ŒSOPHAGUS.

Schneider, Karl (Basel).—*Treatment of Œsophageal Stricture by Injection of Thiosinamin.* "Correspondenz Blatt. für Schweizer Aerzte," June 1, 1905.

The patient, a child aged five, drank half a cupful of caustic soda in August, 1904. A large quantity of milk and water was at once administered. In September bougies were used. No. 17 passed 19 cm., No. 5, 24 cm. Bougies were passed three times a week till the beginning of December, 1904, when a No. 24 passed the stricture easily. On February 27, 1905, patient was brought to the clinic with the history of only being able to take milk since the 17th, and for the past three days of not being able to swallow anything. Bougie No. 18 encountered an obstruction 19 cm. from the teeth. On March 10, 1905, 0·7 c.c. of 5 per cent. glycerine solution were injected (thiosinamin 1·0, glycerine 14·0, aqua 16·0); the smallest bougie could not be passed into the stomach. March 13, 2 injections 0·7 c.c. March 14, thick rice milk could be swallowed. March 30: Up to this date seven injections had been given (from the 4th 1 c.c. being the quantity used). Bougie No. 28 passed. The point worthy of note is the rapid action of the thiosinamin. *Arthur Westerman.*

EAR.

Dench, Edward Bradford.—*The Operative Treatment of Diseases of the Ear in Childhood.* "Arch. of Otol.," vol. xxxiv, No. 2.

The writer considers that it does not differ materially from the treatment of similar conditions in older patients. In acute otitis he advocates early and free myringotomy under a general anæsthetic, the external auditory canal being previously sterilised by means of an alcoholic solution of bichloride of mercury of the strength of 1 in 3000. To prevent recurrence it is the duty of the otologist to remove adenoid vegetations, if present. In case of mastoid involvement the author operates at an earlier period in childhood than in adult life. He considers drainage through the meatus less free and the tendency of the inflammatory process to extend to the cranial contents greater than in the adult. He operates very radically in cases of infection of the large venous channels. If a clot is found in the sinus, he insists on it being removed absolutely. He distinguishes localised meningitis from the diffuse form, the treatment of the former being very hopeful, that of the latter the reverse. Infection takes place, in his opinion, either through the tympanic or antral roof. He advocates a thorough clearance of the mastoid cavity, followed by lumbar puncture, and if this is not followed by improvement, the drainage of the lateral ventricles, or even of the fourth ventricle. The treatment of brain abscess in childhood is fully discussed, and it is pointed out that in young children the cerebellum is so small that if the knife is introduced for a greater depth than one half or three-quarters of an inch, the operator is apt to puncture the fourth ventricle In chronic non-suppurative inflammation stress is chiefly laid on the nose and naso-pharynx. In chronic suppuration the first point is thorough and systematic cleansing and irrigation with antiseptic solutions, while the upper air-passages must be put in a healthy condition and the hygienic surroundings of the child borne in mind. If these measures fail, the radical operation is advocated, whether the case be tubercular or not.

The recurrence of mastoiditis after the operation for the acute form is, in the author's experience, attributable to a purulent focus having been left in the tympanic vault, the only proper treatment for which is the radical operation. This condition he considers more common in children than in adults. *Dundas Grant.*

Jacobi, A.—*Otitis Media in Children.* "Arch. of Otol.," vol. xxxiv, No. 2.

The author refers his readers to Heerman's work on "Otitis Media in Infancy (Otitis Concomitans)," published in 1898, for the history of the subject. He reviews the pathology and is in favour of extension through the Eustachian tube. Insistance is laid on the frequency of otitis media without perforation, owing to the greater resistance of the drum membrane in the young, the shortness and width of the Eustachian tube, especially in atrophied children, the ready absorption through the lymphatics, and the free leucocytic migration. He points out that the association of pædiatrophy and otitis has been known for more than half a century. The presence of the pneumococcus in otitis he attributes to the ubiquity of that microbe. In support of the fact that meningitis connected with otitis media need not be purulent, he quotes a case of otitic serous meningitis of Dr. Francis Huber's which recovered permanently, lumbar puncture having been twice made and no bacteria found.

