

Stewart.—“American Journal of the Medical Sciences,” September, 1901.

Direct infection of a nurse from a consumptive patient is reported in the description of a case of acute splenic miliary tuberculosis. The patient was a young woman who had had no evidence of tubercular infection prior to her attendance upon a phthisical patient. The patient was in poor circumstances, and had apartments which were badly heated and damp, and the nurse's nourishment while attending him was of very poor quality. In the middle of her second week of attendance upon the case she became acutely ill, and died sixty-eight days later, the autopsy revealing a universal tubercular infection.

ŒSOPHAGUS.

Le Fort, René.—*A Coin in the Œsophagus.* “L'Echo Méd. du Nord,” July 7, 1901.

A child, three years old, had swallowed a coin seven days before being brought to hospital. Its health was excellent; external examination negative, but the X rays demonstrated the presence of a coin just above the sternum. An attempt was made, under chloroform, to extract the coin with a Kirrison's coin-catcher, but without success; œsophagotomy was therefore performed, and the coin easily removed. After turning back the sterno-mastoid, cutting the omohyoid, and dragging the trachea and the thyroid gland forwards and the vasculo-nervous bundle outwards, the coin could be felt lying in the œsophagus by the finger. A short incision was made in the œsophagus, and the coin steadily and firmly pulled out with a pair of forceps. The mucous membrane of the œsophagus had commenced to ulcerate. The œsophageal wound was therefore left unstitched, and a large drainage-tube placed in contact with it, so as to insure thorough free drainage, the tube being gradually shortened as the wound healed from the bottom. Feeding from the first day by means of nasal catheter. Recovery uneventful.

Arthur J. Hutchison.

Poli, Camillo (Genoa).—*A Tracheoscopic Sign of Foreign Bodies in the Œsophagus.* Monograph from the “Bolletino della R. Acad. Med. Genova,” Anno XVI., No. 4.

The author describes a case in which a chicken-bone impacted in the œsophagus caused protrusion of the posterior wall of the trachea at the level of the sixth or seventh ring in the form of a hemispherical tumour. The obstruction was removed with the sound. The eighty years of the patient and other circumstances caused the introduction of the sound to be postponed until the tracheoscopic image demonstrated its necessity.

James Donelan.

E A R.

Alexander, G.—*Mastoid Operations under Schleich's Local Anæsthesia.* “Wiener Klinische Wochenschrift,” No. 33, August 15, 1901.

This method of obtaining anæsthesia was used in several cases where a general anæsthetic seemed inadvisable; the ages of the patients varied from seventeen to sixty-seven years, and the disease in the ear

had existed from three weeks to eight months. In nine cases the tympanic cavity was opened, and in one the transverse sinus as well. The openings in the bone varied in size from that of a hazel-nut to that of a walnut; the head of the hammer used in chiselling was covered with muslin to deaden the shock and sound. The operations lasted from three-quarters to one hour. Strong solutions were used: 1 to 2 grains of cocainæ hydrochlor. in 1 to 2 ounces of distilled water, little of which is absorbed after the first injection. The anæsthesia obtained was not so absolute as with general narcosis, but it was sufficient, and was neither dangerous nor had it any unpleasant sequelæ.

Anthony McCall.

Gardener, Fletcher.—*Cerebral Abscess.* "Med. Record," August 5, 1901.

The patient, a male, aged twenty-one, had suffered from chronic suppurative middle-ear disease (left side) from infancy. Perforation of the membrane existed in its upper and anterior quadrant, and slight tenderness was complained of over the mastoid. The pain becoming more intense, and the patient becoming somnolent and stupid, with a temperature of 103° to 104° F., operation was decided upon. The mastoid cells were opened, and cholesteatomatous débris scraped out.

