EAR.

Cotterell, J. M.—*A Case of Cerebral Abscess; Trephining; Recovery.* "Scottish Med. and Surg. Journ.," April, 1897.

THE patient, a man of twenty-three years, was admitted into hospital complaining of great pain in the head, of ten days' duration. He had had intermittent right otorrhœa since eighteen months old. Whenever it ceased cephalalgia came on. This was relieved and the discharge re-established by the use of warm boric lotions and fomentations. This time, however, these means had failed. He was dazed, constantly dropping asleep; his cerebration was slow, and he frequently moaned in his sleep. Anorexia and fœtid breath were present. Temperature, 101·2°; pulse, 70 to 80; respiration, 16 to 18. No œdema, and only slight tenderness on deep pressure over the mastoid; no vomiting, shivering, or disturbance of the third nerve. The mastoid antrum was explored and found to contain a few drops of pus, the bone being very dense. The immediate result of this was—temperature fell to 97·4°, pulse to 60, and respiration to 16. For three days these all became normal, and then suddenly fell to—temperature, 97°; pulse, 52; respiration, 14; and pain became more intense. The sigmoid sinus was explored and found healthy, but an abscess was found and evacuated in the temporo-sphenoidal lobe. The patient was so well by the tenth day that the tube into the abscess was removed, but had to be replaced five days later for a return of symptoms, two ounces of fœtid pus being removed. It was then eventually removed three weeks later, the patient making a good recovery. The author points out the effect the tension fever had of masking the more serious lesion. *R. Lake.*

Flanders, W. E. E.—*Abscess of the Mastoid extending along the Course of the Lateral Sinus.* "Med. Record," N.Y., April 17, 1897.

IN this case the otitis was secondary to influenza, and operation was undertaken chiefly on account of increasing facial paralysis. The mastoid cells were broken down and filled with pus, and the lateral sinus was bathed in pus for two inches. Complete recovery. *R. Lake.*

Gellé (Georges).—*Cerebral Complications (Pseudo-Meningitis) in the Course of a Chronic Otorrhœa. Mastoid Operation; Cure.* "Arch. Internat. de Lar., Otol., et Rhin.," March and April, 1897.

THE patient was a lady of forty, recovering from phlebitis, the sequel of a miscarriage. She had suffered with otorrhœa many years and had received but intermittent treatment. The lungs presented signs of tubercular disease. During the eight days preceding the author's first visit there had been severe headache on the left side and a certain indifference to the accustomed interests of life. When first seen she was in a state of semi-coma, not recognizing her friends; the temperature was above 40° C., and pulse small and rapid. Since the previous day vomiting had been persistent. There was no obstacle to the escape of pus, which was not fœtid. No clear indication of cerebral complication was present, but mastoid operation was recommended; further interference to be undertaken if found necessary. The classical operation was performed and the suppurating antrum and cells cleared out. An uninterrupted convalescence followed. In the absence of evidence of retention of pus the author concludes that the condition was due to irritation or infectious œdema, dependent on the mastoid abscess, and which disappeared on disinfection of the focus of suppuration. *Ernest Waggett.*

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Gradenigo.—*Two Cases of Cerebral Abscess of Otitic Origin.* "Ann. des Mal. de l'Oreille," etc., April, 1897.

In one of the cases—that of a child of six—cerebral abscess, consequent on an otorrhœa of long standing, was evacuated; but the patient succumbed to septicæmia, although the lateral sinus on exploration proved to be unaffected.

Bacteriological examination of the cerebral pus showed the presence of staphylococcus pyogenes aureus. Blood taken by puncture of the infiltrated tissues in front of the ear during the pyæmic condition was found to contain not only the staphylococcus, but the lanceolate diplococcus of Fraenkel. *Ernest Waggett.*

Grant, Dundas.—*Tinnitus Aurium.* "The Clin. Journ.," Feb. 10, 1897.

