to an air pressure even in excess of that normally found in the trachea on phonation, inasmuch as an extra effort is required with an impaired organ. Further, the resisting powers of the tissues are reduced by the syphilitic infiltration.

Ernest Waggett.

Schmiegelow.—*Cancer du Larynx. Diagnostic et Traitement.* "Ann. des Mal. de l'Oreille," etc., April, 1897.

THIS very important paper, occupying seventy pages of the journal, and indicating the present position of the subject of intrinsic cancer with respect to diagnosis and treatment, can only be appreciated by perusal in the original. Besides the author's own results (eight operations), a large number of cases operated during recent years are given in tabular form; but without detailing the several considerations which are taken into account in constructing the statistics, it is undesirable to reproduce here the figures arrived at. In early cases the author considers thyrotomy with resection of soft parts the operation *de choix*, with immediate removal of the tampon canula. *Waggett.*

Stuart, T. P. Anderson.—*An Artificial Larynx.* "Lancet," Apr. 17, 1897.

IT would be impossible in the space at our disposal to give an intelligible description of the instrument. Our readers are therefore referred to the original article, where the invention is also illustrated. *StClair Thomson.*

Wallenberg.—*Paralysis of the Left Side of the Face and Tongue, of Deglutition, and of the Larynx, due to an Area of Softening in the Right Centrum Ovale.* "Neurolog. Centralblatt," 1896, No. 5, p. 199.

THE case is of interest as affording a fresh detailed example of laryngeal hemiplegia, the occurrence of which would on physiological grounds appear to be impossible. *Ernest Waggett.*

EAR.

Baker, A. R.—*Pyogenic Brain Disease.* "Ann. Otol.," etc., February, 1897.

THE author details sixteen cases of otitic brain disease:—(1) A subdural abscess which discharged spontaneously through a trephined mastoid; (2) cerebral abscess connected with mastoid abscess; (3) cerebral abscess; (4) cerebral abscess; (5) subdural abscess. All these recovered. (6) A girl who died after exploratory operation at which the lateral ventricle was tapped, with temporary benefit. The petrous bone was necrotic, there was a large subdural abscess, and the left cerebellum was an abscess cavity. (7) A subdural abscess in a boy who died unoperated upon, as the parents would not consent to operation; (8) no abscess found, though the cerebrum was twice explored and the cerebellum once. The patient died; no *p.m.* allowed. (9) Sinus thrombosis in a child of nine years—the sinus was opened, and the child recovered; (10) sinus thrombosis—a girl of eleven—sinus opened and curetted; good recovery, as were Cases 11 and 12, but in 13 the sinus was not curetted, and the patient died of pyæmia five weeks later. This case was one of the early ones of the operator's series, and he looks on the fatal issue as not unlikely to have been avoided if the treatment had been more energetic. (14) Meningitis; mastoid opened with temporary benefit; death. (15 and 16) Meningitis; mastoid opened, temporary benefit; death. (17) Meningitis; calvaria opened and pus found, but patient died shortly after. *K. Lake.*

Cohen-Kysper (Hamburg).—*A New Method of Treating (by Digestive Ferments Deafness due to the Sequels of Catarrhal and Suppurative Inflammations of the Tympanum.* "Arch. of Otol.," April, 1897.

Dög's pepsin, in solution of the proportion of one to ten thousand, rendered chemically pure by passage through a bacteria filter, is employed. One-half to one decigramme is injected by means of a Koch syringe with a fine needle through the membrane (if this be entire), as near as possible to the niche of the fenestra ovalis. It cannot be repeated before the lapse of several months. When there is a perforation the fluid is simply poured in and the head is kept lying on the opposite side for about an hour. It is found unsuitable for cases of sclerosis, but it seems to have been beneficial in two-thirds of the forty-five post-suppurative cases in which it was used. The author frankly considers it still a therapeutic experiment. [The results of further trial will be of great interest.—D. G.] *Dundas Grant.*

Cheatle, Arthur (London).—*The Conducting Portion of the Labyrinth.* "Arch. of Otol.," April, 1897.

