at a later period of life, might form cystic growths. Sections of the cyst wall showed alveolar with columnar epithelium lining them in places. The wound [site not stated—REP.] in each case healed by primary union.
Wm. Robertson.

Davies, Arthur T.—*The Treatment of Myxœdema.* "Lancet," Feb. 11, 1893.

DR. DAVIES recommends the administration of thyroid gland in the form of the powdered dried extract on account of its portability and convenience, the avoidance of putrefaction or of disease in the gland, the minimization of nausea, such as is apt to follow the consumption of raw or cooked glands. He advises the patient to rest for an hour after taking the powder. *Dundas Grant.*

Napier, Alex. (Glasgow). — *The Thyroid Treatment of Myxœdema — The Selection of Thyroid Gland for Administration.* "Lancet," Feb. 4, 1893.

DR. NAPIER calls attention to the fact that the thyroid gland is often the seat of disease, especially of a cystic character. He takes the precaution of examining beforehand the thyroids consumed by his patients. They are then minced in small pieces and administered in a little warm soup or beef-tea. He rejects the large dark blood-engorged thyroids sometimes met with. *Dundas Grant.*

EAR.

Roberts, Nathan (New York).—*Pyoktanin in Ear Disease.* "Med. Rec.," Jan. 28, 1893.

THE most to be said for the drug is that it is worthy of trial when the standard remedies fail, and it is of much less value than they are. He used it in a solution as weak as one in ten thousand. *Dundas Grant.*

Dalby, Sir W. (London).—*Strange Incidents in Practice.* "Lancet," Feb. 4, 1893.

TWO cases are narrated of *sudden loss of hearing* produced by emotional shock. This loss of perception while the conduction remains good is on account of its bilateral characters due to some change situated at least as deep as the medulla. The suspension of the hearing faculty is analogous to that of the sense of smell, of which an instance due to emotion is also quoted. Sir W. Dalby has known the hearing to be partially suspended—and in a high degree—by such causes as a loaded state of the intestines, sleeplessness, gouty irritability of the brain, the presence of lumbrici, etc., returning on the removal of these various conditions. He ascribes the deafness to a congestion of the cerebral vessels, and draws an analogy with the irrecoverable loss of hearing occasionally occurring in typhus and mumps.

In a case in which no self-mutilation was at all probable three pieces of *a sewing needle* were found embedded in the inflamed tissues of the meatus, the patient being utterly unable to explain their presence.

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Pure hysterical deafness was only met with once. Active measures of treatment were not permitted, and sudden recovery took place after six months. The patient had a year previously been similarly "blind" for a number of weeks.

Loss of speech, dating from boyhood, was met with in a robust middle-aged man, and the faculty suddenly returned. No explanation is suggested. Hearing and intelligence were perfect, and he had always communicated his ideas by writing. [The abstractor had recently the opportunity of observing a similar case in the clinic of Mr. Lennox Browne. The speechlessness—not mere voicelessness—had lasted in an elderly nervous preacher for several years, and was completely and instantly removed by a rousing application of faradism.] *Dundas Grant.*

Miles. — *The Varieties of Vertigo.* "Med. Rec.," Feb. 18, 1893, from "Philadelphia Policlinic."

(1) VERTIGO arising from ***intra-cranial disease***, chiefly tumour or pachymeningitis; (2) *ocular* vertigo; (3) vertigo from *disease of blood-vessels* (arterio sclerosis); (4) vertigo from *diseased states of the blood* (anæmia, hyperæmia, lithæmia, toxæmia); (5) vertigo due to ***irritation reflected to the labyrinth or brain*** from more or less distant parts (nasal, pharyngeal, laryngeal, gastric, intestinal, etc.) These reflex vertigos are thought by the writer to be often toxic in origin. [No mention is made of vertigo occasioned by disease of the internal or middle ear.—ABS.] *Dundas Grant.*

Schneider, Joseph (Milwaukee).—*Influence of Diseases of the Ear upon the Mental and Physical Development of the Child.* "Med. News," April 8, 1893.

THE frequency of ear defects is shown by reports of authorities :—

Burkhard-Merion found in ..... 1950 children
85 with hearing impaired through scarlatina.

Von Reichard 1055
22·37 could hear only from 0 to 18 inches a watch that should be heard at 60 inches.

Weil 6000
30 per cent. with a defect.

Sexton..... 570
13 per cent. with pronounced defect of hearing.

