

be moved but the voice was considerably better, and the patient only complained of a pricking pain occasionally when swallowing.

Kessel regards the condition as a traumatic subluxation of the left crico-arytænoid joint, perpetuated by the organisation of the inflammatory exudate which took place immediately after the accident. He discusses the differential diagnosis between this and recurrent palsy, and remarks on the extreme rarity of a dislocation in this situation.

From the account of the case, however, it would seem difficult to support the view that the lesion in question might not have been the result of paralysis of the inferior laryngeal nerve.

No further report is given as to the subsequent course of the case.

Alex. R. Tweedie.

E.A.R.

Urbantschitsch, Dr. Ernest.—*Purulent Conditions of the Eustachian Tubes.* "Monatss. f. Ohrenh.," Year 43, No. 7.

Too little attention, the author writes in his opening remarks, has always been given to this particular subject by all writers on otological matters, diseases and affections of the Eustachian tubes being treated only in conjunction with inflammatory conditions of the middle ear.

It is usual, he states, to regard chronic purulent conditions of the middle ear as falling into two main groups: the one, which owing to involvement of the adjacent bone is characterised by a perforation situated at the margin of the tympanic membrane (antral or attic disease), and the other in which the perforation is found more towards the centre and is dependent on some disease of the mucous membrane of the tympanic cavity proper.

To these two groups the author would like to add a third, in which the chronic purulent middle otitis is due to chronic inflammatory conditions of the Eustachian tube. The special features which characterise this group are as follows: a large perforation, most often situate in the lower and anterior quadrant of the membrane, more or less injection of the mucous membrane, a non-fœtid secretion which is more often purulent than muco-purulent, no great amount of granulations or polypus formation, and lastly, as a special pathognomonic sign, a spontaneous passage of fluids down the tube.

This latter sign can be demonstrated objectively, the author states, by the instillation of coloured drops, *e.g.* methylene blue, which can be recognised generally in less than one minute at the pharyngeal orifice of the tube, or if drops containing alcohol are used the patient will feel a burning sensation in the throat.

Such cases Urbantschitsch contends are best treated by irrigation of the tube through a catheter, and subsequently, if necessary, by massage of the tube by means of a bougie, in order to restore the tone of its lining membrane and reduce thereby the abnormal patency of the lumen.

He concludes by summarising his views in the following manner:

(1) Those forms of chronic middle-ear discharge which have hitherto been usually regarded as due to inflammatory conditions around the tympanic orifice of the Eustachian tube or to affections of the nasopharynx are really dependent on a chronic suppurative process in the tube itself. Thus it would be more correct to allude to such cases as "tuborrhœa" rather than "otorrhœa."

(2) This state of affairs is usually characterised by the spontaneous passage of fluids, instilled into the ear, down the tube into the throat.

(3) This latter symptom should be an indication to treat the case by irrigation of the tube.

(4) Irrigation of the tube is contra-indicated in all conditions other than those in which this spontaneous passage of fluids takes place, or where a slightly raised air-pressure in the meatus effects the same result.

(5) Abnormal patency of the tubes is best treated by "friction-massage" carried out by manipulation of a bougie passed into the tube.

(6) Ordinarily one or two irrigations will check such tubal suppuration, and the restoration of an abnormally patent tube by this friction-massage is effected in from two to four sittings.

(7) Reinfection, however, at first may take place, attributable to the very chronic nature of the cases under consideration. One more sitting is usually sufficient to cure such a relapse.

Several cases are quoted, with an account of their treatment on these lines, and the technique is described in detail. On the whole, however, except as regards his suggested classification, the article does not appear to contain any new methods of treatment, and the author's chief object apparently is to demonstrate that an intractable aural discharge may be really tubal in origin.

Alex. R. Tweedie.

Macleod Yearsley and H. E. Wingfield.—*A Case of Hysterical Deafness Treated by Suggestion.* "Lancet," October 2, 1909.

The case was a woman, aged thirty-seven, deaf for two years. There was a marked hysterical history. The physical examination of the ears and nose revealed nothing abnormal, and the tests gave very unreliable reactions. Under suggestion treatment she improved decidedly, but was obliged to leave England before the treatment was sufficiently prolonged.

Macleod Yearsley.