THE "perceptive" portion of the auditory apparatus has its peripheral commencement at the hairs of the auditory cells and the portion of the labyrinth between the stapes and these structures are, in reality, "conducting" in function. The writer very properly holds that "increased bone conduction should be said to indicate trouble in the external or middle ear, and not, as is so often said, of the conducting apparatus." He compares Ménière's disease with glaucoma, as being possibly due to increase of tension of the labyrinthine fluids from disturbance of the balance of secretion and outflow, and he speculates on the possibility of puncturing the outer wall of the labyrinth for the relief of such tension. [These views have been expressed by Brunner, Botey, and others, but they appear to have been arrived at independently by Mr. Cheatle, whose concise statement of them is well worthy of attention.—D. G.] *Dundas Grant.*

Eulenstein, H. (Frankfort-a.-M.).—*A Case of Otitic Pyæmia Cured by Excision of the Thrombosed Internal Jugular Vein.* "Archiv. of Otol.," April, 1897.

A MAN, aged twenty-five, had had otorrhœa from childhood. Epidermic masses were dislodged by instillations of peroxide of hydrogen. Radical operation was refused. A month later the patient returned complaining of headache, the discharge having ceased. Mastoid operation was performed, a large cholesteatoma removed, and pus in the sinus groove evacuated. There was considerable discoloration and granulations on the sinus and adjacent dura, and the sinus wall gave way, allowing of the escape of pus from its interior. The ligation of the jugular was postponed, but rigors and febrile temperature ensued; with these was bloody expectoration and jaundice. The jugular vein exposed, ligatured, and divided at the upper border of the thyroid cartilage. It contained purulent thrombus, but no blood. Further exposure downwards was therefore carried out, ligation was effected close to the entrance into the innominate, and the vein, the lower part of which contained blood, was dissected out. Several metastatic abscesses formed and were evacuated, the patient recovering and leaving hospital in little over a month.

Eulenstein agrees with Jansen that if after clearing out the sinus, high fever persists, chills occur, or pus exudes from the bulb, the jugular and facial should be ligatured, the former being slit up as far as the base of the skull.

Dundas Grant.

Garnault.—"*Le Traitement Chirurgical de la Surdité et des Bourdonnements.*" Par P. GARNAULT. (Paris: A. Maloine. 1897.)

DR. GARNAULT is a consistent supporter of the practice of surgical intervention in all cases in which deafness and tinnitus arise from disease of the conducting apparatus, as indicated by the "negative Rinné," when these symptoms do not yield to treatment by means of inflation. His experiments lead him apparently to the conclusion that when the tympanum is perforated the ossicles should be removed. He advocates the retro-auricular operation, and deprecates that through the meatus. A negative result from exploratory tympanotomy is not considered a contraindication. When the hearing is not improved by the operation he attributes this to involvement of the percipient apparatus. Diminution of hearing lasting for a time after the operation occasionally results from the traumatic disturbance. It sometimes supervenes later on.

Admitting frankly these drawbacks, Dr. Garnault is still keenly impressed with the value of the treatment he recommends, though apparently still on the outlook for more definite prognostic data. [Even those who fail to share Dr. Garnault's sanguine enthusiasm are bound to watch his results and to give his arguments due attention.—ED.] *Dundas Grant.*

Goldstein, M. A.—*Advanced Method in Teaching the Deaf.* "Laryngoscope," June, 1897.

A CRITICAL essay, which deals first with the older methods in historical order and next with a clear description of Urbantschitsch's method. Mr. B. Thornton, of the Institute for the Deaf, at Margate, has brought the telephone into use; for by its aid, not only is the sound intensified, but instruction can be given out to many at the same time. The main objects should be (1) a differentiation and proper perception of sound; (2) a stimulation in sound intensity, with a gradually increasing acuteness in aural perception. A large amount of the success is due to the fact that in many deaf people the trouble is want of proper interpretation of acoustic impressions. A table of sixteen cases, showing what can be done, concludes this valuable article. *R. Lake.*

Haenel (Dresden).—*A Case of Tubercular Caries of the Middle Ear perforating the Fenestra Rotunda and Ovalis, with Report of Microscopic Examination.* "Arch. of Otol.," April 1897.