Narrell..... 491
72 with defective hearing on both sides.
53 on one side only.

Bezold..... 1289
296 with abnormalities of the aural function, of which in 241 instances the children and the teacher were quite unaware.

Gellé, of Paris, examined the hearing-power of some "good" and some "bad" pupils. Of 20 "bad" ones, six could only hear the watch tick at half a metre, and of the "good" ones all could hear the tick beyond this distance. Of seven very lazy and inattentive pupils, six had very defective hearing.

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Schneider finds that of the children examined, two per cent. were suffering from suppurative otitis, and that 42 per cent. showed a favourable progress under proper treatment. [The inferences drawn from these facts are sufficiently obvious.—ABS.] *Dundas Grant.*

Friedenwald, H.—*Cholesteatoma of the Ear.* "The Medical News," Mar. 11, 1893.

THIS disease was found by Virchow in nearly one-third of the number of fatal ear cases examined by him. The disease presents itself as a bright white growth of pearly lustre, with a smooth surface, and composed of layers of cells arranged concentrically. It is made up of layers of large flat non-nucleated polyhedral cells. Between the layers of cells cholesterine crystals are found. In the ear these growths are found in the tympanic cavity and in the mastoid cells. They cause erosion of the surrounding bone and often produce large cavities.

Cholesteatoma is frequently associated with chronic suppuration of the middle ear, especially in its upper segment, with perforation of the membrana tympani and with polypi in the middle ear. The theories as to the origin of the cholesteatomatous masses are very various, and no one theory appears to be a sufficient explanation of the condition.

A diagnosis of this condition can be made when the masses are seen in the middle ear or auditory canal, or when smaller or larger flakes made up of the characteristic cells are washed out of the middle ear, especially when they are regularly lamellated. The treatment consists in thoroughly cleansing the middle ear with warm antiseptic injections by means of special intra-tympanic syringes. Injections through the Eustachian tube are also serviceable. In some cases the ossicles will have to be removed, while in still other cases it may be necessary to open the mastoid antrum. *W. Milligan.*

Dench.—*Epithelioma of the Auricle.* "Archiv. of Otology," Vol. XXII., No. 2.

THE patient, a female, aged sixty-three, consulted the author on account of a discharge from the left meatus, which had been present for about six weeks. For some time there had been constant and increasing pain in the left ear, extending gradually until it involved the entire left side of the face. Examination revealed the surface of the meatus almost completely closed by a firm mass arising from the base of the tragus upon its internal surface and involving to some extent the inferior and posterior margins of the meatus. The surface of the growth was ulcerated over a small central area. There was considerable offensive discharge. Careful examination showed that the middle ear was not involved. There were no enlarged glands, and the whole mass was freely movable. The patient was accordingly kept under observation, but at the end of two weeks the tumour was found to be decidedly larger, and had extended so as to involve the auricle as far as the base of the antitragus. The superficial ulceration was also rapidly extending. Microscopic examination of a small portion which was removed revealed the characteristic structure of epithelioma. An incision was made from the superior border of the tragus forward and downward through the tissues of the cheek,

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care being taken that it lay well outside the line of induration. The posterior portion of the incision was rapidly deepened until it extended into the meatus. Great care was taken so as to avoid opening the temporo-maxillary articulation. From the end of this horizontal incision a second was made extending downwards and backwards to the insertion of the lobule. The neoplasm was in this way dissected out. Recovery was uneventful. The special points of interest the author lays stress upon are (1) the rapidity of the growth and (2) the absence of glandular enlargement, which last he considers an infrequent complication of malignant tumours in this location. He also considers that malignant disease of the external ear is more amenable to surgical interference than the same affection in other portions of the body. *W. Milligan.*

Crawford, W. S. (Leeds). — *Squamous Epithelioma of the External Ear.* "Lancet," Mar. 11, 1893.

A SMALL warty growth appeared in the upper part of the fossa of the helix in a man aged sixty-four. Seven months later he received a blow on the part, and for other seven months it grew till the whole of the auricle, except the concha and lobule, was occupied by an irregular, soft warty growth, covered with fœtid pus, and a few small blood-clots, and emitted an extreme fœtor. The ear was sliced off, and on section showed well-marked squamous epithelioma. *Dundas Grant.*

Ellis, W. Gilmore (Singapore). — *Ulcerated Tuberculous Affection of the Lobe of the Left Ear, with Anæsthesia of the Same Side of the Face, Complicated with Scabies.* "Lancet," Feb. 25, 1893.

