trophies of the anterior lip of the hiatus semilunaris (the unciform process). Dundas Grant showed a case in which a most obstinate rhinitis subsided immediately after the removal of such a hypertrophy (p. 255).

The advance of trans-nasal surgery is illustrated by Kanavel's paper on the removal of tumours of the pituitary body (p. 222). Tumours of the sinuses are illustrated by Voss's case of sarcoma of the sphenoidal sinus (p. 436) and Manasse's one of exostosis and mucocele of the frontal sinus (p. 424).

Malignant disease of the nose and naso-pharynx is so insidious and misleading in its onset that every case deserves consideration. Some instructive and illustrative cases have been shown or narrated in our past volume. Among these may be noted those of Salzburg (p. 547), Price-Brown (p. 264), Luc (p. 314), Madden (p. 436), Law (p. 141), Dupond (p. 222), and Grant (p. 90).

Among the more important works published during the year we must note Dr. Watson Williams' "Text-book of Rhinology" (p. 445).

RETROSPECT OF OTOLOGY.

Of the many papers, articles, and discussions which appeared in the Journal of Laryngology, Rhinology, and Otology during last year, there are several which merit special attention by reason of the novelty or originality which characterises them. Mr. Cheatle's work on the influence of the infantile type of mastoid process upon the course of events in aural suppuration, for example, naturally occurs to us as worthy of inclusion in this category. His views have, no doubt, been familiar to our readers for several years, but in the volume just completed there will be found a fresh series of references to the subject in the papers read by him before the International Congress at Budapest and before the Otological Section of the Royal Society of Medicine. The discussions arising out of these papers show that Mr. Cheatle's theories have obtained the support of many leading otologists (pp. 169, 205, 328). The second article to which we may allude as marking an advance in our knowledge, if its conclusions be confirmed, is that by Drs. Neumann and Ruttin (p. 612), in which, under the title of the "Ætiology of Acute Otitis," the *rôle* played by the *Streptococcus mucosus* in producing a special and dangerous type of middle-ear suppuration is for the first time fully recognised. Another novelty is furnished in Dr. Wyatt Wingrave's paper on the pathogenesis

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of cholesteatoma (p. 339), the thesis of which was that the metaplasia of epithelium, upon which the production of cholesteatoma is said to depend, is the result of a process of desiccation. Dr. J. Ramsay Hunt, also, in his article upon the sensory symptomatology of the facial nerve (p. 405), has thrown a ray of light into a hitherto obscure corner of the field. In addition to his paper, a valuable amount of work upon the facial nerve has been published during the year. Drs. Bruce and Fraser (p. 293) have communicated an important article upon a case of facial paralysis combined with Ménière's symptoms, in which they secured microscopic sections of the internal ear and of the nerve-trunks. Cases of facial paralysis following catarrh and acute suppuration of the middle ear respectively were recorded by Dr. H. J. Davis and Dr. Munch (pp. 125, 260). In this connection also we may mention Mr. Sydenham's successful case of end-to-end suture of the nerve in its canal (p. 223). The subject of tumours interfering with the eighth pair of nerves is illustrated in cases reported by Dr. Jones (p. 110) and Dr. Starr (p. 444).

Adverting to those portions of the work in which formal debates upon topics of a wider scope afford us opportunities of observing the general trend of opinion, we may refer first of all to the discussion upon the labyrinth tests and their significance at the London meeting of the British Medical Association, appropriately introduced by the pioneer in this department, Dr. Bárány, of Vienna (p. 473). The mnemonic table of the tests devised by Dr. Adams, of Glasgow (p. 523), should be studied along with Dr. Bárány's remarks. Besides their use in suspected labyrinth suppuration the tests may also prove of value in the diagnosis of functional disorders of hearing (p. 372), and in this connection it will be remembered that two French observers, Drs. Lermoyez and Hautant (p. 427), advise the employment of the tests in the detection of malingering, for which, also, it may be noted in passing, Bárány has found his noise machine of service (p. 656).

