ŒSOPHAGUS.

Schroetter, v. (Vienna).—*The Recognition of Tuberculosis of the Œsophagus.* "Brauer's Beiträge zur Klinik der Tuberculose," Band vi, Heft 3, and "Münch. med. Woch.," November 6, 1906.

The diagnosis was made by œsophagoscopy. The condition most frequently arises from extension by continuity from tuberculous foci in the lungs or neighbouring glands. Less often it is due to inoculation by infective sputum, especially if the ground is prepared by previous corrosion, new growth or stenosis. *Dundas Grant.*

EAR.

Walker, D. H.—*Aural and Nasal Examinations of School Children.* "Boston Med. and Surg. Journ.," December 13, 1906.

This paper describes the experimental examination of the hearing power of children at a school in Brookline; 289 children were examined, with the following results: 68, or 23 per cent., had two thirds of normal hearing or less; 10 had hypertrophied turbinates; 35 had septal spurs; 8 had deviated septa; 89 (30 per cent.) had adenoids; 63 (21 per cent.) had hypertrophied tonsils; results of chronic middle-ear suppuration 15; ear discharges 3.

In comparing the hearing tests with the scholarship of those pupils marked "excellent," 17 per cent. showed diminished hearing, "good" showed 20 per cent., "fair" showed 30 per cent.; whilst of those marked "unsatisfactory," 52 per cent. showed diminished hearing, and in those marked "poor" this condition was 42 per cent. *Macleod Yearsley.*

Withington, C. F.—*A Dozen Convalescent Cases of Cerebro-spinal Meningitis.* "Boston Med. and Surg. Journ.," November 29, 1906.

A certain number (not stated) of these cases (shown at the meeting of the American Medical Association in June, 1906) had permanent deafness. In some there was middle-ear disease, in others disease of the labyrinth. One of the latter showed titubation.

Macleod Yearsley.

Rudloff, P. (Wiesbaden).—*On the Course of the Sigmoid Sinus in the Child's Skull.* "Arch. of Otol.," vol. xxxv, No. 2.

An abstract of this valuable contribution appeared in the JOURN. OF LARYNGOL., RHINOL., AND OTOL. for January, 1904, p. 59. The author was led to investigate the differences between the situation in the child at various ages and that in the adult. *Dundas Grant.*

Amberg, Emil (Detroit).—*Otitis Interna Sinistra Hæmorrhagica (?). Vicarious Menstruation (?).* "Arch. of Otol.," vol. xxxv, No. 2.

A woman, aged thirty-three, took a very hot bath immediately after a monthly period, and soon felt dizzy and nauseated, so as to have to lie down for one and a half hours. Later she observed a noise like escaping steam, which persisted. The dizziness lasted about two and a half months. When seen by the author there was great diminution of hearing power for the watch on the left side. Vertex tuning-fork was localised in the good ear. (Apart from this the evidence of internal ear was not very

definite, and in view of the "negative Gelle" in the left ear, and the history of a little deafness on that side of ten years' duration, the case seems on a par with those of sclerosis in which vertigo is produced by very slight disturbances in circulatory pressure. Politzer has stated that the diagnosis of Ménière's disease can only be made with certainty when the symptoms come on in a person with previously complete normal hearing [Germ. edit., p. 600]. The case is a most interesting one, but the clinical history as summarised in the report leaves room for uncertainty as to the exact diagnosis and justifies the author in appending to it a point of interrogation.) *Dundas Grant.*

Knapp, A. (New York).—*What Cases of Chronic Purulent Otitis require the Radical Operation?* "Arch. of Otol.," vol. xxxv, No. 2.

The author quotes with approval Heine's grouping of cases as "dangerous" and "not dangerous" according as the bone is affected especially in the attic and antrum or the inflammation is more limited to the mucous membrane. In the latter case he considers the operation is not indicated. On the other hand, it is urgent when there are such symptoms as headache, nausea, and vomiting, or where the bone is found affected or cholesteatoma is present, and the symptoms are not relieved by a minor operation. The operation is indicated when the signs of bone-involvement continue after conservative treatment has been followed out for a certain length of time and the odor of the discharge persists. A marginal perforation indicates greater danger than a central one. The author states that on a recent visit to several well-known German aural clinics he found less readiness to resort to the radical operation than formerly. *Dundas Grant.*

Suckstorff (Hanover).—*The Leucocyte Count in Inflammatory Diseases of the Ear and of the Temporal Bone and in Otitic Intra-cranial Complications.* "Arch. of Otol.," vol. xxxv, No. 2.

In seventeen cases of serous otitis media six, under ten years of age, the leucocytes averaged 13,300 (practically the normal 12,900). In adults the same was the case. In eight of acute purulent otitis media four, under ten years old, had an average of 20,150, the others, adults, 12,900. In six adults with chronic suppuration of the middle ear the leucocytes were normal in number. Acute mastoiditis without intra-cranial complications gave in children an average of 16,400 and in adults 12,740. In meningitis absence of leucocytes suggests the tuberculous form, marked leucocytosis the idiopathic. The author considers his material insufficient to furnish definite data, but appeals for further investigation on the same lines. (The paper of which this is an abridgment was published in the *Zeitschrift für Ohrenheilkunde* in 1903.) *Dundas Grant.*

Sarai, Tatsusaburo (Japan).—*On Post-operative Pyocyaneus Perichondritis of the Auricle.* "Arch. of Otol.," vol. xxxv, No. 2.

