally relapsed, and was rather worse than before operation.

Of the post-suppurative non-destructive cases (Group 3) one gave a good result, the patient being enabled to resume her employment as a domestic servant. The immediate success in this case was brilliant, and even the ultimate result was good, especially in one ear, from which nearly the whole of the stapes was removed. The membrana tympani was regenerated on both sides.

Conclusions.—(1) The more complete the integrity of the internal ear the better the hope of success.

(2) The best results are obtained in post-suppurative cases with partial destruction of membrane and ossicles. Good results are also obtained in a little-known class of post-suppurative cases which show

no traces of destructive change, but in which there is a clear history of supuration.

(3) In the dry forms of middle-ear disease results are not so good ; curiously enough, they are more favourable in sclerosis than in chronic catarrhs, in spite of the fact that the internal ear is more frequently affected in the former condition. This may be explained by the fact that in sclerosis the membrana tympani is atrophied and less apt to be replaced by a cicatrix, so that the labyrinth remains more accessible to sound waves. In catarrhal cases a cicatricial membrane generally soon forms.

(4) The treatment of the wound after operation is most important, especially the avoidance of sepsis.

(5) Marked labyrinthine symptoms contra-indicate operation.

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REVIEW.

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London (for the Royal Medical and Chirurgical Society, London).

Among other interesting communications are several more or less closely connected with our specialties. We note particularly Mr. Spencer's case of arterial hæmorrhage from the ear, in which the patient was saved from impending death by ligature of the internal carotid artery. The subject is ably discussed, stress being laid on the desirability of selecting the common rather than the internal or external carotid, and of avoiding operation when the disease of the ear in the case in question is tuberculous. The relation of oral sepsis to pernicious anæmia is further discussed by Dr. William Hunter, and questions connected with phthisis by Dr. Goodbody and others. Mr. Rickman Godlees describes a pharyngeal pouch of large size removed by operation. The pedicle passed through the thyro-hyoid membrane, but its aperture of communication with the pharynx could not be found.

NEW PREPARATION.

“Tabloid” Urea.

We have received from Messrs. Burroughs, Wellcome and Co. a specimen of “Tabloid” Urea, grains 5 (0.324 gramme). With the increased attention devoted to the treatment of tuberculosis during the past few years, the administration of urea has been prominent. Although the remedy is still only upon trial, the reports of observers upon the results which have followed its use are very encouraging. The dose recommended is from 5 to 20 grains three times a day, subject to modification as the condition of the patient may indicate. The “Tabloid” product offers a reliable and convenient means of administering this agent, and it will be found useful by physicians.