

**Kopfstein** (Prague).—*On a Lateral Air Tumour of the Neck covered with Cylindrical Epithelium.* "Wiener Klin. Rundschau," 1895, Nos. 27 and 28.

A PATIENT, twenty-nine years old, remarked that during blowing and snuffing an elastic tumour appeared under the left half of the lower jaw. On pressure the tumour disappeared. The tumour enlarged while the patient was at work, and disappeared during rest. Operation was performed consisting of the extirpation of a sac with thin blue walls. When it was opened air was discharged. The extirpated tumour was eight centimètres long. The internal surface was covered with ciliated epithelium. The author believes that it originated from an incompletely closed branchial cyst. *Michael.*

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### E A R S.

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**Lester, J. C.**—*An Electric Pressure Sound for the Direct Vibration of the Membrana Tympani.* "New York Med. Journ.," June 8, 1895.

A DESCRIPTION (illustrated) of the instrument and motor vibrations of from five hundred to fifteen hundred a minute, and with an amplitude of from zero to half an inch, are obtainable. The motor is held in one hand and the sound in the other. It is easy of application, causes little reaction, and is of especial value in sclerotic and atrophic conditions. *R. Lake.*

**Marple, W. B.**—*Successful Mechanical Treatment of some unusual Aural Conditions.* "New York Med. Journ.," June 1, 1895.

THE writer refers to Blake's method by a strip of rubber to exert pressure on the malleus. The first patient, whose hearing distance in the right ear was one foot, complained of vertigo in that ear when the head was tilted to that side. Blake's rubber strip was applied eventually with excellent results, but subsequently exchanged for a disc of paper, which completed a cure. In the two remaining cases a particular note caused a loud noise in the ear; one was cured with the spring alone, and the other by the spring followed by the disc. An explanation of these buzzings is afforded by Helmholtz, who attributes it to the cog-like articulation between the incus and malleus, the former, in any excessive outward movement, leaving the latter behind, and being struck by the returning hammer. The writer attributes an undue prominence of these sounds to a laxness of the ligaments of the articulation, the spring tightening up the joint, and the vertigo in the first case to an abnormal laxness of the articulations in the chain of ossicles. *R. Lake.*

**Hefleblower, E. C.**—*Clonic Spasm of the Tensor Tympani.* "New York Med. Journ.," March 16, 1895.

PREVIOUSLY reported cases are quoted by the author, who then adds the two following cases from his own practice:—(1) A woman, thirty-five years of age, had suffered from a clicking noise in the ears in conjunction with a twitching of the muscles of the throat. Exertion and fright made it worse; rest and quiet relieved it. In the left ear a perceptible indrawing of the membrane was seen at every click. The palate was affected, but not the larynx. The patient's father was insane. In the second, a man of mature age, the noise was louder; heard at two feet away; both the palate and larynx were affected. This patient was nearly insane. The author draws attention to the question of mental affections in relation to the disorder under consideration. He next reviews most minutely the

nerve connections and supply of the muscles affected, concluding—"It seems to me, then, that clonic spasm of the tensor tympani and the tensor palati, and sometimes that of the throat, is due to a pathological condition of the otic ganglion, and frequently of Meckel's as well, with occasional involvement of their branches of communication as well," etc. *R. Lake.*

**Burnett, C. H.**—*So-called Oto-Massage.* "Med. News," Aug. 10, 1895.

A SWEEPING condemnation of all forms of oto-massage, except the exercises of Urbantschitsch. Direct pressure, according to the author, bruises the tympanum, and vibratory sounds too quickly tire the ears. *R. Lake.*

**Jackson, Chevalier.**—*Oto-Massage.* "Med. News," Sept. 7, 1895.

A REPLY to the former, defending the practice where used skilfully and with knowledge. *R. Lake.*