The author narrates a case in which this condition followed the radical mastoid operation, the wound having been dressed with moist 2 per cent. carbolic acid. For this was substituted a dry dressing, preceded daily by the insertion of a pledget of gauze saturated in a 2 per cent. solution of nitrate of silver for ten minutes. The perichondritic swelling extended, but stopped short under gauze moistened with alcohol and covered with oil-silk. Incision and drainage were required. (Lermoyez has made some important experiments on the rabbit, showing the tendency of the *Bacillus pyocyaneus* to excite perichondritis.) *Dundas Grant.*

Brandegee (New York).—*Case of Death from Pulmonary Thrombosis following Operation for Sinus Thrombosis.* "Arch. of Otol.," vol. xxxv, No. 2, p. 133.

On opening the sinus no return flow was obtained from below, but it was readily established by means of a curette. The child did well, till four days later he suddenly awoke with a cry of pain, and died with symptoms of heart failure. The diagnosis was made of pulmonary thrombosis. *Dundas Grant.*

Cowen (New York).—*Fatal Case of Brain Abscess.* "Arch. of Otol.," vol. xxxv, p. 135.

This was an abscess of the cerebellum which gave rise to sudden death, due to involvement of the respiratory centres. Uncertainty as to localisation and as to the otitic origin had interfered with operation. *Dundas Grant.*

Harmon-Smith (New York).—*Case of Radical Operation for Chronic Otitis Media Suppurativa, followed by a second Operation for Removal of the Internal Ear, and later by an Operation for the Evacuation of a Cervical Abscess and an Epidural Abscess.* "Arch. of Otol.," vol. xxxv, p. 156.

This remarkable case was complicated by the presence of necrosis of the occipital bone, probably syphilitic in nature. Both antisyphilitic medication and surgical intervention were thoroughly practised, but were unavailing. *Dundas Grant.*

Kennon, B. R. (Norfolk, Va.).—*Symptoms and Treatment of Sinus and Jugular Thrombosis with the Report of Five Cases.* "Arch. of Otol.," vol. xxxv, No. 3.

The writer reviews the various symptoms and finds none to be depended on except the temperature. In treatment he insists on the great necessity of rapid operation. If the temperature has been indicative of sinus involvement, he advises opening the sinus at the time of the mastoid operation, even though its appearance and feel do not indicate the presence of clot. Should the thrombus be situated either primarily or secondarily in the bulb, he urges exposure and resection of the jugular vein. He brings the upper end out of the upper angle of the wound, which he leaves open and packs. *Dundas Grant.*

Seligmann (Frankfort).—*A New Point of View in the Treatment of Aural Furunculosis and Furunculosis in General.* "Münch. med. Woch.," October 30, 1906.

Seligmann considers that furuncle in the ear has always as a basis an eczematous condition on which the staphylococcus is inoculated by traumatism. He recommends anti-eczema treatment, particularly powders such as dermatol. He is opposed to incisions. In a discussion following his paper Vohsen agreed as to the frequency of the precedent eczema and to the avoidance of incisions, advocating warm applications. Veis considered incision the best means of relieving the pain. Hirschberg praised the suction treatment. *Dundas Grant.*

Zalewski (Lemburg).—*Experimental Investigations concerning the Power of Resistance of the Tympanic Membrane.* "Zeitsch. f. Ohrenheilk.," Bd. lii, Heft 1 and 2.

Zalewski found that a pressure of one or two atmospheres was necessary to bring about rupture of the normal membrane. The membrane was less resistant in cases of cicatrices, atrophy, inflammatory processes, or advancing age, but increased in the presence of fibrous or calcareous

thickening. One difficulty in the experiments was to keep the tube leading from the force-pump air-tight in the external meatus. This was overcome by fixing the tube and the preparation in plaster-of-Paris. Another tube fixed in the Eustachian tube was led under water, so that the rising of bubbles of air might indicate the moment when the tympanic membrane gave way. It was found, however, that bubbles rose without any rupture of the membrane, the air having got round into the tympanum in a round-about way. The inner surface of the membrane was therefore exposed by chiselling away bone and watched by the eye. In most cases the rupture was small, and ran between the malleus to the annulus tympanicus, but seldom the whole way, and more frequently in the anterior than the posterior segment, especially in the more resistant membranes. The appearances in the speculum do not always give us a correct idea as to the size and form of the rupture. [Passow has laid great stress on this.—*D. G.*] *Dundas Grant.*

Hinsberg, V. (Breslau).—(1) *On the Significance of Conditions found during Mastoid Operations in regard to the Diagnosis of Labyrinthine Suppuration.* "Zeitsch. f. Ohrenheilk.," Bd. lii, Heft 1 and 2.