Shortly after the operation marked paraphasia, principally affecting nouns, was noticed. The temperature was normal, and the pulse 50 to 60. There was also ptosis of the left eyelid, slight paresis of the right foot, and deviation of the tongue to the right. No tenderness on pressure or percussion was complained of over the head, but severe pain existed over the right eye, in the right eye, and at the root of the nose. It was decided to explore for temporo-sphenoidal abscess. A grooved director was passed into the lobe, and at a depth of $\frac{1}{2}$ inch an extremely foul collection of pus was found. A drainage tube was inserted, shortened on the seventh day, and removed upon the tenth day. Steady progress was made. The main points in the diagnosis of the case were the presence (1) of motor aphasia, (2) alexia, and (3) agraphia. The surface locations of these centres are quite apart, but from the temporal lobe there proceeds to the frontal lobe a band of association fibres, any lesion of which causes paraphasia. A second band proceeds to the occipital lobe, and a lesion of this tract is responsible for the alexia. The agraphia was probably a pressure symptom. The author sums up his remarks by saying: "The surgical moral is that aphasia in the presence of ear disease calls for exploratory trephining; the neurological moral is that more emphasis should be placed on subcortical aphasia in teaching and writing."

W. Milligan.

Gaudier.—*Mastoid Suppuration with Abnormal Course.* "L'Écho Méd. du Nord," June 23, 1901.

CASE I.—A boy, four years old, had an acute otitis media in the early part of the year 1900, which, under ordinary treatment, was soon cured, and left no bad effects. A second attack occurred in November, 1900, and a third in March, 1901. The discharge was slight and not fœtid; no tenderness on manipulating the auricle or on pressure over the mastoid process. Recovery after all these attacks was rapid, and seemed complete. In April a swelling appeared in the temporal fossa, which after a few days displaced the upper part of the auricle outwards and downwards. There was no swelling, pain, or tenderness

over the mastoid; the membrana tympani, slightly retracted, presented a small cicatrix in its antero-inferior quadrant. General health excellent. The abscess in the temporal fossa being opened, a large quantity of greenish, very fluid pus, streaked with blood, was evacuated. No bare bone could be found with the finger, but on careful search with the probe a fistula was found in the upper and anterior part of the mastoid leading to the antrum. On opening into the antrum, the whole mastoid process was found to be hollowed out and filled with granulations, with little tendency to bleed. The cavity was thoroughly curetted, swabbed with zinc chloride 1 : 5, etc. Recovery good. Guinea-pigs were inoculated with some pieces of the granulations, but with negative results up to date of report—i.e., about four weeks.

CASE II.—A man, aged twenty-seven, in good general health, had acute otitis media dextra in February. This was not treated. Thereafter he began to suffer from intolerable neuralgic pains, starting in the ear and radiating to the head and face. Examined in May, the meatus was filled by a red polypus-like mass, formed by the bulging postero-superior wall of the meatus. Incision into this gave vent to a large quantity of greenish pus, mixed with blood and matter, like brain substance. The mastoid was neither swollen nor tender. A probe passed easily upwards and backwards into the mastoid cells. Mastoid operation performed some days later: External surface of mastoid bone eburnated, the whole posterior osseous wall of meatus as far as the tympanum completely absent; the whole mastoid transformed into one large cavity filled with large and small sequestra and granulation tissue. Treatment by free opening, curetting, etc.

Arthur J. Hutchison.

Harmer.—*The Action of Suprarenal Extract on the Mucous Membrane of the Nose and Throat.* "Wiener Klinische Wochenschrift," No. 24, June, 1901.

This paper was read at a meeting of the Vienna Laryngological Society, and after discussion it was generally agreed that the administration of the extract in powder form had no practical advantages over a solution used fresh, and of a suitable strength. The extract increased the anæsthetic action of cocaine, and by rendering the superficial layers of the mucous membrane anæmic it lessened the danger of cocaine-poisoning.

Anthony McCall.

Luc.—*Temporal Periostitis of Otitic Origin without Intramastoid Suppuration.* "La Presse Méd.," May 8, 1901.

