

as the mass was now felt to be movable the tube and forceps, with the foreign body, were all drawn upwards and removed together. A large quantity of blood-stained, purulent sputum was immediately expectorated. The patient's temperature rose to 103.2° F. the same evening, and numerous rhonchi and moist sounds were heard all over the left lung. These persisted for a few days. After the second day the temperature was normal, and at the end of a week the sputum ceased to be offensive. The foreign body consisted of a small piece of meat, held together by a strong band of fascia, and much decomposed.

Kaoules Renshaw.

ŒSOPHAGUS.

Scannell, D. D.—*Removal of Foreign Body from Œsophagus seven weeks after Lodgment, with aid of X-rays, without Operation.* "Boston Med. and Surg. Journ.," December 27, 1906.

The patient was a child, aged seven. The foreign body was the shuttle of a sewing-machine. There was comparative freedom from obstruction and no pain. Attempts were made to remove it with the aid of the fluoroscope, and a coin-catcher was twice passed. Finally, an adult-sized bristle probang was used, which pushed the body into the stomach. It was passed per rectum thirty-six hours later.

Macleod Yearsley.

EAR.

Takabatake (Japan).—*On the Occurrence and Absence of Crossed Paralysis and Disturbances of Speech in Otitic Suppurations of the Brain and Meninges.* "Arch. of Otol.," vol. xxxv, No. 5.

The author formulates the question as to whether the crossed paralysis and disturbances of speech observed in otitic intracranial suppurations are caused by the pressure exerted by the accumulations of pus in the neighbouring centres or tracts, or are the result of an affection of the cortical centres or of the tracts. Macewen and von Bergmann originally believed that the paralysis were due to the pressure of the abscess on the temporal lobe extending to the motor cortical centres. Sahli held that they could only be produced by an injury of the internal capsule, and Koerner agreed with this, attributing the condition to the extension of inflammatory œdema from the temporal lobe abscess to the internal capsule, which may take place before mechanical pressure is possible. A case is quoted of chronic left-sided otorrhœa, in which vertigo, fever, headache, etc., developed, but with clearness of the sensorium. A week later the temperature rose considerably, but the pulse only to a very slight extent, and a striking disturbance of speech set in so that the patient was unable to remember certain words or the names of objects held before her. Lumbar puncture evacuated clouded fluid with an increased quantity of leucocytes. Kernig's contracture became pro-

nounced, more on the left side, and clonic convulsions of the right hand occurred. Two days later the patient was completely aphasic, could not protrude the tongue, and, in addition, had moderate convulsions in the right hand and restless movements of the left leg. Moderate rigidity of the neck followed. Lumbar puncture revealed diplococci. After another day the right arm could not be moved; incontinence of urine followed; the pulse rose rapidly to 154, the respiration to 72, and death took place, there being, unfortunately, no autopsy. *Dundas Grant.*

Neumann, H. (Vienna).—*Simple and Radical Mastoid Operations under Local Anæsthesia.* "Arch. of Otol.," vol. xxxv, No. 4.

Abridged translation by Dr. M. J. Ballin, New York, from the *Zeitsch. f. Ohrenheilk.*, vol. li, No. 2, abstracted in the *JOURN. OF LARYNGOL., RHINOL., AND OTOL.*, for August, 1906.

Dundas Grant.

Wiener, Alfred (New York).—(1) *A Case of Brain Abscess following Traumatism and Acute Mastoiditis; Operation; Recovery.*

As a result of a blow on the head the patient suffered from hæmorrhage from the right ear and word-deafness. He was recovering when he had an attack of tonsillitis followed by acute otitis and mastoiditis. The mastoid was freely opened, and the dura, which was exposed, was over a limited area inflamed and granulating. The symptoms persisted and the dura was incised, pus escaping. This was found to issue from an abscess on the surface of the temporo-sphenoidal lobe.

(2) *A Case of Hysteria simulating Brain Abscess after Operation for Secondary Mastoiditis.*

The patient, a male, aged twenty-two, was the subject of three operations on the mastoid process. After the third one he had symptoms of mental disturbance, and a tendency to coma and collapse, suggesting cerebral hæmorrhage or latent cerebral abscess. The author considered the symptoms anomalous, and waited till next day, when the patient's mental condition became normal, confirming the impression that the condition was one of hysteria. Among other symptoms was slowness of pulse. This occurs in latent cerebral abscess, and has been noticed in the early stages of meningitis, in apoplexy, and in tumours of the cerebrum and medulla, but also in some neuroses, as hysteria, mania, and general paresis. *Dundas Grant.*

Keppler, Wilhelm (Bonn).—*The Treatment of Purulent Otitis by Coagulative Hyperæmia.* "Arch. of Otol.," vol. xxxv, No. 4.

In a series of acute cases recovery took place under this treatment with, in some instances, a small incision over the mastoid process. Paracentesis of the membrane was performed when required. In chronic cases the effects, though as a rule beneficial, were not so marked as in the acute, and the author considers it questionable whether we should advise further trials of the procedure in chronic cases. *Dundas Grant.*

Koerner, O. (Rostock).—*The Nature of Oto-sclerosis in the Light of Heredity.* "Arch. of Otol.," vol. xxxv, No. 5.

