

**E.A.R.**

**Braislin, W. C.**—Further Remarks on the Use of Nitrate of Silver applied within the Mouth of the Eustachian Tube for the Relief of Tinnitus. "Annals of Otology," vol. xxiii, p. 402.

The author uses a double, twisted strand of silver wire and gives minute directions for the preparation of the cotton tip. The silver nitrate is used in a solution of 4 per cent. *Macleod Yearsley.*

**Kopetzky, S.**—Latent Mastoiditis complicated by Toxic and Irritative Cerebral Symptoms, accompanied by Blindness and a Streptococæmia caused by Trauma; Operation; Recovery. "Annals of Otology," vol. xxiii, p. 391.

Woman, aged twenty-seven. Acute left otitis a year previously. Illness originated in a slight blow over the left supra-orbital region three weeks before admission. The history is indicated by the title of the paper, and the interesting points about the case are: The insignificant incident which started the train of symptoms; the symptom of brain abscess; the interference with the association fibres, causing suspicions of an abscess in the frontal lobe; then, later, in the silent area of the temporo-sphenoidal lobe; positive blood culture—*Streptococcus mucosus*; blindness, with left ptosis; late involvement of the middle ear (four days after exploring the frontal lobe); and the remarkable recovery from all the symptoms.

*Macleod Yearsley.*

**Lutz, S. H.**—How the Patient can help himself in Cases of Chronic Catarrhal Otitis Media. "Annals of Otology," xxiii, 377.

Pleads for a wider survey of the patient's body than the otologist is sometimes inclined to give, especially as regards circulation and digestion. "The otologist who does all his work with a Politzer bag, catheter or other instruments, frequently finds his patients missing when he needs them most." Attention is drawn to the ill-drained nose in the causation of chronic middle-ear catarrh and the writer warns against violent nose-blowing.

*Macleod Yearsley.*

**Stewart, M. J.**—On the Cellular Reactions induced by Local Deposits of Cholesterin. "Journ. of Path. and Bact.," January, 1915.

An important contribution to the pathogenesis of cholesteatomatous changes in various situations, including the middle ear.

It is shown that cholesterin is a normal constituent of all cell tissues associated with lecithin, and that local deposits are due to tissue necrosis under conditions unfavourable to its escape. That the deposit of cholesterin in living cells is due to giant cell influence, and that giant cells are formed by fusion of endothelial cells. Further, that cholesterin itself is a potent stimulant.

[These are important points, since they throw much light upon the existence of cholesteatomata in deeply-situated regions, where epidermal elements do not occur, as, for instance, in the antro-pneumatic spaces and the cranial cavity. Abstractor has already shown in the "Pathogeny of Cholesteatomata,"<sup>1</sup> their probable origin from tympanic epithelium, but the difficulty was to explain their presence in the adjacent pneumatic spaces, which are lined with endothelium—a mesoblastic element. This paper

<sup>1</sup> "Pathogeny of Cholesteatomata," *Proc. Roy. Soc. Med., Otol. Section*, July, 1910.

shows that endothelial elements may be the sources of cholesterol, and that giant cells were specially responsible. The abstractor agrees that this is probable in view of the striking metaplastic evidence in granulo-matous material from the middle ear, and in the tonsils, and it adds further support to the view that endothelium as well as epithelium may be a source of cholesteatoma. It is difficult, however, to accept the view that giant cells are essential, since most of the cholesteatomata of ear and tonsil are not the seat of granulomata, and further, that giant cells are often present when cholesteatomata are not.]

*Wyatt Wingrave.*

### MISCELLANEOUS.

**Stoll, H. F., and Heublein, A. C.**—Tuberculosis of the Bronchial Glands and Lung Hilus: A Clinical and Radiographic Study. "Amer. Journ. Med. Sci.," September, 1914.

Prior to the fifteenth year, tuberculosis of the bronchial glands and lung hilus is the most common form of tuberculous disease. Early symptoms are usually indefinite and chiefly of toxic origin. Significant signs are a so-called "hilus dimple," dilated veins, parasternal and pre-vertebral dullness, and, most important of all, a well-marked whispered bronchophony in the interseapular region (d'Espine's sign).

Radiography, and especially stereo-radiography, is of the utmost value in these cases, as it shows the exact location and extent of the morbid process.

Infants with tuberculosis of the bronchial glands are prone to attacks of dyspnoea, in which the stridor is chiefly or wholly expiratory in character, thus differing from thymic asthma, in which the dyspnoea is inspiratory. As the disease progresses, the dyspnoea affects both inspiration and expiration. In a number of instances the condition has been mistaken for one of laryngeal diphtheria, and intubation has been performed, in spite of the persistence of the voice which should render this mistake impossible.

*Thomas Guthrie.*

**Stein, Prof. von (Moscow).**—Observations on the Treatment of Cancer and Sarcoma by means of Pyraloxin, etc. "Zeitschrift für Laryngologie," Band vi, Heft 6.

Prof. von Stein comes to the following conclusions: Pyraloxin is not poisonous, even if used for a long time. It can apparently cure cancer in the early stages. It localises the growth especially if used in combination with calcium salts. A case of lympho-sarcoma was beneficially treated with pyraloxin. Pyraloxin and nakasilik should be given before operation in all cases of cancer and sarcoma. Even in hopeless cases the fatal result is more or less delayed by treatment with pyraloxin and nakasilik.

*J. S. Fraser.*

### REVIEW.

*The Tonsils.* By HARRY A. BARNES, M.D., Instructor in Laryngology, Harvard Medical School, etc. London: Henry Kimpton. Price 12s. 6d. net.

It is the purpose of this book to focus our present knowledge of the tonsil, and it does it, on the whole, in an admirable manner and at