amount of mental anxiety, with, in certain cases, a fatal result. In the *post-mortem* of one case a careful dissection of the neck showed that there had been no damage to any of the main nerves. The remaining lobe of the thyroid gland was found to be extremely diseased—in fact, similar to the part removed. The trachea showed signs of compression; it contained no blood, secretions, or other obstruction internally. The other organs were normal. The pathology is discussed, and the author concludes that none of the important researches quoted offer any fundamental objection to the following propositions:—(1) That the symptoms described are similar to those of exophthalmic goître; (2) that they are due, as in that complaint, to the absorption by the lymphatics into the circulation of a perverted secretion of the thyroid—not to the absence of normal thyroid; and (3) that in the cases where these symptoms have been most frequently seen after thyroidectomy—namely, after operation for exophthalmic goître—it is due to squeezing out some secretion while handling the tumour; and that in the cases described it entered by the cyst being ruptured into the wound. Hence, the surgeon should take as much care in preventing the contents of the thyroid cyst from entering a wound as he does in dealing with a fluid tumour of the abdomen. Should the symptoms arise, the author suggests that the hypodermic injection of morphia seems to promise the best results. *StClair Thomson.*

Syms, Parker.—*Cyst of the Thyroid.* "Proceedings of the Soc. Alumni, Bellevue Hospital," May 5, 1897; "New York Med. Journ.," Sept. 11, 1897.

THE patient, a man of sixty, had had good health and a good family history. He first noticed the swelling twenty years ago, and complained of interference with his breathing. The cyst was completely enucleated, and owing to the shortness of patient's neck a long incision had to be made—viz., five inches—extending up from the suprasternal notch. From the upper end of this cut a second incision, three inches long, was made at right angles to the first. The gland structure was then incised, exposing the wall of the cyst; the latter was enucleated without removing any of the gland tissue. Hæmorrhage slight, chiefly venous, and easily controlled. The specimen was of oblong form, with a thin wall, and measured five and a half inches in its long diameter, and three and a half inches in its short diameter.

Sandford.

EAR.

Andérodias.—*Double Syphilitic Labyrinthitis.* "Arch. Intern. de Lar., Otol., et Rhinol.," Sept. and Oct., 1897.

THE case of a man of thirty-seven, who had suffered with middle ear suppuration from childhood. Ten weeks after the development of a Hunterian chancre, which was followed by ordinary secondary phenomena, the hearing, which had previously been acute on the right side, was suddenly lost. Vomiting occurred during six days; vertigo was absent. On examination the right membrana tympani was found retracted, and mucus was present in the Eustachian tube. A whitish, well-defined plaque was seen on the membrane, and another on the meatal wall. Hearing was very much impaired, and bone conduction was almost completely absent, Rinné being markedly positive. On the left side a large polyp projected through a perforation, a lesion independent of the recent trouble. Bone conduction was considerably better than on the right side, but Rinné was nevertheless positive. Mercurial frictions were ordered, and four grammes of potassium iodide daily. In eight days the cure of the deafness was almost complete.

At the end of seven weeks the hearing apparatus was completely restored, both in appearance and function, to the conditions existing before the attack, with the exception of some remnants of the plaques on the right side. The tuning fork now showed Rinné to be negative on both sides. *Ernest Waggett.*

Barr, Thomas, M.D., and **Nicoll, J. H., M.B.**—*A Case of Malignant Tumour of the Brain originating in the Middle Ear. Symptoms simulating Temporo-Sphenoidal Abscess; Opening of Mastoid Antrum and Cranium; Partial Removal of Tumour; Cessation of Respiration under Chloroform; Tracheotomy; Death Two and a Half Months after Operation.* "Brit. Med. Journ.," Oct. 16, 1897.

THE patient, a boy, aged twelve and a half years, was brought to the author, complaining of severe pain in the right ear. This pain had existed intermittently for three months; most intense at night, and returning without any special cause. There had been a slight discharge from the ear. The hearing power was markedly affected. There was no œdema of the tissues round the ear, and no enlarged lymphatic glands. In the external meatus a mass resembling a polypus was to be seen, exquisitely painful to the touch of a probe, and more vascular than the ordinary aural polypus. It appeared to spring from the walls of the tympanum. The growth was removed with a snare, its base touched with chromic acid, and a dilute spirit lotion ordered.

