

At the same time the swelling invaded the auricle, the cheek, and the left eyelids, with an erysipelatous blush.

On the evening of the twenty-first day, when first seen by the author, the patient's condition was very grave. There was high fever (105.2° F.) and a rapid feeble pulse. She complained of severe pain over the whole of the left side of the head and great tenderness. The mastoid region was œdematous and slightly red; the site of the antrum and the tip of the mastoid were particularly tender, and below the mastoid process pressure was unbearable. This region was infiltrated and the neck almost fixed. The auditory canal was full of pus. As an operation was impossible on the spot, the patient was removed about twelve miles to the hospital, where an operation was immediately performed. The antrum, which contained a little pus, was first opened; the affected cells were then followed down and the whole tip of the mastoid process removed to the digastric groove, where a perforation was found in the bone, and a purulent focus going as far as the sheath of the facial. The whole of the cortex was removed, but the sinus remained covered by a layer of healthy bone. The radical operation was then completed by exposing the antrum, aditus, and attic. The next day the symptoms continued, and the wound was found quite dry. The lateral sinus was explored and found to be healthy. The almost desperate condition of the patient was, therefore, due to the erysipelas, which was extending. Two cubic centimetres of 1 per cent. solution of collargol were then injected into a vein at the bend of the elbow, after which vomiting ceased. This injection was repeated daily for four days. During that time the erysipelas continued to spread until nearly the whole head was involved, and two abscesses formed and were opened. The temperature, however, gradually fell, the patient's condition improved, and the wound took on a healthy action. On the fifth day after the operation everything was satisfactory, and from this date progress was uninterrupted.

The author considers that the cause of the otitis, which followed influenza, was infection from the lacrymal passages; and that the paracentesis, performed without antiseptic precautions, was responsible for the erysipelas.

Chicèle Nourse.

THERAPEUTICS.

Urbantschitsch (Vienna).—*The Action of Thigenol in Ear Disease.*
"Monatschrift f. Ohrenheilkunde," November, 1903.

Thigenol is an excellent remedy in the treatment of chronic middle-ear suppuration. The suppuration quickly subsides even in cases which have resisted treatment with silver nitrate, hydrogen peroxide and salicylic alcohol.

The results obtained by using this remedy in acute inflammations of the middle ear in which there was no perforation, were surprisingly good. The astringent and absorbent action of thigenol produced an alleviation of the symptoms (pain, etc.), and lessened the severity of the disease so much that in some cases paracentesis was not necessary. Instillations of thigenol in diffuse inflammations of the external auditory meatus were followed by cure in a comparatively short time. It is an excellent remedy for eczema of the auricle and for pruritus.

A. Westerman.