With a view to prevention, special attention is drawn to the nasal, post-nasal, and pharyngeal spaces, and saline irrigations made "from a nasal cup"—not injections—are strongly recommended; the use of a ·5 per cent. solution of silver nitrate through the nares once a week is also advised.

In the treatment of acute otitis media in a child he deprecates inflation during the acute stage. For relief of pain he advises cocaine instillations and occasional leeching, also warm fomentations. After paracentesis the expulsion of pus is facilitated by Politzerisation, but this procedure is apt to drive purulent material into the cells. He prefers swabbing with cotton to syringing, and fills the meatus lastly with boric acid. He considers anti-streptococcus serum of doubtful efficacy, but speaks well of the inunction of Credé ointment or the rectal injection of solutions of collargol. He considers that attention to chronic catarrh of the naso-pharynx is a most important element in the treatment of chronic disease of the mucous membrane of the ear. *Dundas Grant.*

Richards, John D. (New York).—*Report of a Case of Infective Sigmoid Sinus and Jugular Thrombosis, complicated by Leptomeningitis. Lumbar Puncture; Sub-dural Irrigation; Death.* "Arch. of Otol.," vol. xxxiv, No. 3.

The author considers that it would have been better if he had opened up the sinus at an earlier period, although when he first exposed it it seemed to be free from clot, and for four days the patient did well. Meningitis then set in, and in spite of lumbar puncture and complete operation on the sinus and vein, death took place.

A return flow came from the region of the bulb, which he assumed to indicate that the thrombus had been extruded *in toto*. The result led him to consider this a fallacy and that the return flow was from the condylars, the inferior petrosal, or from both, a portion of the clot still remaining in the upper portion of the vein. *Dundas Grant.*

Wiener, Alfred.—*Some Mooted Points in the Treatment of Protracted Cases of Acute Middle-Ear Diseases and their Complications.* "Arch. of Otol.,' vol. xxxiv, No. 3.

The author discusses first the question under what conditions we can pursue conservative measures without endangering the life of the patient. He is inclined towards conservatism, practised under constant and competent observation; he goes the length of saying that the presence in an acute exacerbation of a protracted case of such symptoms as a temperature of 104°, with tenderness on pressure over the antrum and mastoid regions of the temporal bone, with bulging of the posterior superior quadrant of the tympanic membrane and œdema of the neighbouring portion of the external auditory meatus, a small perforation and discharge within the canal, should not at once persuade us to open the mastoid, and he expresses his certainty that most of us will acknowledge how frequently such symptoms will disappear after thorough drainage and anti-phlogistic measures have been employed. He considers it incumbent upon us to give the patient this fair trial; it then remains for us to observe whether such improvement will continue. In support of his opinion he quotes 42 cases out of which only 4 received operative treatment. The mastoid pain and tenderness, which sometimes disappear after twenty-four to forty-eight hours, he explains on the hypothesis of congestion. He quotes Politzer as stating that the experience of the last few years has taught him that in many cases the early opening of the mastoid process has an unfavourable effect upon the course of the disease and on the process of healing (the small cells not yet having had time to run together). As to the question whether early interference prevents serious complications, he is inclined to think that those cases which, when operated upon at the earliest possible moment, are nevertheless attended by most serious complications, are to be explained by the virulence of the infection or the feeble resistance on the part of the patient; such cases are seen in scarlet fever showing streptococcus infection. Thus, he is satisfied to pursue conservative measures until convinced that they are utterly useless, being guided, of course, by a careful observation of the patient. The presence of an urgent symptom or the persistence of stormy symptoms for thirty-six hours would, however, induce him to proceed to operation. He considers that these cases are not attended, when conservatism is practised in this way, by any more serious complications than if interference were practised at once.

In the discussion following the reading of this paper, Dr. McKernon insisted upon earlier operation, especially in presence of streptococcal infection; he deprecated waiting until the pus had accumulated throughout the mastoid structures. Among others, Dr. Brandegee and Dr. Gruening protested against the conservative treatment, the latter pointing out that Dr. Wiener's 42 cases of acute otitis with 4 mastoid operations and 1 death did not constitute a favourable statistical record in support of his views. *Dundas Grant.*

Sigismund Szenes (Budapest).—*Notes of Cases.* "Archiv für Ohrenheilk.," vol. lxiv, December, 1904.

