

Schein.—*Tetany and Lactation.* “Wiener Med. Woch.,” 1895, No. 12.

THE author observed that sometimes tetany and myxœdema arise during lactation ; he, therefore, believes that the product of the thyroid gland is secreted by milk, and that it will be of great advantage to use large doses of milk in cases of myxœdema and tetany. *Michael.*

Stokes, Sir William.—*Case of a Large Cystic Bronchocele necessitating Complete Removal of the Thyroid Gland.* “Lancet,” Jan. 4, 1896.

A WOMAN aged thirty-three had had a large tumour in the neck as long as she could remember. Latterly it had greatly increased. On two occasions it had been tapped. Tumour extended from the chin to the sternum in the middle line, laterally to points well behind the posterior margins of the sterno-mastoids, downwards behind the sternum. The chin rested in a sulcus on the upper margin of the tumour. There had been some difficulty in swallowing. Removed under chloroform ; the trachea was left bare, and a large cavity behind the upper margin of the sternum, in which the transverse arch of the aorta could easily be seen. Recovery. As the removal of the thyroid gland was apparently a complete one, thyroid extract in small quantities daily was ordered. Nine months afterwards her condition was quite satisfactory. *StClair Thomson.*

E A R S .

Clemens, Brentano.—*Treatment of Suppuration of the Atticus Tympanicus.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

IN cases of attic disease in which careful probing gives no evidence of the presence of necrosis, the author advocates antiseptic syringing with Hartmann’s attic syringe, and relates four successful cases. In order to avoid vertigo, and to thoroughly wash out the attic, the point of the canula should be directed laterally and not towards the tegmen. *Ernest Waggett.*

Connal, James Galbraith.—*Necrosis of the Labyrinth, with Report of a Case* “Glasgow Med. Journ.,” Sept., 1895.

IN this interesting paper the author reports fully a case under his own observation, in which one turn and a half of the cochlea, comprising the apex coil and a part of the central coil, was exfoliated. The patient was a man twenty-nine years old, a packing-box maker. Since an attack of measles, at the age of four, there had been discharge from the left ear. An acute inflammation in this ear occurred at the age of twenty-seven, when, from the symptoms, it is probable that the labyrinth was involved for the first time. Besides pain, etc., there were giddiness, sickness and vomiting, and temporary loss of consciousness. A fresh acute attack occurred about a fortnight before the patient came under observation, lasting till the sequestrum was removed. There was no facial paralysis. Testing the hearing power three months later, it appeared probable that the left ear did not hear. Quiet sounds—*e.g.*, watch—were not heard, and loud sounds were probably heard by the right ear. When last seen the urgent symptoms had entirely disappeared, and the discharge, amounting to only a slight moisture in the canal, was perfectly sweet. In connection with this case the author has collected and tabulated seventeen cases which have occurred since the publication of Bezold’s paper in 1886. *A. J. Hutchison.*

Dalby, Sir Wm.—*Hysterical (so-called) and Functional Deafness.* “Brit. Med. Journ.,” March 16, 1895.

THE author narrates a case of so-called hysterical deafness in which he convinced himself by the demeanour of the patient (a young lady), and the accurate modulation of her voice, that hearing was really present. Cure followed spontaneously and suddenly. Such a condition cannot be termed hysterical, as volition does not enter into the question, for the patient cannot help hearing. Though cases of true functional deafness do occur under violent emotional influence, etc., yet this case (and perhaps that of Dr. Ransom, v.s.) is really a mental one, the patient straining perpetually to avoid evincing any perception of sound.

Ernest Waggett.

Deanesley, Edward.—*A Case of Aural Pyæmia without Sinus Thrombosis, treated by Ligature of Internal Jugular and Plugging of Lateral Sinus.* “Brit. Med. Journ.,” April 13, 1895.

AN interesting case illustrating the occurrence of pyæmia without thrombosis of sinus, and also the advisability of not burying the jugular vein at the seat of ligation.

Ernest Waggett.

Green, J. O.—*Exploration of the Lateral Sinus.* “Boston Med. and Surg. Journ.,” Nov. 21, 1895.

THREE cases are reported in which the sinus was explored. Vomiting was present in one case, and the other two had each a rigor. The sinus was healthy in all, and all recovered.

R. Lake.

Harris, T. J.—*Tinnitus Aurium.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

AN analysis of 321 cases, with treatment and results. A case is reported of severe long-standing tinnitus due to administration of quinine in large doses, which, after giving no response to drugs or local treatment during four months, yielded to the application—by electrical cataphoresis—of cocaine to the dilated vessels of the middle and internal ear.

Ernest Waggett.

Jones, Lewis (London).—*The Electrical Treatment of Tinnitus Aurium.* “Arch. of Otol.,” Vol. XXIV., Nos. 3 and 4.

THE current is applied to the auditory nerve by means of a bifurcated or divided electrode, the extremities of which are placed in front of the tragus and kept there by means of an elastic band or spring, the parts in contact with the skin being not less than two centimètres in diameter. The opposite pole is attached to a moistened pad placed on the back of the neck. It is necessary to employ a galvanometer and a rheostat, and the current should be so directed that the anodal pole is connected with the aural electrode. The current is slowly and steadily raised to five milliamperes, and still gradually to eight or ten, each ear receiving half the current. In favourable cases the noise is diminished during the passage of the anodal current, but care must be taken not to reduce the current too quickly at the end of the treatment. From the effect produced by the first sitting the results of continued treatment may be fairly judged of. In progressive sclerosis the prospects of cure by electricity are not very favourable.

Dundas Grant.

