perature 40·9° C., and the afore-mentioned ocular symptoms became more pronounced. A double orbital phlegmon was feared. August 23, the sub-sterno-mastoid swelling formerly opened now fluctuated; on incising it an abscess the size of a pigeon's egg was found, situated deeply, and extending inwards towards the pharynx. August 24, temperature 37·5° C. morning, 37·8° C. evening. The temperature remained high with oscillation during the next four days, but the ocular condition underwent a marked improvement. September 10, right-sided pleural effusion developed, and on the 13th 250 grammes of purulent fluid were aspirated; this afforded only slight relief, the fever continued. Thoracotomy, performed on the 15th, revealed the pleural cavity crowded with false membranes; no fluid present. On September 26 a large pulmonary abscess suddenly burst into the bronchi and pleura. Convalescence set in immediately, the temperature next day being 37° C. Pleuro-pulmonary suppuration lasted till November 11. By this time the general health had become excellent, and the only ocular trouble now was slight limitation in the movement of abduction of the right eye. The auricular wound was slow in recovering, osteitis with granulations persisted at the level of the facial spur and inner wall of the aditus and antrum. At the end of January a sequestrum, the size of a pea, was removed, after which an uninterrupted recovery followed. Some of the possible routes of infection of the cavernous sinus in cases of otorrhœa are given: in this particular instance it was through the carotid venous plexus which receives some of the tympanic veins.

With regard to treatment, the author was content in disinfecting the auriculo-mastoid focus by the radical operation, seeing the difficulty attending surgical intervention on a bilateral phlebitis of the cavernous sinus. He is unable to say what influence intra-venous injections of collargol, which had been practised sixteen times between August 17 and September 13, had in the case.

The relatively attenuated virulence of the infection, coupled with extraordinary resisting power on the part of the patient, were important factors in bringing about recovery. *H. Clayton Fox.*

BOOK RECEIVED.

Goodall and **Washbourn**. *Manual of Infectious Diseases.* Second edition, revised by E. W. Goodall, M.D. (33 plates.) London: H. K. Lewis.

Central London Throat and Ear Hospital.—The annual dinner of the medical staff and students of the Central London Throat and Ear Hospital was held at the Trocadero Restaurant on October 16, Dr. Dundas Grant in the chair. The principal guests were Dr. John Macintyre, of Glasgow, who delivered the inaugural address at the beginning of the winter course of lectures, and Dr. Otto Freer, of Chicago, together with various members of the staffs of all the throat and ear hospitals in London.

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