Along with a careful functional examination before the operation on the middle ear, there is required a careful examination of the wall of the labyrinth, especially the two windows, the promontory and the horizontal, semi-circular canal, when the middle ear is opened. Fistulæ in the fenestræ and the promontory indicate, almost invariably, a diffuse affection of the labyrinth, those in the horizontal canal sometimes a circumscribed one.

(2) *Indications for the Opening of a Suppurating Labyrinth.*

The operative opening of the internal ear is indicated when there are, at the same time, deafness and irritation, or suppressed phenomena, and convincing evidences of a diffuse disease of the labyrinth, revealed by the radical operation; when, along with a circumscribed affection of the semi-circular canal, there are evidences suggestive of an intra-cranial complication. It is, however, justifiable, in the absence of the latter, to pause after the radical middle-ear operation, and wait for the functional tests to indicate an extension of suppuration. In case of sequestrum formation, this should, if loose, be carefully extracted, but, if still fixed, should not be forced away, for fear of laceration of the carotid. The author leaves for the future to solve the question as to whether, in case of accidental laxation of the stapes, the labyrinth ought to be opened at once. The subsequent supervention of labyrinthine symptoms would, in any given case, settle the question. *Dundas Grant.*

Manasse (Strasburg).—*Chronic Progressive Labyrinthine Deafness.* "Zeitsch. f. Ohrenheilk.," Bd. lii, Heft 1 and 2.

The author examined thirty-one labyrinths from cases of so-called nervine deafness, and found atrophy of the nervous tissue, which was replaced by new connective tissue. The changes appeared to be greatest and earliest in the auditory rather than in the equilibrial part. He insists on the frequency with which nerve-deafness occurs without any disturbance of equilibrium. He quotes Wittmaack as labelling such cases as affections of the cochlear nerve rather than of the labyrinth as such, and considers it correct only if the term "cochlear nerve" includes the nerve trunk, the spiral ganglion, the finer ramifications of the nerve, and Corti's organ. Manasse found that out of fifty-two cases of chronic progressive deafness, twenty-one were of middle-ear and thirty-one of

"nerve" origin, the latter being, therefore, the more frequent. The paper is accompanied by a number of plates showing the morbid anatomy of the disease. *Dundas Grant.*

Terson (Toulouse) and **A. Terson** (Paris).—*Paralysis of the Sixth Nerve, Complicating Otitis.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," July, 1906.

At the outset the writers observe that, notwithstanding the gravity of diplopia in ear disease as a precursory symptom of meningitis or thrombophlebitis, oculo-motor paralysis does not always possess such serious significance, as the following case, amongst others quoted, testifies: A boy, aged seven, had suffered from left middle-ear otitis of influenzal origin for three weeks, perforation occurring on the fourth day. During the last eight days he had convergent strabismus of the left eye, with diplopia and functional weakness of the right rectus. In two months the paralysis recovered *pari passu* with the otitis. Mastoid symptoms had been absent. There was no ozœna. The teeth, nose, and face were normal. Treatment consisted in the administration of syrupus iodotannicus. Cases of other observers are then mentioned. Gervais noted two cases (in the practice of Tillaux) of internal strabismus and diplopia on the same side as otitis, which were ascribed to irritation of the meninges; in one case the ocular trouble disappeared the day after trephining, in the other some days subsequent to the opening of a subperiosteal abscess. Sutphen reported a case of caries of the petrous bone, secondary to an otitis of fifteen years' duration, where, shortly before death, there were total paralysis of the sixth nerve of the same side and double optic neuritis. Boerne Brettman published a case of paralysis of the right sixth nerve complicating tympanic suppuration of the same side, which ended in recovery. Keller observed a similar association in a child, aged seven, convalescent from measles. Styx, Schubert, Forselles, Hubermann, Brieger, and others are cited as having experienced like cases. As to the etiology of the complication the authors feel that the otitis is the prime source of the mischief, the symptomatology, clinical course, unilateral nature of the lesions all pointing to this. To explain the relationship between the otitis and paralysis two theories are invoked, the reflex and infectious. In connection with the former the following nervous communications between the oculo-motor and the auditory and other nerves are given:

The internal and external nuclei of the vestibular portion of the auditory are in relation with the nuclei of the sixth, third, and fourth nerves. Peripherally the sixth anastomoses with filaments of the carotid plexus and with the ophthalmic division of the fifth and with the third nerve.

These communications may afford an explanation of such oculomotor complications as strabismus, nystagmus, and blepharospasm, met with in aural diseases and operations.

The writers consider it improbable that true paralysis of the abducens complicating otitis ever arises in a reflex way, and believe the lesion to be the result of an infectious process which travels along the course of the carotid artery in its bony canal to the sixth nerve, which in the cavernous sinus bears a very close relation to that vessel. The venous efferents which pass from the tympanum to the plexus of veins surrounding the carotid artery viâ the carotico-tympanic canaliculi, together with lymphatics traversing a similar route, afford an easy means to facilitate such a process. *H. Clayton Fox.*