influence of the *kŭlan-kuirgak* will never grow any more, remaining *in statu quo* for the rest of the subject's life." Similarly successfully the remedy is employed for the treatment of all possible tumours, abrasions, etc., in horses and cattle, the diseased parts being kept covered with a sort of plaster made of the plant.

[One cannot help thinking that the cynoglossus treatment of goître deserves a careful and impartial investigation by scientific practitioners.—*Reporter.*] *Valerius Idelson.*

Gibson, E. Valentine (Glasgow).—*A Rapidly Fatal Case of Angina Ludovici.* "Lancet," June 3, 1893.

A VERY typical case answering to Ludwig's description as given by Parker in the "Lancet" for October 25th, 1879. Violent dyspnœa called for tracheotomy, but this was followed by considerable emphysema. An incision from chin to hyoid evacuated much serous discharge, but no pus. Death ensued next day with cyanosis and coma. There were several pulmonary infarcts. Dr. Gibson advises early intubation and incisions in these very trying cases. *Dundas Grant.*

Sheboldaieff, V. V. (Tchernigoff, Russia).—*Parotitis Septicæmia due to Leeching.* "Meditzinskoië Obozrenïë," 1893, No. 17, p. 482.

A JEWISH driver, aged fifty-eight, was found to be suffering from left-sided acute parotitis, and was accordingly ordered to apply four leeches below the ear. Shortly after the leeching, which had been made at a dirty barber's shop, there appeared severe manifestations of general septic poisoning, accompanied by intense aggravation of local phenomena. A couple of days later the patient died. The necropsy revealed septic thrombosis of the external and internal jugular veins on the side of the parotitis. *Valerius Idelson.*

EAR.

Cuperus, N. J. (Leiden).—*The Limit of Hearing for Low and High Tones in Connection with Age.* Praefschrift, Leiden, 1893 (Dissertation, Leiden, 1893).

SOME years ago Zwaardemaker (Utrecht) fixed the limit at which high tones would still be heard, and he found as a rule that the faculty of hearing high tones declined proportionately with the increase of age. The examinations of Cuperus confirmed the result of these observations. In his dissertation he intended to fix also the limit for low tones. He therefore used the apparatus of Apunn, and could still hear a tone of eleven vibrations. Before him other examiners, as Sauveur (1700), Chladni, Biot, and lately Helmholtz, Wolff, and Apunn, found as the limit of hearing a tone of 10, 12, 16, 24, 45 and 48 vibrations. Cuperus doubts whether a tone of 10 vibrations could still be heard. He examined his result on 189 ears: 28 ears could still hear a tone of 9 vibrations, only 3 ears heard a tone of 19 vibrations. From 10 to 20 years he found the low limit average was a tone of 10·10 vibrations; from 20 to 30 years, 10·54; from 30 to 40 years, 10·85; from 40 to 50 years, 11; from

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50 to 60 years, 12·33 ; above 60 years, 12·95 vibrations. The shrinkage of the tone ladder at its lower end thus amounts to two or three vibrations. Four engravings are added to the work. *Posthumus Meyjes.*

Meyjes, W. Posthumus (Amsterdam).—*Treatment of Progressive and Persistent Deafness, and of Chronic Suppurative Inflammation of the Middle Ear by Removal of the Ossicles.* "Nederlandsch Tijdschrift voor Geneeskunde," 1893, Deel I. ("Dutch Medical Periodical," 1893, Part I.)