A MULATTO boy, aged twelve, with ulceration of the lobe of the left ear, which was swollen, livid, nodulated, and itched dreadfully, dated this condition from a mosquito bite received fifteen days previously. For about a year he had noticed almost complete anæsthesia of the left half of the face, above the level of the angle of the mouth. Cover-glass preparations from the serum revealed two acari scabiei under low power, and numerous bacilli lepræ under a one-twelfth inch homogeneous oil-immersion lens. The bacilli were very like the bacillus tuberculosis, but somewhat smaller, straighter, and less rounded. There was a family tendency to phthisis, and there was proximity but not contact with lepers. A month later the anæsthesia was more marked and the lobe was thicker, but the ulceration was tending to heal. Some slight thickening of the second toe of the right foot, which had lost its nail, was noticed. Mercurial ointment was the only treatment used.

[The writer's description would lead one to suppose that the word "leprous" had been accidentally omitted in the title of the paper.—ABS.]

Dundas Grant.

Greene, H. E.—*Foreign Body in the Tympanum.* "New York Med. Journ.," March 25, 1893.

IN this case the patient while passing some alder bushes suddenly felt what seemed to be a terrible blow in the ear. The pain produced was intense, and vertigo was so great that he staggered all the way home. The pain disappeared in a few hours. On examination shortly after, a

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faint streak was seen on the posterior segment of the membrane. The hearing was almost normal. Three weeks after this the patient was seen again, when the ear was found to be discharging and a perforation was seen *below the original seat of injury*. A month later the patient again returned complaining that his hearing was poor, and that the discharge was offensive. Granulations were found springing from the mucous membrane of the middle ear. The perforation was enlarged, and a fine stream of fluid injected into the middle ear. A dark object at once appeared, and on being removed with the forceps proved to be a twig of alder ten millimetres long and two millimetres in diameter. The discharge soon ceased and the hearing returned. *W. Milligan.*

Parkin, Alfred.—*Cases illustrating the Treatment of Middle Ear Disease.* "The Sheffield Med. Journ.," Vol. I., Part 3.

IN this article the author insists upon the importance of proper surgical treatment in cases of acute and chronic suppurative middle ear disease. In acute cases, where symptoms of retained secretion in the middle ear are present, immediate paracentesis of the membrana tympani should be performed. In cases where pain over the mastoid process is complained of, especially on firm pressure over the antral area, and where there is a rise of temperature, the mastoid antrum should be opened and the parts properly drained.

In chronic cases, when the milder methods of treatment fail, the operation of antrectomy with gouge and mallet should be performed. The author calls attention to the now accepted theory that many of these chronic cases are tubercular in nature or become so. *W. Milligan.*

Black, G. Melville (Denver). — *Removal of the Drumhead and Ossicles in Diseases of the Middle Ear.* "Med. News," Apr. 15, 1893.

IN non-suppurative cases the indications for the operation are not so favourable as in suppurative. The object is "to remove a transmitting mechanism that, from its diseased condition, has become an obstruction." In the suppurative forms the operation is of the utmost value, especially in the "attic" cases. "In this variety, as well as in all chronic suppurative diseases of the middle ear which do not improve under the usual methods of treatment, dead bone is the cause of its chronicity."

Two suppurative cases are narrated with good result. Of three non-suppurative cases, one improved sufficiently to understand the ordinary voice at six inches, whereas previous to operation he could not understand it at all. In another, unbearable tinnitus was partially relieved, and conversation—previously only a jumbled noise—could be carried on at a distance of one foot. A slight improvement in the hearing took place in a third case. There was muco-purulent discharge for about a fortnight after the operation. The membrane then began to regrow, but repeated applications of trichloracetic acid appeared to prevent its healing over. Occasionally granulations had to be destroyed with chromic acid. The tympanum was left "dry and white, with a good hole existing in the drumhead." [The slight improvement in the very advanced cases, on which alone operators feel justified in trying this procedure, gives hope

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that in earlier cases brilliant results may be obtained as the scope of the operation becomes more clearly recognized.—ABS.] *Dundas Grant.*

Burnett, C. H.—*Partial Myringectomy and Removal of the Incus and Stapes for the Relief of the Lesions of Chronic Catarrhal Otitis Media.* "Med. News," May 13, 1893.

THE author, after detailing the histories of several cases operated upon, and his method of procedure, sums up his experience as follows :—

(1) The operation of partial excision of the membrana tympani (myringectomy of the posterior superior quadrant) is practically unattended by reaction.