Four months later he was brought again to the author, the growth now being found to protrude from the meatus. It was again removed with the snare, cauterized, and treated antiseptically. Later on he again returned with a recurrence of the growth. On this occasion an extensive mastoid operation was performed and the growth cleared out as completely as possible. During all those months pain in the ear and in the head had been frequently present. The discharge from the ear had also continued. Shortly afterwards grave symptoms came on—persistent vomiting for several days, increased headache, subnormal temperature and pulse, great drowsiness, stupor, ocular paralysis, and optic neuritis, pointing, as was thought, to temporo-sphenoidal abscess. The operation of exploring for temporo-sphenoidal abscess was undertaken by Dr. Nicoll. The operation had, however, lasted only about ten minutes when the patient's respiration gradually became shallow and finally ceased, the pulse, however, remaining perfectly good. Artificial respiration was begun, and subsequently the trachea was opened. So long as artificial respiration was kept up the pulse and colour remained good, but on stopping the artificial respiration from time to time there was not the faintest attempt at spontaneous breathing. It was decided to open the skull at all hazards. This was accordingly done during the performance of artificial respiration, and the temporo-sphenoidal lobe was explored, but no pus was found. At a short distance, however, under the cortex a hardish mass was detected, and upon being exposed a firmish grey mass of tissue was found. With a small elevator portions of this growth were removed. After evacuating the larger portion of the then intracranial growth it became clear that the tumour sprang from the widely permeated petrous bone. All attempts to remove more growth were then abandoned, and the parts were packed with an aseptic dressing. For a time the symptoms were relieved, but soon returned in severity. At the end of a fortnight optic neuritis occurred in the left eye, rapidly followed by atrophy and blindness. On two separate occasions portions of a hernia cerebri were sliced off. Death subsequently ensued from gradually deepening coma.

On *post-mortem* examination the growth was found to be of firm texture and attached chiefly to the floor of the middle fossa, but was considered by the author to have originally sprung from the cavity of the middle ear; the clinical history

also showing that the extension upwards into the middle cranial fossa was probably a much later event, and followed also by more rapid progress. The microscopic examination showed the growth either to be a soft and cellular carcinoma or a sarcoma of the so-called "alveolar" type. The author regarded it as more probably of sarcomatous origin, partly on account of the patient's age, and partly on account of the clinical history of the case. *W. Milligan.*

Bronner, Adolph.—*Cholesteatoma of the Attic of Twenty Years' Duration simulating Disease of the Mastoid Process.* "Lancet," Oct. 23, 1897.

THE interesting features of this case seem to be (1) that the attic had been affected for twenty years, and the disease had not spread into the mastoid antrum or cerebral cavity; (2) that disease of the attic should have caused such extensive and repeated attacks of periostitis of the mastoid process; (3) that the cholesteatoma should have formed in the attic, and not in the mastoid cells, as is generally the case; and (4) that the wound was kept open and allowed to heal up from below by granulation, as suggested by McEwen and Victor Horsley. The method generally adopted is to try to keep a large permanent opening above or behind the ear. *StClair Thomson.*

Eagleton, W. P. (Newark, N. J.).—*Ear Complications of Influenza.* "Med. and Surg. Reporter," Oct. 30, 1897.

THE author calls attention to the aural complications attending epidemics of influenza, pointing out that not only does it light up old or dormant ear mischief, but also seriously affects previously normal ears. How far this is absolutely due to invasion by Pfeiffer's bacillus he is doubtful, but in the cases of catarrhal otitis so frequently complicating influenza he considers two or three conditions as distinctive. Firstly, three distinct forms of otitis with hæmorrhage into the membrana tympani; secondly, primary mastoiditis or periostitis before the involvement of the middle ear, probably due to direct invasion by the bacillus; thirdly, rapid caries and necrosis of ossicles or mastoid. He considers that the presence of the influenza bacillus exercises a very unfavourable influence on the bony structures of the ear, often converting apparently simple cases of acute suppurative otitis into very malignant ones, with rapid destruction of bone, and this without marked symptoms. He advocates early paracentesis in these cases, and avoidance of delay in opening the mastoid should it show signs of becoming involved. *StGeorge Reid.*

Hoover, Pierce F.—*Otitis Media Suppurativa Acuta from Swallowing a Pin.* "New York Med. Journ.," Oct. 30, 1897.