THE case of a child of three months, whose mother had died of galloping consumption. Otorrhœa had been present for a month, accompanied by facial paralysis. Bare bone could be felt in the tympanum. Rapid loss of strength took place, and death speedily ensued. There was general tuberculosis, but in a less advanced stage than the disease in the ear. The part of the ear most affected was the inner wall of the tympanum, especially in the cochlear region. Proliferation of tissue had extended through the oval and round windows, but these were not opened. The facial canal was freely eroded. The paper is accompanied by very beautiful microscopical drawings, and some important bibliographical references.
Dundas Grant.

Hoffmann, R. (Dresden).—*Extensive, but Non-Infected, Thrombosis of Several Sinuses, of the Brain, and of the Jugular Vein, due to Operative Injury of the Lateral Sinus—Recovery.* "Arch. of Otol.," April, 1897.

DURING the performance of the radical operation some granulations were scraped away, and immediately there was a violent hæmorrhage from the lateral sinus. This yielded to plugging with iodoform gauze. Pain continued, and there supervened paræsthesia of the opposite hand and paralysis of the opposite side of the

face, optic neuritis, delirium, cerebral vomiting, and swelling over the jugular vein. Thrombosis or abscess of the brain was suspected, and exploration for the latter was practised with negative result. The sinus was further exposed; puncture showed thick dark blood, and incision a brownish red thrombus. For a few days there was improvement, but soon there was a relapse; yet the facial paralysis disappeared, and the hand became paralyzed, the pupil on the side of the lesion being larger than the other. There was œdema of the eyelids. Slow but complete recovery took place. The author concludes that this was a case of injury to the transverse sinus, followed by extensive thrombosis. The facial paralysis was probably of subcortical or capsular origin—not cortical nor basal.

Dundas Grant.

Lannois and **Martz.**—*Chemical Analysis of Cerumen.* "Ann. des Mal. de l'Oreille, du Lar.," etc., June, 1897.

FATTY substances soluble in ether and alcohol constitute in weight more than a third of cerumen dried *in vacuo*. Free fatty acids amount to 2·99 per cent.; fats, 8·16 per cent.; cholesterine, 7·06 per cent.; soaps soluble in alcohol, 16·10 per cent. Lecithin occurs to the amount of 3·74 per cent., and leucomains are probably present. The nature of the element giving a bitter taste to cerumen is not determined. Alkaline solutions readily dissolve the pigment. The above results were obtained from a mixture of cerumen plugs. *Ernest Waggett.*

REVIEWS.

Love.—*Deaf-Mutism: a Clinical and Pathological Study.* By JAMES KERR LOVE, M.D., Aural Surgeon to the Glasgow Royal Infirmary, Honorary Aurist to the Glasgow Deaf and Dumb Institution. With Chapters on the Education and Training of Deaf Mutes by W. H. ADDISON, A.C.P., Principal of the Glasgow Deaf and Dumb Institution. (Glasgow: MacLehose and Sons. 1896.)

DR. KERR LOVE has already made some very valuable contributions to the literature of deaf-mutism, and that portion of the work now before us which is from his pen may be regarded as the representation of his matured views on the subject. He has studied deeply the works of others, and has supplemented their observations, whether statistical, clinical, or pathological, by many original investigations of his own. In regard to the estimation of the hearing power of deaf mutes he has many practical suggestions to offer, but we look in vain for a means of removing the difficulties connected with the examination of an infant suspected of being deaf. He employs a large dinner bell for extreme cases. The rarity of absolute deafness in deaf mutes is pointed out, and in this lies the keynote of the treatment, namely, the endeavour to arouse and stimulate the development of the residuum of hearing power by acoustic exercises in every case, before referring the pupil to the pure oral or, *à fortiori*, the sign system of instruction. In regard to congenital deafness, the tendency to its hereditary transmission is proved beyond doubt, and a strong case is made out for its occurrence as a result