(1) *A giant-celled melanotic sarcoma of the right auricle* in a man, aged forty. The upper half of the auricle was thickened and covered by discrete tumours varying in size; in front and above the tragus were several pigmented spots, and similar bluish spots were situated in the

floor of the external meatus. The submaxillary glands were slightly involved. The growth was of three years' duration, beginning as a small nodule, which gradually increased in size in spite of being cauterised and attempts being made to excise it. The auricle, external meatus, the pigmented spots, and the neighbouring infected glands were removed by operation. Microscopic examination proved the growth to be a melanotic sarcoma. The wound healed in six weeks. The patient died four months later, from general miliary tuberculosis. No secondary deposits of a sarcomatous nature were found at the autopsy.

(2) *Epithelioma of the right auricle* in a man, aged seventy-one. Apparently first noticed six years ago as a small warty growth, which rapidly increased in size during the last three months. A large fungating fœtid epitheliomatous ulcer now involved the auricle in its upper half and inwards as far as the external meatus. The neighbouring glands were not affected. There was intense pain locally and considerable cachexia. The auricle, and most of the cartilaginous meatus were removed by operation. The patient did well, the pain being at once relieved and the wound healing within two months. The external meatus was kept open by plugging and hearing remained perfect. Up to the present time, nearly a year, there has been no recurrence.

(3) *Osteoma, lying free in the right external auditory meatus* in a woman, aged fifty, who had had otorrhœa for fourteen years. On admission to the hospital there was partial facial paralysis (involving the eyelid) of the right side, and the external meatus was obstructed by a movable bony growth, which could only be removed by a post-aural incision and turning forward the auricle. The bony growth, the size of a walnut, lay in a hollowed-out recess in the upper posterior part of the external meatus. The author considers that the osteoma probably developed from a pre-existing exostosis as a result of the chronic otorrhœa, the exostosis probably only having had a small attachment to the external meatus, from which it eventually became detached. The facial paralysis disappeared shortly after the operation.

(4) *A case of hysteria, following acute middle-ear suppuration.* The patient, a female, suffered from acute middle-ear suppuration necessitating paracentesis. In spite of a rapid recovery, with cessation of the otorrhœa, together with the temperature remaining normal, the membrana tympani healing, and the hearing becoming completely restored, the patient suffered for a long period from intense pain in the ear and eye on the affected side, with superficial hyperæsthesia over the mastoid region, and in addition had general appearance of being really ill. Eventually, however, she did well without operative treatment. This, Szenes suggests, was due to hysteria. Whether this be so or not, he draws attention to the important point that in such cases, where there are no objective signs and symptoms suggesting mastoid or intra-cranial complications, one must not be too eager to operate. *Hunter Tod.*

Sondermann (Dieringhausen).—(1) *"Suction" as a Therapeutical Measure in Diseases of the Ear.* (2) *A new Masseur for the Ear.* "Archiv. für Ohrenheilk.," vol. lxiv, December, 1904.

In these two papers the author describes a modification of Siegle's pneumatic speculum, consisting of a Politzer's bag with an attached india-rubber tube, ending in a mask which fits over the auricle in the same manner as the mouthpiece of a Clover's inhaler fits over the mouth in the

administration of ether as an anæsthetic. The object of the apparatus is to suck out from the middle ear any existing secretion.

(1) Two cases of acute middle-ear suppuration are quoted where repeated use of his "suction" apparatus quickly relieved the pain over the mastoid process and arrested the otorrhœa.

[It is well known, however, that in cases of acute middle-ear-suppuration there may be pain over the mastoid process. One is justified, therefore, in asking whether the result of this treatment is not *post* rather than *propter*.—H. T.]

Sondermann quotes von Bier's treatment for tuberculous disease of joints by passive hyperæmia, and suggests that in inflammation of the middle ear this production of passive hyperæmia by suction may also be beneficial.