SEVERAL dozens of cases of chronic purulent otitis media have been treated by the author by removal of the drumhead, malleus, and incus, or drumhead and malleus alone, all other methods of treatment having been applied unsuccessfully during a long time. Most cases were "attic" cases, where hearing was generally tolerably good, which was not the case if the drumhead was totally destroyed, and the malleus, strongly drawn back, was fixed by bands in the drum cavity. According to the French authors the scraping of the drum cavity as far as possible stopped the suppuration in such cases, where nothing more was found of ossicles. Increase of hearing and relief of tinnitus was most remarkable after removal of the malleus in cases where this ossicle was fixed in an abnormal situation, where the stapes thus was pressed inward by the immovable incus. The better communication there above made between the drum cavity and the attic obviously accelerated the curing of the suppuration. The result of the removal of the drumhead and the malleus in sclerotic cases was far behind the improvement of the hearing in suppurative cases, although a better conception for sounds could not be denied in two cases of sclerosis operated upon by the author. The very satisfactory results obtained in purulent otitis media by the above-mentioned method the author thinks a strong argument against the immediate performing of the far more radical operations according to Stacke, Küster, and others. These operations are, however, indicated when a more gentle treatment is not successful. *Posthumus Meyjes.*

Gowers (London).—*The Nervous Sequelæ of Influenza.* "Lancet," July 8, 1893.

IN the region of the special senses nervous sequelæ are not frequent, but *hyperacusis* has accompanied *aural neuralgia*, *nerve-deafness* and *tinnitus* have occasionally occurred, and in one case the peripheral irritation produced a form of *central tinnitus*, the subjective sounds, at first simple, becoming more elaborate and taking the form of tunes, the sensitiveness of the auditory centre being also shown by the fact that every tune the patient heard repeated itself continuously for hours in spite of all he could do. Middle-ear inflammation had its usual nervous symptoms, and was a frequent consequence of influenza. *Loss of smell and taste* was probably of catarrhal rather than nervous origin.

Dundas Grant.

Wherry, George (Cambridge).—*A Blue-Bottle and Maggots Removed from the Ear.* "Lancet," June 3, 1893.

FIFTEEN minutes after the insertion of a blue-bottle—by a practical joker—into the patient's ear, the writer removed the insect, and with it a number of tiny white maggots. *Dundas Grant.*

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Pritchard, Edward J. (Chiswick).—*Foreign Body in the Ear for Twenty-one Years.* "Lancet," June 10, 1893.

A PEA had been inserted in the patient's ear twenty-one years previously, but all attempts at removal were ineffectual, and it was left to "work its way out." Only recently a slight deafness led to the discovery of the foreign body. It was extracted by means of a fine silver wire snare, and found to be shrivelled up and coated with desquamated epidermis.

Dundas Grant.

Lake, R. (London).—*Localized Inflammation of the Posterior Superior Quadrant of the Tympanic Cavity.* "Lancet," May 27, 1893.

THE effusion in this part is apt to be pent up by adhesions between the incus, stapedius, and other structures. The membrane bulges locally. He recommends incision and irrigation through the Eustachian tube by means of a catheter with a one-sixth per cent. salt solution.

Dundas Grant.

Sheild, Marmaduke (London).—*Cholesteatoma of the Mastoid Cells.* "Lancet," May 13, 1893.

AFTER a *résumé* of the various views as to the nature of aural cholesteatoma, Mr. Sheild concludes that the true mastoid cholesteatoma is not a neoplasm in the strict sense of the word, but is due to the accumulation of many generations of squamous epithelium which are successively shed. The epithelium grows into the mastoid antrum or cells from the auditory canal or tympanum through an opening previously caused by carious and necrotic processes. By their increase they cause pressure-absorption of the walls of the cavities. The rare cases in which no history of chronic suppuration has been obtained are probably instances of deep-seated dermoid cysts. A typical case of cholesteatoma is narrated. [The subject has been frequently handled in the abstracts in this Journal.] *Dundas Grant.*

Sumpter, W. J. Ernely (Sherringham), and **Snow, Herbert** (London).—*Epithelioma of both External Ears.* "Lancet," April 18 and 22, 1893.

A PATIENT, aged seventy-six, consulted the author nine months ago for a slight ulceration of both ears, which had begun two years previously as a small blister. The ulcer on the right ear began to extend later, and took on the character of epithelioma. The left remained unchanged. Operation was refused by the patient. A "cancer" had been removed from the lip nine years before. Dr. Snow looks on the case as having been primarily one of eczema, and that on the right ear alone was there epithelioma. The case was, therefore, not one of epithelioma of *both* external ears.

Dundas Grant.

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