Laryngectomy ought not to be confined alone to very grave and desperate cases, or to be looked upon as the *ultima ratio*; if it is carried out in cases which are already grave, but in which the general conditions are good, there is every reason for carrying it out in a hopeful spirit.

V. Grazzi.

Bruce, H. W.—*A Case of Vincent's Angina in which the Larynx and Trachea were Involved.* "Lancet," October 12, 1907.

The author describes a case in a man, aged forty-seven, in which Vincent's angina not only involved the fauces, but attacked the mucous membrane of the larynx and trachea. The characteristic bacilli were present in large numbers in smears taken from the slough, but no spirilla were discovered. Laryngeal obstruction necessitated laryngotomy. At the end of five days, although respiration was relieved, the tissues of the neck around the wound were attacked by a sloughing process. The skin and subcutaneous tissues were converted into a grey fœtid material; the gangrenous process spread outwards and downwards as far as the clavicle, the lungs became involved, and the patient died eleven days after admission. *Post-mortem* examination showed sloughing of the uvula, and a thin green slough covered the ary-epiglottic folds, the mucous membrane below the false cords and the trachea almost down to the bifurcation. The author remarks on the unusual features of the case, and compares it with the mild form of phagedæna or hospital gangrene.

StClair Thomson.

Bazett, Henry.—*A Fatal Case of Angeio-neurotic Œdema.* "Lancet," October 12, 1907.

The author was called to see a man, aged twenty-three, seized with choking, but found on arrival he was dead. The eyelids of both sides were so swollen that it was difficult to get any view of the pupils; the cheeks and lips were swollen, and the neck appeared to be nearly twice its natural size. The remainder of the body was unaltered and ill-nourished.

Post-mortem examination revealed marked œdema of the ary-epiglottic folds. The urine was normal.

Previous history of the case showed that, since the age of six, the patient had been subject to attacks of abdominal colic, with sudden swellings of various parts of the body, usually in the hands, thighs, or scrotum, and subsiding in twenty-four hours.

StClair Thomson.

Nowoiny, F. (Crakow).—*Bronchoscopy and Bronchoscopic Treatment in Bronchial Asthma.* "Monats. für Ohrenheilk.," December, 1907.

The author finds reason to support the view held by Pienazek that the dyspnœa is due to a swelling of the mucous membrane of the smaller bronchial tubes analogous to "angio-neurotic œdema." He treats obstinate cases by the application of cocaine and adrenalin through the bronchoscope.

Dundas Grant.

EAR.

Krotoschiner (Breslau).—*The Demonstration of Disturbances of Equilibrium in One-sided Disease of the Labyrinth.* "Arch. of Otol.," August, 1907.

In the absence of unmistakable typical "labyrinth" symptoms, the labyrinth may be sufficiently involved to be a route for infection of the

meningitis. Such changes may be detected by von Stein's methods of investigation, including the examination of the hearing, static examination on horizontal and oblique planes (goniometer), active and passive centrifuging, dynamic tests (walking and jumping). Many of these are too trying for use in some cases; the hearing and the static tests are, however, unobjectionable. If the patient can jump backwards with the eyes closed, extensive disease of the labyrinth is improbable. [This is the test recommended by Koerner.—D. G.] *Dundas Grant.*

Knapp, A. (New York).—*Otitic Meningitis.* "Arch. of Otol.," August, 1907.

Knapp found in 52 cases extension to the dura in 29. This took place 11 times by erosion through the tegmen and in 16 through the posterior surface, upper border, or apex of the petrous bone. In 22 cases the extension to the meninges was through the labyrinth and internal meatus. In nearly three fourths of the cases it was the posterior fossa, and in a little over one fourth the middle one in which the infection occurred. Meningitis may be serous or purulent, and may be encapsulated, acute, progressive, or general. Kernig's sign is very reliable as also lumbar puncture, although Brieger found pus in the lumbar fluid from a leakage of pus into the ventricles without general purulent meningitis, and Voss a similar state ofthe spinal fluid in a case of sinus thrombosis. Operative treatment is more hopeful than formerly held, especially when the infection is through the middle fossa. Ballance is quoted as laying down the principles of treatment as suppressing the source of infection, giving free exit to the suppurative exudation and administering appropriate antitoxin. Friedrich counsels incision of the dura at the site of infection and drainage by a counter opening in the spine (laminectomy). The exposure of the middle fossa is easy, that of the posterior by removing the posterior part of the petrous bone as far as the internal meatus so that the dura can be incised and the subarachnoid "cisterna" drained. Kuemmel, a general surgeon in Hamburg, effected a cure in an apparently hopeless case of traumatic meningitis by making an opening of the size of a silver "thaler" on each side of the middle line in the occipital bone, excising the dura, and draining by means of gauze tampons. The author dwells on the necessity of early and thorough elimination of the primary focus, and early recognition of labyrinthine suppuration with adoption of the appropriate surgical measures. *Dundas Grant.*

Richards, J. D. (New York).—*Report of Three Cases of Infective Sinus Thrombosis.* "Arch. of Otol.," August, 1907.