THIS was a very interesting case, where a child of two years suffered from a discharge from left ear for four days, with severe pain, which was relieved somewhat after appearance of discharge. It was ascertained that two months previous the child had swallowed a pin. Emetics were then given with the object of dislodging the offending body, and as no other symptoms save a sore throat followed it was assumed the pin had come away and been overlooked in the vomit. After careful inspection of the ear the author succeeded in extracting the pin, *point* first. It was about a quarter of an inch long. He believes that the pin was forced into the Eustachian tube by the vomiting, and then worked its way into the tympanum, from which it was removed. The child was seen three months later, and the ear trouble had completely disappeared. *Sandford.*

Lane, W. Arbuthnot.—*Antrectomy as a Treatment for Chronic Purulent Otitis Media.* "Clin. Journ.," Oct. 13, 1897.

ANTRECTOMY means the complete obliteration of the antrum, and is only a carrying out of the principle of Schwartze's operation. Some important points

regarding the antrum are not properly understood. (1) The antrum has no anatomical or physiological relation with the mastoid or its cells, but is part of the middle ear; (2) its chief, if not sole, function is to secrete mucus to moisten the middle ear; (3) only in a small number of cases does the mastoid contain large spaces or cells, and the presence of dense bone is not, as often supposed, the result of chronic inflammation; (4) the healthy antrum may become continuous with the mastoid cells, by the latter in their development encroaching on the former, or a diseased and distended antrum may encroach on the mastoid cells; (5) the chief function of the membrana tympani is to prevent evaporation of the secretions of the middle ear and antrum.

Mr. Lane's method is to open antrum with mallet and gouge, scrape with sharp spoon, remove overhanging bone so as to make inner wall of antrum the apex of a broad-based cone. This cavity is plugged with gauze till the skin forms a dimple over the obliterated inner wall. If middle ear is much diseased its contents are cleared out, and the communication with the antrum enlarged by removing portions of its outer boundary. In skilful hands the operation has no risk, and "restores almost perfect hearing." The author has never injured the facial nerve. *Middlemass Hunt.*

Richardson, W. L., and **Walton, G. L.** (Massachusetts).—*Case of Temporo-Sphenoidal Tumour, presenting Symptoms suggestive of Abscess.* "Boston Med. and Surg. Journ.," Aug. 19, 1897.

CASE of small-celled glioma of the brain, originating from the two first temporal convolutions of the right side, which, in its early stages, gave rise to symptoms resembling those of abscess consequent on otitis media—the patient having suffered for many years with pain and discharge from the right ear. *StGeorge Reid.*

Tousey, Sinclair. — *Thiosinamine: its Use in the Treatment of Keloid "Inoperable Tumours" and Cicatricial Conditions, including Deafness.* "New York Med. Journ.," Nov. 6, 1897.

THIS drug, derived from oil of mustard, and of the same chemical group as urea (urea = CO, NH_2, NH_2; thiosinamine = CS, NHC_3 H_5, NH_2), is reported by the writer to be of undoubted value in keloid and other cicatricial conditions. It will be remembered as first spoken of in connection with tuberculosis, on which, however, it was found to have no curative influence. It is said to produce softening of cicatricial growths, and at first to cause disintegration of the white blood cells, which is followed by a leucocytosis, persisting for forty-eight hours. In keloid the author has employed it with success, and in deafness due to a cicatricial condition of the tympanum he records very favourable results from its internal administration, combined with inflation. He recommends a hypodermic solution of ten parts of thiosinamine in one hundred parts of a sterilized mixture of water and glycerine, and he injects twelve or fifteen minims into triceps or glutei every three days. Others give the drug in three-grain doses. *Sandford.*

Woodward, John F.—*Intracranial Complication following Acute Suppurative Inflammation of Middle Ear, with a Case.* "New York Med. Journ.," Oct. 9, 1897.

THE patient, a healthy and robust man of forty years, got an attack of acute suppurative otitis media. The drumhead ruptured, and a free discharge took place. After a few days symptoms of acute lepto-meningitis set in, and the patient died on the seventh day from the beginning of the illness. A few days previous to the man's death an operation was performed, and the mastoid sinus exposed and found healthy, while the floor of tympanum was denuded of its mucous lining. A *post-mortem* was not found practicable. *Sandford.*