(2) In cases of non-suppurative middle-ear catarrh he also claims fair success by the use of his masseur two or three times daily for three months, and says that in no case did he notice a painful result.

Hunter Tod.

Iorgen Möller (Copenhagen).—*Some Remarks on a Case of Otosclerosis with Autopsy.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," March, 1905.

A woman, aged thirty-two, was admitted to hospital with puerperal fever. She was also suffering from deafness of twelve years' duration. It commenced insidiously, and had been progressive. Tinnitus had been a marked initial trouble. The patient had never been troubled with vertigo or paracusis Willisii. Changes of weather had a considerable influence on the hearing. The membranes, save being slightly retracted, were normal. Functional examination gave the following result: Weber negative, bone conduction diminished, aerial conduction very much so, Rinne negative, Gellé negative. Loud voice only appreciated very near. Pilocarpine injections were administered, with the result that perception for voice sounds improved.

Patient contracted pulmonary phthisis in the summer of 1903, and died in the following February. The temporal bones in this case were subjected to microscopical examination, and the writer gives a very detailed account of his findings. The salient features consisted of a formative osteitis of the labyrinthine capsule, involving important structures, such as the stapedio-vestibular articulation, and to a greater or lesser extent, the vestibule and cochlea. It was not definitely determined as to whether the acoustic nerves were degenerated, as the staining process by Weigert's method was not successful, owing to changes incidental to the long process of decalcification. Macroscopically the soft structure of the tympana was normal.

In discussing the pathology of this affection the author thinks with Politzer that it consists of an osteitis of the labyrinthine capsule, in which normal bone is replaced by new bony tissue, which latter becomes subsequently rarefied. From the fact that the tympanic mucosa is usually intact, and that foci of freshly deposited bone are found quite isolated from the periosteum, the writer infers that the disease starts primarily in the bone and not in the periosteum.

In regard to diagnosis one is confronted with some difficulty in differentiating between cases of true otosclerosis and those conditions where there is fixation of the stapes, the result of a previous chronic tympanitis. The writer considers a diagnosis of otosclerosis may be

decided upon, when with bilateral deafness, developing without apparent cause, such as chronic catarrhs, there are red promontorial reflex (early observed), marked heredity and paracusis Willisii, together with diminished bone conduction, greatly diminished aerial conduction, Gellé negative, and the tone limits, especially the upper, narrowed.

Clayton Fox.

Hennebert, C.—*Oto-ocular reflexes.* "La Presse Oto-Laryngologique, Belge," May, 1905.

While testing the mobility of the tympanic membrane in a case of labyrinthine deafness of specific origin, the author noted that the application of the masseur to the right ear caused violent vertigo, and conjugate deviation of the eyes towards the left. Moreover, when the eyes were fixed upon some object in front the patient experienced a sense of lateral deviation of the object during massage applied to either ear.

In a second patient with specific labyrinthine disease centripetal pressure (Gellé's test) in one ear produced conjugate movements of the eyes towards the same side; and movements of rarefaction by means of Delstanche's masseur caused movements of the eyes away from the ear which was being tested.

The author has met with subjective visual displacement of objects during pneumatic massage of the ear a certain number of times in cases of cicatricial otitis, of sclerosis, and of labyrinthitis. The displacement is generally horizontal, occasionally vertical, and very rarely oblique.

Chichele Nourse.

King, Gordon (New Orleans).—*The Importance of Slight Degrees of Deafness in Children.* "New Orleans Medical and Surgical Journal," September, 1905.

The author wishes to impress upon the general practitioner the fact that perfect hearing is one of the most important factors in the intellectual development of children and that a moderate degree of deafness may be seriously hurtful to its after-life. Taking the statistics of Reichert, Weill, Gellé, and Bezold, he points out that at least 20 per cent. of school children have defective hearing, and this after eliminating severe forms, which are usually sent to special institutions. Slight degrees of deafness are often put down to *inattention*, and punished as such.

King thinks that in every school the children, as they join, should be carefully tested in order that such slight cases of deafness may be recognised and appropriately treated.

Macleod Yearsley.

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