In the first, a case of acute otitis, chills, and oscillations of temperature, as also extreme depression indicated sepsis. The tympanum had not been incised. On operation the sinus appeared normal, but no blood came from below. The jugular was then excised. On returning to the upper wound the operator removed the tampon, and then a clot was expelled from below by the force of the circulation diverted by the ligation of the jugular. Recovery followed.

The second was also an acute case with labyrinthine symptoms. Operation revealed pus coming from the fenestra ovalis, and apparent recovery took place, except that the pulse remained rapid. However, a chill and rise of temperature occurred. The sinus was found occupied by a disintegrating clot (contrary to expectation), the jugular was thrombosed and thickening down to the subclavian. The patient succumbed

to general sepsis. The rapidity of the pulse was the only sign of the impending danger.

The third was that of a child with long-standing chronic suppuration. Severe pain and signs of mastoid suppuration occurred, there was drowsiness and horizontal nystagmus on looking towards the diseased side (in labyrinthitis the nystagmus is generally most marked on looking towards the sound side). There was a perisinuous abscess and a clot in the sinus. The jugular was poorly filled and was collapsed as far down as the facial. Nothing was found in the tympanum to account for the nystagmus. Recovery took place. *Dundas Grant.*

Blau, A. (Goerlitz).—*A Case of Serous Meningo-encephalitis, with Autopsy Report.* "Arch. of Otol," August, 1907.

Three weeks after an attack of measles a child, two and three quarter years old, had pain in the right ear followed by discharge, gradual loss of sight and hearing, pallor of the optic disc with thinness of the retinal arteries, ptosis of the left (opposite) eyelid, and occasional convulsions in the left arm and leg. The child became somnolent, and the reflexes lost. No lumbar puncture was performed. The radical mastoid operation was performed, and bone-caries was found—probably chronic. Both fossæ were opened, puncture of the brain gave vent to a large quantity of serous fluid, but no pus. The ptosis diminished, but death took place, and the ventricles were found enormously distended, an acute internal serous meningitis. Mydriasis of the left pupil had been noticed forty-two hours before death. There was a clot in the longitudinal sinus. No communication with the ear being found the writer considers the case as confirming Merken's suggested explanation of serous meningitis as being caused by toxic agents. *Dundas Grant.*

Schroeder, H. (Erlangen).—*Another Case of Otitic Purulent Sinus Thrombosis without Fever.* "Arch. of Otol.," August, 1907.

Six months after acute suppuration the pain returned with tinnitus, deafness, occasional vertigo, and vomiting. The pus contained staphylococci. Radical mastoid operation revealed pus, and exposure of the sinus which was covered with granulations. There was a large opening through which pus escaped, but above and below there was solid clot which was left *in situ*. Recovery took place. The protective power of the patient probably prevented the infection from becoming general.

Dundas Grant.

Kerrison, P. D. (New York).—*Report of a Case of Diphtheria, complicated by Acute Purulent Otitis Media, Mastoiditis, and Infective Sinus Thrombosis.* "Arch. of Otol.," August, 1907.

The drum was incised, the mastoid cells were opened later, and contained pus with staphylococci. The temperature curve suggested sinus phlebitis, but on exploration the sinus appeared normal. Later it was opened, and blood came from above, not from below, but when a clot was curretted from the lower part a very moderate flow took place. Two days later the jugular was removed. Gradual recovery took place. The author considers that there is no safe and practical means of detecting a parietal, non-occluding clot in the bulb or inner end of the horizontal limb of the sinus. If the symptoms indicate no urgent need of intervention he suggests that we may delay operation for the purpose of allowing the clot to develop to a demonstrable size. Also that when septic

absorption is in progress it may be wise, even when no clot is revealed by exploration, to resect the jugular vein to elimininate this avenue of infection. *Dundas Grant.*

Siebenmann, Professor.—*On Deafness Arising in the Course of Acute Osteomyelitis and Septic Processes in General.*

The writer gives an account of three cases occurring in his own practice, and has collected reports of four others in the literature. The cases are reviewed and an attempt made to depict the disease as a clinical entity, although, as the author states, the material is as yet rather small on which to frame any very definite conclusions.

