

**E.A.R.**

**Claque** (Bordeaux).—*Suppurative Meningitis of Otitic Origin*. "Annales des Maladies, de l'Oreille, du Larynx, du Nez, et du Pharynx," February, 1908.

On October 17, 1907, a female, age not stated, was admitted complaining of pain in the left ear of two days' duration. Examination revealed the case to be acute mastoiditis secondary to chronic suppuration of the tympanum. Headache on the same side was severe. Temperature 39.6° C. There were no cerebral symptoms, but unsteadiness of gait had been noticed on her entry to hospital October 18. The radical mastoid operation was performed. The mastoid process and middle ear were found full of pus and granulation tissue. No fistulæ leading to the dura were discovered. On the following day the headache remained unabated. Temperature 39.5° C., pulse 120, regular, tension good. An examination of the viscera showed nothing abnormal. The reflexes were present. Babinski's test resulted in flexion. There was a tendency to paraphasia. The urine was albuminous. Lumbar puncture. The fluid, which escaped under considerable tension, was turbid and slightly sanguinolent; it contained abundance of polymorphs and streptococci. On October 21 a second operation was performed. The dura of the middle and posterior fossæ were exposed and incised; a small quantity of turbid fluid escaped. The lateral sinus was not thrombosed. Exploration of the cerebrum and cerebellum for pus was attended with a negative result. The patient became comatose and died on October 22.

*Autopsy*.—No pachy-meningitis. Cerebro-spinal fluid purulent and bloody. Pia mater infiltrated everywhere, especially about the chiasma, tentorium cerebelli and fissure of Sylvius. The subarachnoid space contained pus. No brain abscess. The cranial surfaces of the petrous bone were healthy. The case was therefore one of generalised suppurative meningitis. In regard to diagnosis the question is asked, Was it possible in this case to make a clear diagnosis of meningitis? All the classical signs had been absent, there were no signs of irritation of the meninges of the medulla or cord, but the writer observes that it is within the knowledge of all that occasionally, though the meninges be bathed in pus, clinical evidence may be wanting. The presence of polymorphs and streptococci in the fluid resulting from lumbar puncture rendered suppurative meningitis probable, but by no means certain, for cases have been recorded by Brieger, Delaunay and other observers where a purulent collection, encephalic, intra-dural or thrombo-phlebitic, has discharged itself into the spinal subarachnoid space.

H. Clayton Fox.

**Glover, Jules**.—*Bilateral Central Deafness; Hereditary Syphilis at the Second Generation*. "Annales des Maladies, de l'Oreille, du Larynx, du Nez, et du Pharynx," February, 1908.

In November, 1900, a man, aged thirty-six, consulted Professor Gaucher for dyspepsia. His tongue was fissured and leucoplasic. He was a heavy smoker; acquired syphilis was suspected, but there was no other evidence in support of this, except that his wife had had one miscarriage. All knowledge of infection was denied. The man had always enjoyed good health; he, however, bore unmistakable stigmata of hereditary syphilis: V-shaped arch, dental prognathism, teeth dwarfed and distorted. This man's son, aged thirteen, came under the notice of M. Gaucher in

1904. He was suffering from interstitial keratitis and choroido-retinitis. The teeth were pathognomic of congenital syphilis. In 1905 bilateral deafness set in suddenly. He had been under treatment at the hands of several specialists, but without improvement. Examination showed the middle ears to be normal. Sonorous vibrations were not appreciated during the use of either the tuning-fork or audiphone; tactile vibrations only were perceived. Throughout the case headache, vomiting, tinnitus, and vertigo had been absent. The labyrinths were considered intact. The eyes yielded to treatment, but not so the deafness. The lad was advised by Professor Gaucher to speak aloud several times daily with a view to preserve the power of speech. Finally the patient was placed in an institution for deaf-mutes. The author remarks that only one such case has been recorded, viz. Guerin's, and then no details of the aural examination were supplied, mention only being made of deafness. Compared with ocular lesions those of the ear are rare in hereditary syphilis of the second generation. In this connection Fournier mentions one case of aural lesion in eleven observations, this one being Guerin's; on the contrary the same author quotes 31 cases of ocular lesions in 116. In conclusion the writer believes the case recorded in this paper to be the first of indisputable central deafness occurring in congenital syphilis in the second generation.

H. Clayton Fox.

**Powers, G. H.**—*Report of a Case of Caries of the Middle Ear, Mastoid Process, Internal Ear with Extra-dural Abscess, Pachymeningitis, and Destruction of the Semi-circular Cells.* "Boston Med. and Surg. Journ.," April 23, 1908.

This paper is explained by its title.

Macleod Yearsley.

**Emerson, F. P.**—*Rosenmüller's Fossæ and their Importance in Relation to the Middle Ear.* "Boston Med. and Surg. Journ.," April 23, 1908.

Points out a source of middle-ear infection hitherto overlooked. Its conclusions are: (1) Pathological amounts of lymphoid tissue are present in Rosenmüller's fossæ in a large number of cases of chronic secretory and suppurative ears. (2) This cannot be detected with certainty by posterior rhinoscopy alone, even where a good view of the vault is obtainable. (3) In every chronic case there should be a routine digital examination. (4) Where much tissue has been found and removed the process of healing should be watched that no fibrous bands form. (5) It is possible in a large majority of cases to predict the involved ear by the condition of the corresponding fossa. (6) Results, where after-treatment is followed, are particularly good in removing abnormal sensations, restoring uniform hearing without fluctuations in the partial or complete relief of tinnitus, and in the prevention of recurring salpingitis. (7) If directions are given to blow one side of the nose at a time and carefully, the affected tube is no more apt to be infected later than its fellow.

Macleod Yearsley.

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## REVIEWS.

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*Diseases of the Nose and Throat.* By HERBERT TILLEY, B.S.(Lond.), F.R.C.S.(Eng.). London: H. K. Lewis.

Dr. de Havilland Hall in 1894 first published this work, and in his preface stated that he felt some apology was due for having added