160 per minute and very feeble. At 11.30 the pulse had improved, but it was found that both sides of the neck and also the left cheek were considerably swollen from blood extravasations. These swellings steadily increased, and in a short time reached the sternum and clavicles, the patient becoming more and more anæmic, and the pulse more feeble and rapid. No further bleeding took place into the mouth or naso-pharynx. He was ordered ice to suck and enemata of half a drachm of calcium chloride every hour. In the evening dyspnœa gradually developed, and it was found that extravasation of blood was taking place into the pharyngeal submucous tissue. The dyspnœa becoming urgent, intubation was performed at 1 a.m. on the 20th. The relief afforded was, however, only temporary, and at 4 a.m. tracheotomy was performed. Considerable bleeding took place from the tracheotomy wound, but this was checked by the application of adrenalin chloride solution. The general condition, however, became progressively worse, in spite of stimulants and saline infusions, and death took place at 6 p.m., thirty-two hours after the operation.

Necropsy.—At the post-mortem examination the pharynx, larynx, and the tissues of the neck generally were found to be infiltrated with blood. The thymus was much larger than usual. No other abnormality was found.

Although, on inquiry, no definite evidence of hæmophilia in the family or in the previous history of the patient was obtainable, there can be little doubt that this was a severe and quite unsuspected case of hæmophilia. This is borne out not only by the severe hæmorrhage at the operation and the extravasation of blood into the neck, but also by the marked tendency to bleeding, which was evidenced both in the tracheotomy incision and at the site of the needle punctures where the saline infusions were made.

The case is certainly peculiar, on the other hand, in that no bleeding occurred from either the site of the tonsils or from the naso-pharynx after the time of the operation, whereas steady and progressive extravasation of blood took place into the submucous tissues of the pharynx and larynx, and also formed large swellings in the left cheek and on either side of the neck. Moreover, this peculiar form of hæmorrhage precluded any attempt at local treatment.

StClair Thomson.

EAR.

Harris, T. J.—*Chronic Catarrhal Otitis.* "Medical Examiner and Practitioner," October, 1902.

Under the heading of "Chronic Catarrh" two varieties are included: (1) Chronic hypertrophic catarrh; (2) chronic hyperplastic catarrh.

In pure catarrhal lesions of the middle ear the lower limit of sound perception is always raised. This phenomenon is best demonstrated by the employment of the Dench-Bezold tuning-fork. Bone conduction is also always lengthened, especially for the low range of the series of tuning-forks, whilst the upper limit for sound-waves in pure middle-ear catarrh remains undisturbed.

In hyperplastic catarrh post-mortem examinations have revealed distinct deposits of bony tissue with anchylosis around the incudo-stapedial joint, whilst similar deposits have been found within the

internal ear. In this class of case bone conduction may be lengthened, but will usually be found reduced owing to the associated involvement of the middle ear. *W. Milligan.*

Lake, R.—*Four Cases of Mastoid Abscess.* "Brit. Med. Journal," July 19, 1902.

In the four cases recorded by the author, all due to influenza, there occurred in two a transient middle-ear suppuration, and in the two others no trace of any previous middle-ear inflammation whatever. The author remarks that in these last two cases there might have been a transient middle-ear infection without any perforation having been produced, or infection might have been conveyed by the general blood-stream to the mastoid cells. He favours the former idea. He emphasizes the fact that in some cases of post-influenzal mastoid disease, where there is no discharge from the middle ear, all that is necessary is to open and drain the localized abscess in the temporal bone. *W. Milligan.*

Phillips, W. C.—*Indications for Operative Interference in Mastoid Suppuration.* "Amer. Journal Med. Science," December, 1901.

In acute middle-ear suppuration an examination for bacteria is important. Those cases where streptococci predominate are the most likely to be accompanied by mastoid involvement. In commencing mastoid suppuration pain is usually of a dull and heavy type and radiates over the affected side of the head. Localized tenderness over the antral area and prolapse of the postero-superior wall close to the attachment of the membrane are definite indications for operation. In adults there may be very slight, if any, rise of temperature. Free incision of the membrane well up into the attic may possibly avert extension of suppuration to the mastoid area. *W. Milligan.*

REVIEW.

The Diagnosis of Nervous and Mental Diseases. By Howell T. Pershing, M.Sc., M.D. (Illustrated.) Pp. 223. Rebman, Ltd., 129, Shaftesbury Avenue, W.C. 1901.

This book is intended to facilitate the recognition of nervous and mental diseases by physicians who are not specialists in neurology. Nothing, of course, can take the place of unbiassed investigation of cases clinically and pathologically, but the absence of opportunities for doing this need not lead the practitioner to despair of acquiring much useful information, and of doing much good under the guidance of those who have the opportunity of perfecting their knowledge. The writer of the present work is an able guide, and the work will be found extremely helpful. It is only by looking outside one's own speciality that one can avoid falling into many traps and pitfalls which lie open around one, and the practitioner of laryngology and otology cannot, we believe, be better armed than with the work we are now considering. There is so much in the diagnosis of diseases of the nervous system which permits of schematization that a book like this, carried out on the schematic method, is extremely valuable.