Within a year Luc has seen four cases of periostitis arising from slight transitory affection of the middle ear, with no, or only very trifling, discharge, and which did not involve the mastoid antrum or cells. Peri-auricular periostitis without implication of the mastoid cells or antrum has been described by other writers, but in their cases the swelling has not been strictly limited to the supra-auricular region, but has also involved the retro-auricular or mastoid surface. In Luc's cases the swelling was strictly limited to the temporal region and to the superior wall of the meatus; there was no swelling, no pain, tenderness on pressure, or throbbing in any part of the mastoid. The swelling in the temporal region pitted on pressure in all, fluctuation could be elicited in some cases. The pain produced by pressure was not nearly so severe as that produced by pressure on a swelling of the

same nature over the mastoid process. Pain was by no means a prominent symptom; rather, its slight degree or complete absence was striking. Evidence of tympanic affection may be entirely wanting, or may consist in moist sounds produced by inflation. A history of ear-ache, transitory deafness, transitory discharge, etc., can generally be obtained. Fever varies greatly; it may be insignificant or intense. Temperature remained above 40° C. for five days in one of Luc's cases. The usual termination is in abscess formation, but this is not constant. Treatment when abscess has formed is by incision down to the bone the whole length of the superior wall of the meatus, and drainage through this incision for a few days. By pressure over the temporal abscess the whole of the pus can be emptied out through the meatal incision. This may have to be repeated once or twice, but by the end of the second day the drainage-tube may be removed and the wound allowed to heal.

Arthur J. Hutchison.

Moure and Lafarelle.—*Fatal Case of Suppuration of an Aberrant Mastoid Cell.* "Rev. Hebdom. de Laryng.," etc., January 26, 1901.

The patient was a man forty-six years old, who came to M. Moure's clinique with symptoms of left median otitis and mastoiditis. Paracentesis of the membrane allowed pus to escape and gave temporary relief to the pain; but a few days later the mastoid operation had to be performed. Pus was found under the corticalis and in a diverticulum extending towards, without reaching, the lateral sinus. The antrum was full of granulation tissue. The whole of the diseased tissue was carefully curetted away till healthy bone was reached all round. The results were perfectly satisfactory: the wound healed by first intention, the cavity gradually filled up, and there was not the slightest pain. The patient was to be dismissed from hospital almost cured, when suddenly—almost a month after the operation—violent and continued vomiting, headache, constipation, high fever and rigors, set in, followed by delirium carphology, general contractures, unequal pupils, and double retinitis with œdema of the papillæ and venous congestion; the pulse was slow; the wound was perfectly healthy. General meningitis having been diagnosed, no operation was done, and after nine days the patient died.

The post-mortem examination confirmed the diagnosis of general meningitis. The cavity produced by the operation was perfectly healthy. A cavity filled with pus was found in the posterior part of the mastoid. It was situated just above a horizontal plane passing through the upper border of the external meatus, and 1 centimetre behind a vertical plane passing through the tip of the mastoid. It was therefore completely above and behind the operation cavity, from which it was completely separated by a wall of eburnated, healthy bone $\frac{1}{2}$ centimetre in thickness. On the other hand, it was limited internally, not by bone, but by the lateral sinus. The lateral sinus itself, though bathed in pus, was quite healthy. In Moure's opinion, the infection was carried from the antrum to this aberrant cell by the blood or lymph stream, and thence again by the lymph stream to the meninges.

Arthur J. Hutchison.

Treitel, Leopold (Berlin).—*Carcinoma of the Ear*. "Arch. of Otol.," vol. xxx., No. 3.

The author has seen three of these rare cases within the last two years. The first occurred in a man, aged fifty-five, who had double otorrhœa since childhood; the tympanic cavity was seen to be filled with granulation tissue, which rapidly regrew after removal, the malignancy of the disease being then established with the aid of the microscope. Paralysis of the facial and recurrent laryngeal nerves of the same side developed; subsequently deep-seated abscesses formed round the neck, and the patient died, within about a year, of general exhaustion. Post-mortem examination showed the extent of the disease to be much greater than was expected. In the second case, that of a female aged seventy-seven, there had been otorrhœa for seventeen years; the diagnosis of carcinoma was made in 1891, and she died in 1898 of meningitis. There was no direct connection between the disease and the meninges, the cause of the inflammation of which could not be determined. In the third case, a female, aged sixty-three, had hæmorrhage from one ear so profuse that an otoscopic examination was impossible. The region in front of the tragus was thickened; there subsequently developed complete facial paralysis and mastoid pain. The meatus became filled with granulation tissue, which was adherent to the surrounding structures, and found to be a vascular typical epithelial tumour. In the hope of relieving pain, a mastoid operation was performed, but without the desired result being obtained. On post-mortem examination, the entire squamous bone and all of the mastoid, except its posterior border, were found involved; the sigmoid sinus was empty and collapsed, and the internal carotid partially occluded by a coagulum; the parotid gland was involved.