The distinction between entotic and subjective noises is not of much importance and often impossible to draw. A more useful clinical division is into noises occurring (1) with defective hearing, (2) with abnormal acuteness of hearing, and (3) with normal hearing. If noise is pulsating in character, we can determine if pulsation is produced in middle or internal ear by observing whether it is arrested by pressure on the common carotid or on the vertebral arteries. If pulsating noise is lessened on lying down it is probably anæmic; if audible on auscultation, think of intracranial aneurism. If non-pulsating and low pitched, it suggests venous congestion, especially if made worse by lying down and relieved by purgation. "Sea-shell" noise is usually due to contraction of tensor tympani, and occurs in chronic middle ear catarrh, or may be reflex in character. In obstinate cases of tinnitus with middle ear disease always try injections of paroleine, through the Eustachian catheter, and one-grain doses of grey powder night and morning. The constant current is only of use where there is no middle ear catarrh. When the bromides fail to relieve, try quinine experimentally, beginning with a quarter grain three times a day. In anæmic cases give iron with chloride of ammonium.

Middlemass Hunt.

Harris, T. J. (New York).—*Reports of over Sixteen Hundred Cases tested with the Hartmann Series of Tuning-forks.* "Arch. of Otol.," Vol. XXVI., No. 1, 1897.

From the results of this large series of cases the main conclusions arrived at are as follows:—In acute affections of the sound-conducting apparatus, including impaction of cerumen, there is involvement of the entire musical scale for air conduction and of the upper tones for bone conduction, this last point being held to indicate an affection of the labyrinth. In chronic suppurative and chronic catarrhal diseases of the middle ear, there is diminution of air conduction for the entire scale, but mostly for the low forks and least for the high ones. In diseases of the internal ear, air conduction suffers more for the high than for the low. Dr. Harris is convinced that all the information we can get from the set of five forks is to be got from the lowest and highest (c 128 and c^4 2048 double vibrations per second). Rinné's test, except in cases of excessively poor hearing, is of doubtful value in diseases of the middle ear. The series of tuning-forks is of value in regard to prognosis, but the extent is not yet determined. In many cases tuning-fork tests do not conform to any of the recognized types, and can only be regarded as falling under the head of mixed diseases. [*Vide* observations on tuning-fork tests in this number.—D.G.] *Dundas Grant.*

Hartmann, A. (Berlin). — *Hyperostosis of the External Auditory Meatus.* "Arch. of Otol.," Jan., 1897.

Hartmann insists on the distinction between exostosis and hyperostosis. He has found the latter in one out of every six hundred and fifty patients, and regards them as anomalies of development confined to the pars tympanica, independent of

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former suppuration, ceasing to grow with the growth of the individual, bilateral in occurrence, and distinctly hereditary. *Dundas Grant.*

Kuhn, A. (Strasburg).—*Clinical Contributions.* (1) *Otitis Media Purulenta on the Left Side (Meningitis or Cerebral Abscess)—Aphasia—Operation—Death from Meningitis.* (2) *Cholesteatoma of the Right Middle Ear—Death during the Operation from Entrance of Air into the Injured Sigmoid Sinus.* "Arch. of Otol.," Jan., 1897.

THE resemblance between the symptoms of meningitis and those of cerebral abscess in some cases is commented upon, and amnesic aphasia is mentioned as being generally regarded as a differentiating symptom. A case is quoted to show that this is often misleading, the sensory aphasia leading to an operation for abscess with negative result, the *post-mortem* examination revealing purulent meningitis and hæmorrhages in the second temporal convolution.

In the case of aërial embolism, sudden stoppage of respiration, cyanosis, and death occurred during the removal of a large cholesteatoma from the temporal bone. The cause was not suspected, and was attributed to the chloroform until the autopsy showed a slit in the sigmoid sinus, and air bubbles in the blood in the veins of the neck and the right side of the heart. There was not the classical "gurgling" noise at the time of the occurrence. The patient was highly anæmic. The writer quotes Senn's suggestion that when the accident has occurred [And been recognized.—ED.] the right ventricle may be punctured in order that the air may be evacuated.

Dundas Grant.

Lichtwitz (Bordeaux).—*A Case of Bezold's Mastoiditis. Opening of the Abscess in the Side of the Neck and in the Antrum; Resection of the Mastoid Process; Recovery.* "Arch. of Otol.," Jan., 1897.

A TYPICAL and successful case, to which is appended a valuable abridged bibliography. *Dundas Grant.*

Malherbe.—*Opening of the Petro-Mastoid as applied to the Surgical Treatment of Chronic Dry Median Otitis.* "Arch. Internat. de Lar., Otol., et Rhin.," March and April, 1897.

