brain substance itself was destroyed at the location of the uncus and the gyrus hippocampi. More recently the author had seen a woman aged seventy-three complaining only of tic douloureux, in whom rhinoscopic examination, made on account of recurrent epistaxis, disclosed the presence of a glandular carcinoma in the nose.

Chichele Nourse.

LARYNX.

J. Rozier (Pau).—*Chronic Otitis; Evidement; Facial Paralysis following Curettage of the Sub-pyramidal Cavity; Caries of the External Semicircular Canal with Labyrinthine Crises.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," March, 1904.

In April, 1901, a woman presented herself complaining of violent pains in the head, so much so that sleep was rendered impossible.

Two years ago she had right influenzal otitis, and had been under treatment ever since.

Examination of right ear:—Meatus normal, Shrapnell's membrane perforated, fœtid pus flowing from attic and antrum, malleus adherent to promontory. Probing the attic revealed bare bone at the tegmen. The mastoid process was tender to pressure, and violent pains were complained of above the auricle. With the exception of a retracted membrane, the left ear was normal. Nose: active ozœna. Audition: Weber lateralized to the right, bone conduction on right side good, though Rinné positive. Acoumeter: Hearing stronger on the right side.

June 11.—Lermoyez performed a radical mastoid operation. A large antrum was found filled with caseous pus, no cholesteatoma; its walls were in a state of osteitis. The attic was opened up, the malleus had gone; no granulations, tympanum was very carefully curetted, no fistulæ seen, aditus very large, no dehiscence of the Fallopian canal.

After recovery from the anæsthetic, it was noticed that the orbicularis palpebrarum on right side was weak. However, the aqueductus Fallopii had not been touched, either at the level of the spur nor above the stirrup. There had only been a single twitch during curettage of the posterior part of the tympanum. The curette had in fact entered a large sub-pyramidal cavity, and it was there that the facial was involved.

On June 13 there was complete facial paralysis on the right side.

On June 15 the case was investigated in the electrical department. Result: a partial reaction to degeneration.

Up to June 26 the condition of the operated area had been fairly satisfactory, but on that date considerable pain was experienced during dressing. Epidermisation had proceeded rapidly, but was retarded by some points of osteitis, one at the infero-external part just about the site of the tympanic ring, the other on the floor of the aditus. As regards the sub-pyramidal cavity, pus issued from it, and probing indicated foci of osteitis.

Despite cauterisation, curettage, and the elimination of some small sequestra, the osteitis extended more and more. The antrum and aditus were filled with fibrous tissue, and on October 4 a fistula was made out extending from mastoid to tympanum.

October 5.—The antrum and aditus were again curetted, and tamponned.

From December 5 to 15 the aditus tended to close again, and part was curetted, chromic acid being subsequently applied.

December 20.—Labyrinthine disturbance was in evidence. Examination was difficult on account of nervousness of patient. Nausea, no vomiting, Romberg negative, rotation of head or body to the left nothing unusual, when to the right patient tended to fall. Gait good, no staggering, no temperature. Aerial and bone conduction good: Weber lateralized to right; Rinné (?). Locally granulations were observed at the level of the aditus and near the stirrup, and bare bone was detected on the internal wall of the antrum.

December 30.—Labyrinthine trouble was still present, but the vertigo which had been troubling her had diminished; the nausea still continued. She was able to attend to her business.

In the course of the dressing a sequestrum was discovered in a position corresponding to the side of the external semicircular canal, which when touched with a probe caused the patient to feel sick and everything seemed to turn round her.

April 23.—The sequestrum came away spontaneously with the dressings, and patient from that time felt much better, and by December 9 had practically recovered.

Apropos of the labyrinthine disturbance the author remarks that at first it was believed the infection had taken place by way of the fenestra ovalis, but that the exfoliation of the external semicircular canal left no doubt as to the course taken.

There were several points of osteitis about the internal wall of the antrum, so that destruction of the external semicircular canal was not surprising.

The writer observes that this is an excessively rare occurrence, for generally it is during the course of evidement that an accidental opening of the labyrinth is brought about. As regards the wounding of the facial nerve during curettage of the subpyramidal cavity, the author believes this to be the first time a case of this sort has been cited.

In 120 temporal bones of adults and children examined, a sub-pyramidal cavity was constant and measured not less than 3 to 8 mm. in depth.

Absolutely hidden from view, the Fallopian canal and base of the pyramid form a kind of dome for it; sometimes a plate of compact tissue only 1 mm. in thickness separates the canal from the cavity.

From the important relationship which this cavity bears to the facial nerve, the author emphasises the importance of exercising the greatest care during operative manipulations about the postero-inferior part of the tympanum. *Clayton Fox.*

EAR.

Vacher, L.—*Bezold's Mastoiditis; Erysipelas of the Face; Operation; Intravenous Injections of Collargol; Recovery.*—"La Presse Oto-laryngologique Belge." January, 1904.

A woman, with chronic dacryocystitis on the left side, was attacked suddenly with deafness and acute pain in the left ear, which gradually extended over the whole of the left side of the head, with redness and swelling of the temporal region. There was fever, insomnia, and frequent vomiting. On the eighteenth day paracentesis, which gave exit to pus and blood, afforded temporary relief; but a few hours later suppuration from the ear became abundant with increased pain, fever, and vomiting.