

EAR.

Dunn, John, M.D. (Richmond, Va.).—*A Case of Primary Acute Purulent Inflammation of the Mastoid Cells, involving neither the Middle Ear nor the Mastoid Antrum.* "Arch. of Otol.," vol. xxxi., No. 3.

In this case the drum membrane showed no sign of inflammation, no reddening of the skin adjacent to or over Shrapnell's membrane or the lower part of the drum; the drum itself appeared abnormally pale, of a dead-white colour; the malleus handle could be seen only for its upper half, the lower half seeming to be buried out of sight in the dead-white of the drum; the temperature was 97.5° F., the pulse 68 and irregular; the patient complained of great pain on the right side of his head: the pain was not confined to any one region; the mastoid was sensitive to pressure over its whole surface, especially over its posterior half and over the mastoid fossa. The drum membrane was incised, but no discharge took place at the time nor during the succeeding days. The symptoms persisting, the mastoid was opened five days later, and found to be full of pus, granulations, etc., with softened bone. The condition of the antrum was apparently not accurately made out, but was presumed to be healthy. The patient's bad symptoms disappeared at once, and the mastoid wound rapidly healed. The infectious agent was probably influenza. The case is probably one of the exceptional ones of primary mastoiditis occurring in influenza. (The opacity of the drum probably dated from a long anterior inflammatory attack, and this probably concealed the no doubt transient congestion of the middle ear. The tendency to sequestration of the disease in the peripheral mastoid cells has been signalized by Politzer in an important paper on this subject.) *Dundas Grant.*

Phillips, W. P.—*The Treatment of Acute Suppuration of the Middle Ear.* "Medical News," January 17, 1903.

In this paper the author considers in some detail the most improved methods of dealing with cases of acute suppurative middle-ear disease. He arrives at the following conclusions: (1) Early and free drainage is essential; (2) rest in bed should be prescribed until acute symptoms have passed off; (3) purgatives (*e.g.*, calomel) should be given; (4) pus should be microscopically examined; (5) local treatment in the main consists in cleanliness and free drainage; (6) any prolonged attempt to abort suppuration within the mastoid cells is to be condemned; (7) early operative interference in mastoid suppuration prevents more serious complications, and tends to preserve the hearing power; (8) uncomplicated cases usually recover in from two days to three weeks.

W. Milligan.

THERAPEUTICS.

Delsaux, V.—*On the Employment of Adrenalin in Oto-Rhino-Laryngology.* "La Presse Oto-Laryngologique Belge," April, 1902.

The author, who has used adrenalin extensively in his clinique for some months, enumerates various affections of the throat, the nose, and the ear which he has treated by its means.

In the early stage of acute nasal catarrh the application of a solution 1 in 1,000 to 1 in 5,000 to the interior of the nose is nearly always

successful, but it is apt to produce severe pain in the teeth and the upper jaw unless a little cocaine solution is used first. In rare cases the drug appears to irritate, and aggravates all the symptoms.

Obstruction and catarrhs of the Eustachian tube yield to the use of bougies dipped into adrenalin solution before being introduced. The minute quantity which moistens the bougie is sufficient to have a marked effect upon the mucous lining of the tube.

In a case of acute otitis media, the instillation of 5 drops of the original solution into the meatus also greatly reduced the congestion of the membrana tympani; after which a warm solution, 1 in 5,000, injected through the Eustachian catheter, gave almost immediate relief from pain, lasting several hours.

In spasmodic rhinitis the author advises the use of sprays of a warm solution, 1 in 10,000, repeated three or four times a day. As a hæmostatic, the best results are seen in operations upon the nasal septum, which should be thoroughly painted on both sides. It is here that the mixture of cocaine and adrenalin proves valuable. After waiting from twenty to thirty minutes, an operation can be performed without pain or appreciable loss of blood.

Finally, during the progress of radical mastoid operations adrenalin solution of full strength poured in and allowed to remain for some minutes is preferred to peroxide of hydrogen for clearing the field of operation.

Chichele Nourse.

BOOKS RECEIVED.

Gustav Brühl, M.D., and Professor A. Politzer. *Atlas and Epitome of Otology.* Authorized translation from the German, edited by S. MACCUEEN SMITH, M.D., with 244 coloured figures on 39 lithographic plates and 99 text illustrations. Philadelphia and London: W. B. Saunders and Co. 1902.

L. Grünwald, M.D. *Atlas and Epitome of Diseases of the Mouth, Pharynx and Nose.* Authorized translation from the German, second edition, revised and enlarged, edited by JAMES E. NEWCOMB, M.D., with 102 illustrations on 42 lithographic plates and 41 figures in the text. Philadelphia and London: W. B. Saunders and Co. 1903.

The Medical Annual: A Year-Book of Treatment and Practitioners' Index. Bristol: John Wright and Co., 1903.

Transactions of the Twenty-fourth Annual Meeting of the American Laryngological Association. New York: Rooney and Otten Printing Co. 1902.