cured in a short time. A second photograph shows the excellent result, and presents a nearly normal condition of the patient. The extensive historical and physiological references must be read in the original.

Michael.

EARS.

Cozzolino (Naples).—*A New and very Effective Remedy for Local Infections, and especially Pyogenic Processes in the Ear, the Nose, and the Throat.* "Annales des Maladies de l'Oreille," Nov., 1893.

THE author extols the effects of microcidine, a compound of naphthol β and caustic soda. It is an odourless substance, soluble in alcohol. According to Berlioz, it is ten times more antiseptic than phenol, and twenty times more than boric acid. He has used it with success in a three or four per cent. solution in aural suppuration. It is equally useful in a one or two per cent. solution in diseases of the nose, as well as in common tonsillitis, and in the scarlatinal diphtheritic form. *Joal.*

Courtade (Paris).—*New Mode of Treatment for Adhesions in the External Meatus by Means of "Tubage."* "Annales des Maladies de l'Oreille," Dec., 1893.

BY tubage—intubation—the author means the introduction of an india-rubber tube to act at the same time as drain and permanent dilator. He has employed it with success in a case of membranous diaphragm in the meatus and in adhesions in that passage. *Joal.*

Bidwell (London).—*Rodent Ulcer.* "Brit. Med. Journ.," Dec. 9, 1893.

THIS the author showed arose in a mole situated in front of the right ear. The origin was unusual—*i.e.*, from a mole which contains many sebaceous glands. In its histology it was a typical carcinoma. Golding Bird referred to the confusion existing as to the histology and diagnosis of "rodent ulcer"—a term which is only to be regarded from a clinical point of view. Any ulcer between the brow and mouth was termed such. Secondary infection of the lymphatic glands was always absent.

Wm. Robertson.

Heiman (Warsaw).—*Artificial Diseases of the Ear.* "Annales des Maladies de l'Oreille," Dec., 1893.

THERE are three methods of producing these (for purposes of malingering, etc.) :—(1) To introduce into the external meatus non-irritant bodies, such as cotton-wool, grains of corn, or leaves ; (2) to apply irritant materials to produce inflammation of the external meatus and tympanum, such as pepper, camphor, turpentine or croton oil ; (3) to destroy the tympanic membrane by perforating it, and then pouring in some caustic liquid, such as carbolic, sulphuric or nitric acid.

Among conscripts the first two kinds of fraud occur rarely ; formerly the third was pretty frequent in Poland.

The diagnosis depends on the age of the patient, the circumstances,

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the unilateral nature of the lesion and its acuteness. In addition, the membrane is grey or reddish, the perforation is in the antero-inferior or postero-superior part; suppuration is only abundant at the moment of separation of the eschar. Hearing-power is little affected. The external meatus is liable to obliteration. *Joal.*

Hutton (Staffordshire).—*Intra-Cranial Complications of Chronic Otitis Media.* "Brit. Med. Journ.," Jan. 6, 1894.

THIS refers to an uncompleted case, where a tempero-sphenoidal abscess developed with the usual symptoms and was trephined, with the result that the patient began to improve. There was necrosis of the upper wall of the tympanum, but no mastoid implication. There was optic neuritis. Very fœtid pus was found an inch from the surface. *Wm. Robertson.*

Balance (London).—*Thromboses of the Lateral Sinus.* "Brit. Med. Journ," Dec. 9, 1893.

THE typical symptoms of lateral sinus pyæmia of eight days' standing were present. He was drowsy, temperature 105·5. There was fœtid otorrhœa and a swelling over the upper part of the internal jugular vein in the neck and over the mastoid process. On operation the petrous and mastoid bones were found carious. The sinus presented no evidence of thrombosis. The vein was exposed below the parotid gland, and tied just below where it was thrombosed. [The appearance of the thrombosed vein is not given.—W.R.] A free incision into the sinus discovered no thrombosis, but free bleeding occurred. Recovery. *Wm. Robertson.*

Ménière (Paris).—*Shot Wound in the Right Ear.* "Arch. Internat. de Laryngol.," Dec., 1893.