**Plique, A. F.** (Paris).—*Electricity in Otology.* "Annal. des Mal. de l'Oreille," Sept., 1894.

ERR's method of applying the active pole to the tragus is recommended. An accurate galvanometer (milliampère-meter) is indispensable. To excite acoustic phenomena in the normal subject, a current of at least four milliampères with cathodal closure, or of six to eight with anodal opening, is required. If less than this produces it, there is hyper-excitability of the auditory nerve. This is found in cases of perforation of the membrane, but in the absence of such lesion it indicates hyperæmia of the auditory nerve, as from disease of the labyrinth or middle ear, meningitis, or cerebral tumour. Diminished excitability is found in many normal subjects, but it indicates, according to Rohrer, in disease, such "torpor" of the nerve as he finds in auditory neuritis, either primary or secondary to cerebral or medullar lesions, and sometimes consequent on changes in the conducting apparatus. He looks upon it as the stage in degeneration following that characterized by hyper-excitability. The most useful application in tinnitus is that of feeble currents (two to three milliampères) applied for from five to fifteen minutes with the anode on the tragus. In otalgia, Masini combines the action of the anode of the continuous current with that of cocaine by applying it by means of an electrode introduced into the meatus, into which a small quantity of a ten per cent. solution of the drug has been instilled. Other remedies might be employed in the same way. Plique credits Gradenigo with effecting amelioration in sclerosis of the middle ear by means of the constant current. "[This paper is a useful *résumé* of the subject, and contains valuable references to the literature, but very little personal observation or opinion. The caution necessary in the use of the agent is strongly emphasized.—ED.] *Dundas Grant.*

**Buck, A. H.**—*The Prognosis of Operations upon the Mastoid Process in Diabetic Persons.* "New York Med. Journ.," June 29, 1895.

TEN recorded cases are quoted, and four of the author's (two of which recovered). Of the former, three were subjected to operation, with two recoveries; of the seven not operated on, five died. The author draws the conclusion from these data that the prognosis in such cases is very grave. *R. Lake.*

**Holinger, J.**—*An Unusual Case of Aural Deformity: Operation.* "Arch. of Ophthal. and Otol.," April, 1895.

THE left side of the head was smaller than the right, and this was especially noticeable in the face. The lobule of the ear was smaller than normal, and the

upper insertion of the concha was drawn downwards towards the mouth, from which it was one and a quarter centimètres distant; the tragus was missing, and the external canal was only of slight depth. The concha was detached in its horizontal part and attached in a vertical direction in an incision prepared for it. The ascending ramus of the jaw on that side was absent. *R. Lake.*

**Lederman.**—*Foreign Bodies in the Ears and No.e.* “Arch. of Ophthal. and Otol.,” April, 1895.

Two cases of unsuspected foreign bodies in the nose are reported—a button, and a piece of “sugar-string,” four inches long. Of the aural cases, the first was a “bed bug,” causing tinnitus; the second, somewhat similar, was a small beetle; the third a roll of tinfoil; the fourth a button; the fifth a corn seed; the sixth a pebble, which was removed under ether; the seventh a coffee bean, which also necessitated the administration of ether for its removal. The instruments named as most serviceable are the dull ring curette, the mouse-tooth forceps and the syringe, and chloroform is advocated to kill insects in the ear. *R. Lake.*

**Danziger, F.** (Beuthen-o-S.)—*Contribution to the Case-History and Etiology of Carcinoma of the Organ of Hearing.* “Monats. für Ohrenheilk.,” July, 1895.

DANZIGER refers to Kretschmann’s paper in the twenty-fourth volume of the “Archiv für Ohrenheilkunde,” in which are published sixteen cases of this affection. He quotes Schwartz’s opinion that such cases are often diagnosed as necrotic caries of the temporal bone. He describes a case of his own, in a patient aged fifty-four, who was the subject of a long-neglected otorrhœa. The meatus was occupied by a whitish-red ulcerated tumour, which recurred on removal. There was extensive caries of the osseous parts, with abundant granulations, and the surrounding glands were distinctly enlarged. Microscopic examination revealed typical carcinoma. Primary carcinoma of the meatus partakes of the anatomical structure of the part, while that originating in the middle ear is usually superposed on a chronic suppuration. The general etiological factors are, a chronic suppurative median otitis, the habit of poking instruments into the ear (Kretschmann), and the cancerous predisposition. *Dundas Grant.*