(2) Reaction not attending this modification of excision of the membrana, regeneration of the membrane is less likely to occur than when total excision of the membrana is performed.

(3) Removal of the malleus is not necessary for relief in cases of simple chronic catarrhal otitis media.

(4) The removal of the incus alone, or of the incus and the head and crura of the stapes is followed by results as good as when the incus and the entire stapes are removed.

(5) Displacement of the incus and leaving it in the drum cavity, when the stapes is removed in part or in whole, is likely to be followed by inflammation of the middle ear.

(6) Removal of the incus alone, the membrana, malleus, and stapes being left *in situ*, gives more space in the drum cavity, increases its resonance, and permits free access of sound waves to the stapes, thereby improving the hearing.

(7) The relief of tinnitus and aural vertigo is very probably due to the liberation of the stapes from the impacting weight of the incus forced inward and held so by the retractive power of the indrawn membrana tympani and malleus. *W. Milligan.*

Sexton (New York). — *Remarks on Otoscleronectomy and Otonecronectomy.* "Med. Rec.," Feb. 18, 1893.

THE former consists in the removal of part or all of the sclerosed and anchylosed conductors of sound in chronic catarrhal otitis media, the latter in the excision and removal of the necrotic conductors of sound in chronic purulent otitis media. The writer insists on the necessity for general anæsthesia during the operation, and for the utmost restriction of diet both before and after, until the tendency to regeneration of the membrane has ceased. He attaches little value to operations for the mobilization or removal of the stapes. He [as usual—ABS.] refers the reader to his work on "Diseases of the Ear" for the details of his method of operation. [The "remarks" amount to a signalization of the author's general satisfaction with his own results.—ABS.] *Dundas Grant.*

Adams, John L.—*A Case of Thrombosis of the Lateral Sinus.* "Archives of Otology," Vol. XXII., No. 2.

THE patient, a female, aged twenty, presented herself at the author's clinic complaining of pain in the right ear and right side of the head. Examination showed a small quantity of secretion in the external meatus,

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the walls of which were swollen. The membrana tympani was perforated in the posterior inferior quadrant. There was marked tenderness over the mastoid process and slight induration. Temperature 101·2° F., pulse 76. The patient was advised to come into hospital, but refused. A few days afterwards she again presented herself and was admitted. The history given at this time was that the ear had been discharging freely for some months until within the last four weeks, when the discharge had entirely ceased. Seventeen days before admission she began to have severe headaches, and for ten days before admission the pain had been specially marked in the right ear and upon the right side of the head. She also had had repeated attacks of vomiting and shivering. On admission there was found to be marked mastoid tenderness with slight induration. The walls of the meatus were swollen, and the membrane was seen to be perforated in the posterior inferior quadrant. Temperature 101° F., pulse 78. There was severe pain at the back of the neck upon any movement of the head. The patient was put under an anæsthetic and the mastoid antrum opened up. A small quantity of pus was found. The drainage was established through antrum, middle, and external ear. The day after the operation the patient was noticed to have convergent squint and hyperæmia of both optic discs. The temperature varied from 100·4° to 103·5°, and the pulse from 70 to 78. The temperature of the right side of the head, taken with a surface thermometer, was found to be one degree higher than upon the left side. The reflexes were the same on both sides of the body. The mental condition was dull and somnolent, but when roused the patient was able to answer questions correctly. She was seen in consultation by several physicians, and the diagnosis of intra-cranial abscess was made. The temporo-sphenoidal lobe was first explored, but no pus was found. The mastoid wound was accordingly enlarged in a backward direction, and the surface of the lateral sinus was exposed. It was found to be thickened and inflamed. Foul plum-coloured venous blood was withdrawn at this stage from the sinus. The internal jugular vein was accordingly ligatured in the neck in two places and divided. The lateral sinus was incised (for about 1 inch), and found to contain a septic thrombus. The sinus was now irrigated, and then packed. For some days the condition of the patient varied, but gradually she became more and more comatose, and died five days after the operation. At the autopsy two-thirds of the superior surface of the right cerebellar lobe was found covered with thick pus extending forward to the crus cerebelli. The tentorium and the dura of the cerebellar fossa corresponding with the area of purulent deposit upon the cerebellum were also covered with pus. There was an opening through the dura into the cerebellar fossa at a point corresponding to the opening through the skull from the mastoid cells.

W. Milligan.

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