

EAR.

Bardes, Albert.—*Ear Disease and its Prevention.* "New York Med. Journ.," December 24, 1910, p. 1270.

The author appeals for a greater attention to be paid to the ear in regard to prevention, by insisting upon treatment in early stages of its diseases, and of those conditions of the upper air-passages which cause them.
Macleod Yearsley.

Beck, J. C. (Chicago).—*The Comparative Merits of the Methods Employed in the Various Mastoid Operations.* "Laryngoscope," May, 1910, p. 515.

When using local anæsthesia the author has found that the electric drill is necessary for the bone work. "The hammer and gouge or chisel are unbearable to a patient under local anæsthesia."

He strongly recommends the use of the X rays in order to obtain an accurate knowledge of the anatomy of the mastoid to be operated on, and states that he has never been deceived by them. The paper is illustrated with radiograms of mastoids in health, in disease, and during the process of healing after operation. Radiography has taught him that the formation of granulations and the regeneration of bone proceeds more slowly after the electric drill has been used than after simple chiselling and curetting.

After operating for acute mastoiditis he fills the bone-cavity with blood-clot, or, better, with the following bismuth paste: Bismuth subnitrate 30 parts, vaseline 60 parts, white wax (melting-point 120°) 5 parts, paraffin 5 parts.

In the radical mastoid, after curetting the orifice of the Eustachian tube, he closes it with a small graft taken from the patient's arm and pushed into the tube on the end of a special probe in such a way as to fill the lumen and overlap the lips of the orifice of the tube.

As regards the meato-mastoid or "Heath" operation, his results, he says, are not encouraging. Two cases out of twenty-six did well, eight were still under treatment, seven had to be operated on a second time, and the remainder had disappeared.
Dan McKenzie.

Wicart (Paris).—*Lumbar Drainage in a State of Infection or Hypertension.* "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," January-February, 1910.

The author states that since 1904 his experience leads him to believe that this procedure is of the greatest value, and although Friedrich, of Kiel, is of the same opinion, his method of operating differs in detail.

It is not sufficient to puncture only; free drainage is as necessary as in treating a case of septic peritonitis.

If there is not rapid improvement as evidenced by the general condition and repeated examination of the blood, a longitudinal incision a little to the side of the median line between the second and third lumbar vertebræ is made.

A sandbag placed beneath the patient serves to put the tissues on the stretch, and these should be divided, until an opening can be made into the spinal canal. A stiff drainage-tube is inserted, which should be stopped by a plug for the first two days, this being removed several times oily to allow of a slow and progressive discharge. Should no improvement result he advises trephining and making a subarachnoid incision followed by the injection of artificial serum.
Anthony McCall.