The deafness, which is of sudden onset, occurs in cases of acute osteomyelitis of the long bones, of a severe type with high fever. The onset of the ear trouble may take place at the time of the high fever, but is usually much later, thus, in one case, even as long as five years afterwards. The patients, with one exception, were all under twenty years of age. Severe tinnitus and giddiness, with, in some cases, vomiting, accompanied the deafness at its commencement.

The loss of hearing, usually bilateral, was rapid, and was complete in some cases in a few hours; in others the marked deafness resulting from the acute attack gradually progressed for two years before complete loss of function was reached. In only one case was there any improvement in the hearing power, and that on one side only. Two of the patients, both seven years of age, became deaf-mutes; it is possible, therefore, that in this disease we have a factor in the production of deaf-mutism which is at present overlooked.

The middle ear was not involved, the history and the results of functional tests pointing definitely to a lesion of the internal ear.

In all the cases the cochlear and vestibular nerves were the only ones apparently affected, but this, the author points out, would not in itself be sufficient ground for denying a polyneuritic infective process, since certain poisons, such as quinine and salicin, also show a special tendency to attack the acoustic nerve.

In Steinbrügge's cases such changes were found in the labyrinth and meninges as to lead this writer to regard the disease as an extension from a meningitis, but except in this case no evidence of meningitis was present in the series.

Against the theory of septic metastasis into the labyrinth is the fact that no other organs in the body are involved, and that such a process is very rare in staphylococcic infections.

It is possible that fine changes may have been produced in the acoustic nerve, for it has been shown that the injections of living staphylococci into rabbits have brought about acute and marked changes in the nerve-cells. The endotoxines are not known to produce any change. But it is found that osteomyelitis has never been known to give rise to optic neuritis, in fact ophthalmologists regard septic processes in general as an extremely rare cause of this lesion. On the other hand, retinal hæmorrhages, septic retinitis, and panophthalmia are common results of general septic infection, usually due to streptococci.

Having regard to this analogy the writer thinks that osteomyelitic deafness must be put down to some change, not in the nerve, but in the labyrinth itself. The whole matter needs further investigation, especially complete examination of the auditory apparatus in patients dying from osteomyelitis. *Lindley Sewell.*

Putelli, F.—*On the Examination of the Hearing of Railway Employees.* "Arch. Ital. d'Otolog.," vol. xviii, No. 6, 1907.

Dr. Putelli gives a *resumé* of the recent publications with regard to this point, and has come to the opinion that at present, of those tests which do not require mathematical exactness, the whispering voice produced by the residual air gives us the most universally convenient method of acoumetry. *V. Grazzi.*

NECK, THYROID, ŒSOPHAGUS.

Melandri, F. G., and **Legg, T. P.**—*Case of Acute Suppuration in a Thyroid Adenoma due to the Bacillus Typhosus.* "Lancet," January 25, 1908.

The case is described by the title. Acute abscess of the thyroid is not a very common occurrence, and when it does occur, apart from traumatism, such as puncturing a cyst, it is more often observed in connection with an acute febrile tissue and generally at a late stage of the illness.

StClair Thomson.

Manson, J. S.—*Open Safety-pin in the Œsophagus of a Child aged five months.* "Lancet," January 4, 1908.

A male child, aged five months, was admitted to the Oldham Infirmary on October 26, 1907, with a history of having swallowed a safety-pin one hour previous to admission. A skiagram was taken and the pin was seen to lie about the middle of the œsophagus, open with the point upwards. It seemed a hopeless task to try to get the pin up by means of a probang, so it was resolved to push the pin down into the stomach and hope for the best. An ordinary stomach-tube of small-size was pushed down the œsophagus, and after withdrawing another skiagram was taken showing the pin lying in the stomach. The child was kept in bed and watched carefully. Milk diet was given, and four days after admission a dose of castor-oil. On the afternoon of November 2 the pin was found sticking halfway out at the anus. The pin took six and a quarter days to accomplish the journey from the mouth to the anus, and only once or twice did the child seem at all fretful. The case seems worthy of note in showing the power of the alimentary canal in dealing with a foreign body of a somewhat formidable nature.

StClair Thomson.

Paterson, D. R. (Cardiff).—*Note on the Removal of an Open Safety-pin in the Œsophagus of a Child aged Five Months.* "Lancet," February 1, 1908.

Criticising the above communication Dr. Paterson points out the great dangers of the method employed, although it ended fortunately. He pleads for the adoption of Killian's œsophagoscopic tube in any similar cases. *StClair Thomson.*

MISCELLANEOUS.

Slater, A. B.—*A Case of Diphtheria of the Skin, of Three Years' Duration, treated by Antitoxine.* "Lancet," January 4, 1908.

There seems to be no doubt that the most important factor in this case was the Klebs-Loeffler bacillus. The disease apparently commenced