With regard to the origin of carcinoma of the ear, it is pointed out that, as a result of chronic suppurative inflammation, squamous epithelium grows from the skin into the tympanic cavity, thus allowing of the origin of epithelial cancer in the middle ear. Sometimes papillomatous or other non-malignant growths undergo a cancerous change.

The writer agrees with Kuhn that we should not consider cases diagnosed by the microscope to be epithelioma as malignant, unless their clinical course confirms the microscopical evidences, some being really syphilitic, and recovering under mercurial treatment even when the glands were enlarged. In cases in which a mastoid operation is followed by very retarded repair, the development of cancer must be looked for. Some cases believed to be carcinoma have undergone apparent cure, as the result of local applications of alum and powdered savin, as in a case of Jacobson's. It is to be remembered that the rapidity of growth of cancer varies very much in different cases, and in old persons it may be particularly slow. It is important that the disease should be recognised early, for as long as the growth has not extended to the auricle or cartilage of the auditory meatus, the radical operation offers some hope for a permanent cure.

(In two cases which have come under the reviewer's observation, the chief objective symptom was an extensive area of exposed bone in the auditory meatus surrounded by very ordinary-looking granulation tissue, which on microscopical examination was found to be epitheliomatous. The amount of pain was in one case quite out of proportion to the apparent acuteness of the disease.—D. G.) *Dundas Grant*.

Watson, William J.—*Report of a Series of Cases of Mastoiditis, with Operations.* "Journal of Eye, Ear, and Throat Diseases," May and June, 1901.

This paper consists of short reports of fifteen cases operated on at the Presbyterian Eye, Ear, and Throat Hospital, Baltimore, during the years 1898 and 1900. Those operated on in 1899 have already been recorded in the *Maryland Medical Journal*, October, 1900. The cases are shortly reported in the order in which they occurred, not classified in any way; the conditions as to hearing-power, etc., before and after operation are given in some cases but not in others. In short, the majority of the reports are too incomplete to be of much value.

One case, male, aged seventeen, with discharge from left ear off and on for fifteen years, had much pain, but no tenderness over the mastoid, and a painful fluctuating swelling in the neck. On opening the mastoid, the tip was found to be perforated, and pus extended thence down the neck. The necrosed bone was cleared away, and the neck opened almost to the clavicle. Recovery uneventful. Another case with thrombosis of the lateral sinus ended fatally. The thrombus was cleared out till the blood-stream was restored. The clot was found to contain a focus of pus. The symptoms on admission were severe pain in the head, and some tenderness over the left mastoid; temperature 102°. No optic neuritis.

Arthur J. Hutchison.

THYROID, Etc.

Packard and Hand.—"American Journal of the Medical Sciences," September, 1901.

An interesting case of sporadic cretinism is reported occurring in a child of six, who manifested continuous improvement under thyroid therapy for the two years during which he remained under the author's observation. On several occasions it was necessary to diminish the dose of thyroid owing to the indications of the therapeutic limit (weakness and rapid pulse). The marked improvement brought about in the case is shown by numerous illustrations accompanying the article.

REVIEW.

Atlas der Nasenkrankheiten. Enthaltend 356 Figuren in 475 Einzelbildern, auf 38 Tafeln. Von Hofrath Dr. ROBERT KRIEG. Lieferungen fünfte, sechste und siebente. Mit Deutschem und Englischem Texte by ALPHONSE ROMAN, Med. Kiel., M.R.C.S. Eng., L.R.C.P. Lond. Stuttgart: Ferd. Enke; Glasgow: F. Bandmeister. Price 6s. per Lieferung. 1901.

The three last parts of Dr. Krieg's already well-known atlas are chiefly devoted to those nasal and naso-pharyngeal conditions due to the ravages of syphilis and tuberculosis, and, as such, need but little comment, though the rare conditions depicted are of most value in a