**Goldstein, M. A.**—*Exfoliation of the Cochlea.* “Arch. of Ophthal. and Otol.,” April, 1895.

IN this case not only the cochlea and vestibule were exfoliated, but nearly the whole petrous in separate portions. The hearing perception on that side was as given below:—

Hearing tests.	Hearing capacity.	
	Both ears closed.	Good ear closed.
Loud conversation.....	300 centimètres.	900 centimètres.
Whispered conversation .....	30    “	90    “
150 centimètre watch .....	5    “	15    “
Politzer’s acoumeter .....	15   “	35   “
Galton’s whistle, high pitch.....	30   “	60   “
Differentiation of sound of C from C <sup>4</sup> tuning-fork .....	8    “	35   “
Musical notes of loud-sounding har- monium differentiation of C, third octave from C fifth octave .....	35   “	90   “

*R. Lake.*

The patient died of tuberculosis.

**Greene, D. M.**—*Reports of Seven Interesting Ear Cases.* "Arch. of Ophthalm. and Otol.," July, 1895.

THE first and second cases were operated upon for mastoid suppuration. In the second both the dura mater and also the lateral sinus were exposed by caries. The third had symptoms of mastoid involvement, but refused surgical treatment, dying some seven weeks later of meningitis. The fourth died with symptoms of cerebral abscess; he also refused operation. The fifth was a case of mastoiditis, cured by Wilde's incision; the next was one of double mastoid operation, with recovery. In the last one all the temporal bone was removed, except that part surrounding the carotid artery, the patient eventually dying. *R. Lañe.*

**Lederman.**—*Diffuse External Otitis due to Carbolic Acid.* "New York Med. Journ.," May 18, 1895.

THE patient, who suffered from irritation of the external auditory meatus, was induced by a friend to inject carbolic acid into her ears; this she did, but on account of imperfect solution, injected the crude drug, causing in twenty-four hours the most intense edema of the ears and surrounding soft tissues, and also symptoms of poisoning by the acid. She completely recovered under simple treatment. *R. Lañe.*

**Bacon, G.**—*A Case of Cerebellar Abscess as a result of Chronic Suppurative Otitis Media; Operation; Death; Autopsy.* "American Journ.," Aug., 1895.

THE patient had suffered with right otitis media suppurativa chronica for five years, the membrana tympani being destroyed, and the attic filled with granulation tissue. The symptoms presented were nausea, vomiting, and lateral vertigo—present even when lying down; loss of bone-conduction very marked. When these symptoms had been present nine days the mastoid was opened and free drainage established, and the attic was cleared out. The symptoms were ameliorated for a short time, but gradually returned, together with lateral nystagmus and optic papillitis on that side, and facial paralysis, severe headache, slow pulse, and staggering gait. The cerebellum and temporo-sphenoidal lobes were explored with negative results. The patient died three weeks after, and an abscess was found in the right cerebellar hemisphere in its anterior part obliterating the corpus dentatum and encroaching on the middle cerebellar peduncle. *R. Lañe.*

## REVIEWS.

**Kobler** (Saragewo).—*Ueber Fremdkörper in den Bronchien und den durch dieselben folgenden Zustände.* ("On Foreign Bodies in the Bronchi and their Consequences.") Wien: Holder. 45 pp.

FOREIGN bodies are much more often observed in the right than in the left bronchus, because the right descends more steeply from the trachea. Of six cases observed by the author the foreign body was situated five times in the right bronchus. Sometimes the foreign body wanders from one bronchus to the other. A careful examination can show such an event with certainty. In one case acetic essence was drawn into the left bronchus, and caused there a fatal pneumonia. Sometimes the place of