French, J. Gay.—*An Investigation into the Action and Uses of Fibrolysin in Middle-ear Deafness.* "Lancet," July 24, 1909.

French has used injections of fibrolysin in middle-ear disease. In 52 cases of deafness and tinnitus the hearing improved, and noises diminished in 16. In 16 cases of deafness without tinnitus 10 improved. Post-suppurative cases gave by far the best results, especially when the injections began immediately after the cessation of the discharge. No results were obtained in oto-sclerosis. French injects 30 minims twice a week into the upper arm and uses also 5 minims to the middle ear through the Eustachian catheter.

Macleod Yearsley.

Byrnes, H. F.—*Vestibular Nystagmus and its Relation to the Sound-perceiving Apparatus.* "Boston Med. and Surg. Journ.," July 29, 1909.

A short account of vestibular nystagmus. The author complains that little or nothing has been done in America on the subject.

Macleod Yearsley.

Hartge.—*A Case of Ménière's Apoplectic Deafness with Fatal Result.* Society of General Practitioners at Libau. "St. Petersburg. med. Wochenschr.," 1909, xxxiv, S. 373.

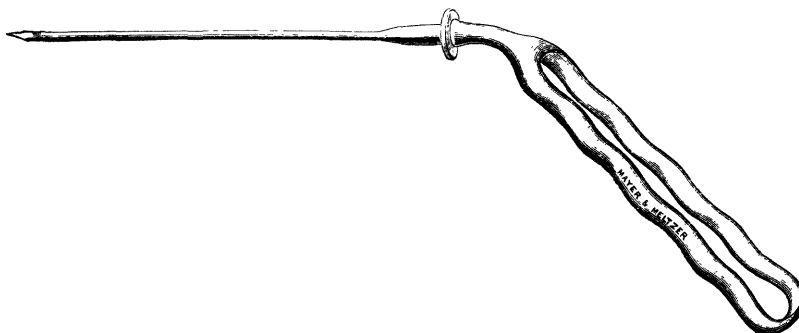
The patient, a man, aged forty, had suffered from slight deafness and tinnitus in the left ear for some years. On April 2, 1908, he was seized with an attack of vertigo and tinnitus ending in vomiting; no loss of consciousness, but after the attack marked deafness in the left ear.

After a few days' rest in bed he felt quite well, except for the deafness. On April 11 he had another severe attack of vertigo and fell down, but did not lose consciousness. After this attack there was absolute deafness on the right side and marked deafness on the left. On April 14 he developed pain in the back of the neck; respiration irregular; in the evening he vomited, and later became delirious. Next morning quite conscious. April 18, shooting pains in the body; rigor. He became unconscious, breathing became paralysed, but pulse continued for some minutes after. *Post-mortem* examination was not permitted. Probably the final cause of death was a hæmorrhage in the medulla.

W. G. Porter.

NEW INSTRUMENTS.

A NEW MODIFICATION OF LICHTWITZ' TROCAR.



The accompanying wood-cut is an illustration of a modified Lichtwitz trocar and cannula which Messrs. Mayer and Meltzer have made for me. In this pattern the flange of the cannula is about three sixteenths of an inch greater in diameter than the shoulder on the trocar, thus enabling the two parts to be more easily disengaged after the instrument has been inserted. The handle is larger and affords a better grip, and as it is set on at the usual "nasal angle" the exact site of the puncture is more accurately determinable.

Alex. R. Tweedie.

BOOKS RECEIVED.

- Garel, Dr. J.** *Diagnostic et Traitement des Maladies du Nez.* "Rhinoscopie." (*Diagnosis and Treatment of Diseases of the Nose.* "Rhinoscopy.") 145 figures in the text and 4 plates. (Third edition.) Paris: Vigot Frères. 1910.
- Knight, Charles Huntoon, A.M., M.D., and Bryant, W. Sohier, A.M., M.D.** *Diseases of the Nose, Throat, and Ear.* (Second edition, revised, with 239 illustrations.) Philadelphia: P. Blakiston's Son & Co. 1909.
- Lockard, Lorenzo B., M.D.** *Tuberculosis of the Nose and Throat.* (With 85 illustrations, 64 of them in colours.) St. Louis: C. V. Mosby Medical Book and Publishing Co. 1909.