Nash, Gifford (Bedford).—*Two Cases of Septicæmia due to Middle Ear Disease. Operation; Recovery.* “Lancet,” Aug. 3, 1895.

THE first case was that of a boy, aged twelve, who had suffered from otorrhœa for five years. A blow on the ear with the flat hand was followed by headache,

vomiting, photophobia, fever, and delirium. The mastoid was trephined, and cleared out with the gouge; no pus was found, and the exposed dura mater appeared healthy. Septic pleuro-pneumonia supervened, and the condition of the patient for some time was very critical. The lateral sinus was examined, but proved healthy. The patient slowly recovered. Three months after the attack there was no discharge from the ear, and the watch was heard at twelve inches (the previous condition of the hearing is not mentioned). The author does not claim that the operative proceedings had anything to do with the patient's recovery, but raises the question as to whether it would not have been better to ligature the internal jugular, notwithstanding the condition of the lateral sinus.

The second case is one of a boy, aged fifteen, with otorrhœa of two years' standing. Following an attack of earache, due to cold, there was headache, drowsiness, photophobia, increased deafness, foul discharge from the ear, and a rise of temperature to 103.6°; the right side of the face was puffy, and there was tenderness over the mastoid and large vessels in the neck. The trephine was applied above and behind the meatus, and the middle fossa opened but found healthy; the mastoid antrum was then exposed and cleared out, two drams of foul pus being evacuated. The wall of the lateral sinus was discoloured and thickened. Twenty-four hours after the operation, the temperature having risen to 104°, with a rigor, the internal jugular was tied and divided at the level of the cricoid cartilage, the mastoid wound reopened, and a clot removed from the lateral sinus. In fourteen days, as the head symptoms had returned, accompanied by vomiting, the wound was again reopened, and two drams of pus evacuated from the lateral sinus; this was followed by swelling of the neck, which was incised, some foul pus being evacuated. The patient then made a fair recovery.

St. George Reid.

Nichols, J. E. H.—*An Analysis and Notes of 824 Ear Cases in the Year 1894.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

THE paper deals with the methods of treatment employed and results obtained. A case of labyrinthine hæmorrhage is reported in which hearing was restored to normal during a course of potassium iodide. Daily dry swabbing, carried out by the patient, is employed in chronic otorrhœa.

Ernest Waggett.

Ransom, W. B.—*Hysterical or Functional Disease.* "Brit. Med. Journ.," May 4, 1895.

A LETTER in answer to Dalby's, pointing out that sensory disturbances may be associated with evident hysterical paralysis. Both are due to suspension of function of mechanism lower than the psychological centres, and sometimes are forerunners of actual organic change.

Ernest Waggett.

Ransom, W. B.—*A Case of Functional Deaf-mutism.* "Brit. Med. Journ.," March 2, 1895.

A DETAILED account of such a condition, associated with loss of palate reflex, occurring suddenly without obvious cause, in a man of nineteen not presenting hysterical stigmata. Immediate cure by Faradaic shock to larynx, after five weeks of inability to utter even inarticulate sounds, and apparent auditory insensibility to startling noises applied as tests.

Ernest Waggett.

Trafford, Mitchell.—*Fracture of Base of Skull—Recovery.* "Glasgow Med. Journ.," Oct., 1895.

THIS resulted from a fall. Insensible at first; regained consciousness in about ten minutes, when distressing vomiting at once set in and continued for more than

an hour. Blood flowed freely from the right ear; the discharge became more watery, then perfectly limpid, and lasted for a week. Deafness of right ear at first marked, now scarcely perceptible. Facial paralysis from the beginning; has not improved at all. Sensation in face not impaired. *A. J. Hutchison.*

REVIEWS.

Gerber, P. H.—*Die Syphilis der Nase und des Halses.* ("Syphilis of the Nose and Throat.") Berlin: S. Karger. 1895.

DR. GERBER is peculiarly qualified to write the above monograph. His "Poliklinik" in Königsberg is not only for throat diseases, but also for venereal affections and diseases of the skin, and he has already made some valuable contributions to our knowledge of syphilitic affections of the upper air passages.

In the present work the author describes in detail the many manifestations of the syphilitic poison met with in the nose, pharynx, and larynx, and reports many illustrative cases of great interest. One must not look for much that is new in such a monograph, after all the work that has been done in this department by Lewin, Schuster, Seifert, and many others. Still it is of value to get the views of one with so large a clinical experience as the present author, especially on points regarding which there is still some difference of opinion.

Dr. Gerber, we observe, does not believe that a syphilitic catarrh of the nose or throat can be diagnosed as such without the help of other evidences of the disease; and even the well-known angina syphilitica, "though presenting a very characteristic appearance, cannot be said to be found only in specific disease." Of the other lesions the same is true—the plaque, the gumma, the ulcer, all require other evidence to establish their specific character, though the plaque he admits to be extremely characteristic in appearance. That the mucous patch may appear on the nasal mucous membrane and in the larynx he regards as beyond doubt, though its occurrence in the former situation is extremely rare.

In discussing syphilis of the accessory cavities the author breaks almost new ground. He records three cases of antral abscess due to syphilitic disease. In all of them there was dead bone in the middle turbinate, with polypoid growths.

Special attention is called to cases of tertiary ulceration confined to the naso-pharynx, and therefore liable to be overlooked. These have been christened by Dr. Hopmann "syphilis tertiaria occulta cavi pharyngonasalis," and are by no means rare.

Dr. Gerber still holds strongly the opinion that many of the cases of so-called simple ozæna developing at puberty are really due to an atrophic process following on the coryza neonatorum of congenital syphilis. In this we do not think he will find many to support him, the general view being rather on the side of Moldenhauer, who says "dass