Koener, along with Hammerschlag, has found from the examination of family trees that oto-sclerosis is undoubtedly hereditary, and even when it appears not to be so it is on account of the skipping of a generation. In forty-three cases there were only seven in which heredity was apparently absent; in seventeen the affection was in the second generation, in twelve in the third, and in seven in the fourth; the inheritance from the father extended to the son five times, and to the daughter five times, while from the mother it extended to the son and daughter nine times each; from father and mother to son twice, and from father and mother to daughter five times. In the light of the laws of biological heredity it is supposed that diseases cannot be inherited, and oto-sclerosis is, therefore, to be looked upon less as a disease than as an abnormal post-embryonal development. There is no evidence of its being syphilitic. The inference as regards prophylaxis is that we should advise persons suffering from oto-sclerosis not to marry, this advice being the more important in the female descendants of one suffering from oto-sclerosis who are not deaf, because every pregnancy is apt to excite the latent determinant into action. [This view was advocated by Dr. Milligan before the Otological Society.]

Dundas Grant.

Hoelscher (Ulm).—*Report of Four Fatal Cases after Purulent Otitis.* "Arch. of Otol.," vol. xxxv, No. 4.

In one there was extra-dural abscess, which in turn produced disease in the temporal lobe. In the second, purulent lepto-meningitis with internal hydrocephalus. In the third, thrombo-phlebitis of the sigmoid sinus and beginning meningitis over the temporal lobe, death resulting from heart failure from septic pyæmia. In the fourth, death occurred from a septic-pyæmia, possibly originating from a middle-ear suppuration: no paracentesis had been performed: there was tenderness of all the joints and swelling and reddening of the dorsum of the feet; there was a thrombus in the left lateral sinus extending into the jugular foramen, yellowish pus, necrosed dura and roughened bone at the point of contact.

Dundas Grant.

Freidmann, C.—*On Objective Tinnitus.* "Arch. of Otol.," vol. xxxv, No. 4.

A rhythmic uniform noise of a crepitant character of the frequency of 100-120 per minute was heard at a short distance from either ear of a child. The diagnosis was made of chronic spasm of the tensor palati muscle on both sides. A case of Brieger's is quoted in which "a manometric variation was observed in the external auditory canal simultaneous with the noise, and a fluid reflex could be observed in the tubal opening of the pharynx." The noise was arrested for a short time after division of the tendon of the tensor tympani, and then was louder than ever, and distinct spasms of the soft palate could be observed. The noise is probably always due to the tensor palati, and sometimes to the tensor tympani in addition. In these cases a peculiar intermittence of the symptoms has been noted; in some they could be voluntarily influenced by the patient,

though in no case was it possible to permanently arrest the noise; moreover, it seems possible for healthy persons to produce a similar noise. In most of the cases the patients have been nervous after general illness or disease of the ear. The treatment should be that for nervousness and hysteria.

Dundas Grant.

Boenninghaus (Breslau).—*A Case of Bilateral Cerebral Disturbance of Hearing with Aphasia.* "Arch. of Otol.," vol. xxxv, No. 6.

The patient, aged forty-five, was suddenly taken ill with a peculiar sensation in his body as if the ground were swaying; he was then totally deaf and did not perceive even the loudest sound. In addition he had lost the power of speech and was evidently the subject of apoplexy of the hearing and speech centres. The hearing began to improve after two months. The tone series then was not heard on the right side below B, but up to a' on the left; the upper part was heard by both ears without any defects; bone conduction was lost. He had no understanding for music, but the intellect was well preserved. The difficulty in the case was to account for total deafness lasting two months in both ears after an apoplexy in the left temporal lobe. The explanation was, however, that five years previously he had suffered from a stroke of apoplexy, when the left half of the body was completely paralysed for two hours; there was, therefore, focal disease of both temporal lobes and of both auditory tracts.

Dundas Grant.

Vail, D. G. (Cincinnati).—*Herpes Zoster Auris.* "Boston Med. and Surg. Journ.," January 10, 1907.

The pain which occurred in this case is described as "terrific." The herpes occurred over the mastoid region.

Macleod Yearsley.

Rawling, L. B.—*A Case of Cerebellar Abscess; Evacuation; Recovery.* "Brit. Med. Journ.," March 9, 1907.

The patient, a male, aged twenty-one, admitted to hospital with a history of purulent discharge from the left middle ear of four months' duration. The main symptoms were marked optic neuritis, slow pulse, mental lethargy, and marked leucocytosis of 20,000. The temporosphenoidal lobe was explored with negative results. A few days after the cerebellum was explored, and an abscess containing 1 oz. of greenish pus evacuated.

During the operation the patient three times stopped breathing, and artificial respiration had to be resorted to. A complete recovery ensued.

W. Milligan.

Lermoyez, M.—*Noises in the Ear and Dechlorization.* "La Presse Otolaryngologique Belge," July, 1906.

Basing his remarks upon a case of entotic tinnitus due to muscular spasm, in an old man, which he cured by this method, the author advises the restriction of the amount of chloride of sodium taken with the food in such cases. He considers that this substance acts as a veritable poison in provoking muscular spasm.

Chichele Nourse.