SEE the report of the Paris Society of Laryngology. *Joal.*

Starr, M. A.—*Traumatic Deafness.* "New York Med. Journ.," Jan. 20, 1894.

THE patient became totally deaf on the right side after a kick. A faradic current was passed through the ear; the points of contact and strength of current are not mentioned, nor is the length of time stated which had elapsed between the injury and treatment. Hearing was restored—watch six inches—after the first application and severe tinnitus was removed. The hearing eventually became normal. *R. Lake.*

Jack, F. L.—*Further Observations on Removal of the Stapes.* "Boston Med. and Surg. Journ.," Dec. 14, 1893.

THE author brings another series of thirty-two cases to add to his original sixteen. His summary is: (1) The best cases for operation are those of "suppuration and hyperæmic inflammation," where the stapes is fixed by scar tissue; cases of "otitis media chronica insidiosa" are not suitable. (2) The filling of the fenestra ovalis by a thin web is not detrimental to hearing. (3) Tinnitus and aural vertigo are sometimes improved, and the risk of setting up vertigo small. (4) The voice perception is improved out of proportion to the others. (5) Hæmorrhage into labyrinth, if it occurs, causes failure of operation. (6) The stapes, if carious, should always be removed. *R. Lake.*

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Gellé (Paris).—*A Physiological Point in connection with the Stapes.* "Arch. Internat. de Laryng.," Dec., 1893.

CERTAIN physiologists admit a movement of the foot-plate of the stapes like that of a shutter, that is to say, one extremity of the oval moving in and out, being fixed (as by a hinge); others believe in a see-saw movement on a short axis. Gellé, from his experiments on animals and on the cadaver, has been led to admit that there is a simple sliding movement of the bone in its frame, inwards and outwards, under the action of pressure, within the limits stated by Helmholtz. *Joal.*

Gellé (Paris).—*On the Bony Covering of the Facial Nerve in the Ear and its Lesions.* "Annales des Maladies de l'Oreille," Jan., 1894.

THE author looks on this as the partition separating the tympanum from the mastoid cavity, the layer of bone which at the same time is the posterior wall of the external meatus and of the tympanum.

After a minute study of the descriptive anatomy of the region, Gellé shows that the opening of the antrum cannot be of sufficient use unless it is made through the mastoid process, as the bony covering of the facial nerve constitutes a partition between it and the tympanum.

Opening up the attic is not sufficient in diseases of the antrum, because the bony covering of the nerve rises much higher than the frame of the tympanic membrane. Hence the idea of uniting in one operation the opening of the antrum, of the attic and of the mastoid cells. *Joal.*

Cox, F.—*Case of Chronic Tympanic Disease, with marked Irritability to Treatment.* "Med. Chron.," Feb., 1894.

THE patient had perforations of both membranes, and an adhesion of the left to the meatal wall. He suffered from an attack of boils all over the body after taking two hundred and forty grains of iodide of potash and seventy-two of the bromide in seventeen days, and an inhalation of tr. benzoin co. blistered his lip. An acute attack of otitis came on, lasting four days, during which time he heard well, the deafness recurring with the cessation of the otorrhœa. *R. Lake.*

Maurel (Paris).—*Trephining the Mastoid Apophysis: Secondary Union of the Wound.* "Rev. Mens. de Laryng.," Jan. 15, 1894.

A CLINICAL lecture given by Gruber, of Vienna, and reported by the author. He says that the method seems to be indicated (1) in cases where the operation has been only an exploratory intervention, and when from special circumstances union has not been obtained immediately after operation; (2) in cases where the local and general symptoms indicate that it is no longer necessary to keep open the operatory wound. There is a contra-indication in cases where the operatory wound communicates with a neighbouring purulent nucleus. *Joal.*

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