THE author has operated on five cases of dry middle ear catarrh, with deafness and tinnitus, with results which he describes as "truly surprising." The procedure has consisted in gouging through the mastoid (frequently sclerosed) to the antrum, which is usually small, and subsequently enlarging the aditus ad antrum. Where tympanic bands and adhesions have been present these have been dealt with through that passage with specially devised instruments. Finally, the attic and the artificial fistula has been plugged with gauze. On the day following operation, audition, even through the dressing, had returned and tinnitus ceased. Two patients operated on a year ago state that the amelioration is maintained. In the aged and where hearing by bone conduction is absent the operation is inadmissible. The worse of the two ears should be operated on, and experience shows that the other ear participates in the resulting benefit. *Ernest Waggett.*

Sattler, R. (Cincinnati, O.).—*A Case of Secondary Cholesteatoma of the Antrum and Mastoid Region.* "Arch. of Otol.," Jan., 1897.

AN instance of the gradual development of a cholesteatoma after the performance of a limited operation on the mastoid, and only causing serious symptoms after many years. In this case the trouble in a patient, aged seventeen, dated from the second year of life. *Dundas Grant.*

Spira (Krakau).—*Latent Otitis Processus Mastoidus resembling a Neuralgia of the Trigeminus.* "Wien. Klin. Rundschau," 1897, Nos. 17 and 18.

History.—Otit. med. exud. occurring after influenza. Paracentesis. Cure in a

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short time. Afterwards always pains in the head, and especially in the corresponding side of the throat. Later, paralysis of the nerv. abductus. As there have not been any signs of an inflammation of the processus mastoidus the author thought that all the pains were caused by a neuralgia of the trigeminus after influenza. But all special treatment of the supposed neuralgia made the pains and symptoms worse. Only after half a year one could make a distinct diagnosis of an inflammation of the processus mastoidus. Operation was performed, and the patient cured after six weeks.

The author says he does not know any other case (?) where such vehement cephalalgia existed without any symptoms of an affection of the middle ear or the processus mastoidus; and, in spite of it, the reason of this violent neuralgia was an otitis of the processus mastoidus. Then the author cannot explain the paralysis of the nervus abductus; he does not think it was caused by reflexion from the ear. His meaning is the paralysis was caused by a neuritis after influenza. He concludes that one ought to think of a central inflammation of the processus mastoidus in cases of such vehement neuralgias of the nerv. trigeminus. *R. Sachs.*

Swain, H. L. (Newhaven, Conn.).—*Four Cases of Otitis Media Purulenta, with Extension into the Skull and the Back of the Neck.* "Arch. of Otol.," Jan., 1897.

THE first was an acute case which lingered on from April till June 20th, with continuance of discharge, narrowing of the meatus, polypus formation, and retro-auricular swelling. Constitutional and cerebral symptoms indicated the need for mastoid operation. The antrum was comparatively normal, but pus was seen running in a thin stream out of the bone into the wound from its upper part—in fact, from an epidural abscess. Rapid recovery followed free opening. The route of the extension to the interior of the cranium was not discovered.

In the second case, with somewhat similar phenomena, the antrum was undiscoverable, and it seemed probable that the pus took its peculiar course owing to the poor development of the mastoid diverting towards the upper cells.

In a third case meningitic symptoms supervened on top of a chronic suppuration of the middle ear. Death took place, and there was found in the descending horn of the lateral ventricle a purulent clot, in a quantity of turbid serum. There was an adhesion of the adjacent dura mater to the tegmen tympani, which was eroded. The writer comments on the absence of pyæmia and of meningitis. [The latter point illustrates Koerner's dictum, that in chronic suppurative cases there is often the formation of adhesions which prevent infection of the meninges, though allowing it to reach the deeper structures.—ED.]

The fourth case was a subtrapezial abscess resulting from a "Bezold" perforation of the inner surface of the top of the mastoid process. *Dundas Grant.*

REVIEWS.

Heymann.—*Handbuch der Laryngologie.* 7, 8, und 9 Lief. (Wien: Hölder. 1896.)

THESE three parts of Heymann's manual contain a number of articles on diseases of the nose and pharynx. Dr. Bloch contributes an introductory paper on the general symptomatology of pharyngeal and naso-pharyngeal diseases, which will be found most interesting reading. He

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