A large number of cases of operation on the labyrinth have been reported, and among the papers which describe the operative procedure in detail those of Drs. Bourguet, Alexander, and Mr. C. E. West may be read with profit (pp. 402, 451, 473). References to the indications for operation are also frequent, but, as the several discussions show, nothing like general agreement upon this important matter has so far been reached. On the one hand, we are warned by cases like that of Dr. Luc (p. 614) of the danger of leaving a suppurating labyrinth undrained, while, on the other

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hand, Dr. Alexander, a strong advocate of radical measures, has shown in a paper upon post-operative labyrinthitis that mild and evanescent attacks of the disease are not uncommon, and that they generally get well spontaneously and completely (p. 50).

The labyrinth having been disposed of, perhaps the next most prominent item on our list is that of deaf-mutism, of the pathology of which there is still much to be learned. In this department we are indebted to Dr. Albert Gray, of Glasgow (pp. 46, 525), for interesting information regarding the enlargement of the labyrinth spaces of certain deaf-mutes, and to Mr. Macleod Yearsley for having statistically demonstrated the frequency with which deaf-mutism is due to congenital syphilis (pp. 181, 234; see also pp. 329, 657, 658). Mr. Yearsley's conclusions receive independent support from Dr. O. Mayer's pathological researches upon the labyrinth of children who had died of the disease (p. 615). The mention of syphilis recalls to the mind the thorough survey of the ravages of the disease upon the auditory apparatus by Mr. Cheatle, President of the Otological Section, in introducing a discussion upon this subject (pp. 572, 643).

In addition to these general subjects, the association of the naso-pharynx and the ear has been emphasised in several articles, particularly in Dr. Law's two Presidential Addresses (pp. 34, 467), and in the case of epithelioma of the naso-pharynx shown by him before the Otological Section (p. 141). Several American authors, also have dealt with the same subject (pp. 103, 164, 316, 317), and it formed a portion of Mr. Mark Hovell's remarks upon affections of mucous membranes throughout the body (p. 526).

Most of the other publications may be divided into two classes: first, those dealing with diagnosis, and secondly, those dealing with treatment. Among the former we observe a criticism of Gellé's test by Dr. Bárány (p. 96), and a paper of Dr. Alexander's which raises the question of the reliability of the "fistula symptom" (p. 670). Dr. Bárány has been experimenting with some new hearing-tests (pp. 156, 656), the value of which is not yet quite evident, but his differentiation of cerebellar from labyrinthine ataxy occupies a very different position (p. 657). The utility of the cytological examination of ear-discharges was the topic of a paper and discussion in the American Laryngological, Rhinological, and Otological Society (p. 663), and on the same occasion, as well as in two papers by Leutert (pp. 50, 323), the examination of the blood was advocated as an aid in the diagnosis of serious complications of aural suppuration. A suggestion of which more will doubtless

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be heard is that of Dr. Birkett and Dr. Schwarz of the X-ray examination of the temporal bone in suspected mastoiditis, etc. (pp. 472, 558). The fallibility of the means at our disposal for diagnosing brain abscess is a constantly recurring subject in otology, and we have published during the year instances of mistaken diagnosis for which we are indebted to Prof. Farrer, Mr. Hunter Tod, and others (pp. 325, 329, 375). In this connection we may allude to Mr. Whitehead's case of temporo-sphenoidal abscess in which vomiting was absent (p. 370).

Turning now to the subject of therapeutics, we find the value of ossiculectomy in suppuration of the middle ear judicially examined by Mr. Macleod Yearsley (p. 523), and the employment of Bier's hyperæmic treatment of the same disease emphatically condemned by Drs. Biehl, Isemer, and Spira (pp. 107, 321, 414), because it tends to mask the presence of important danger-signals. Another method of treatment which has been found to be unavailing is that of lumbar puncture for aural vertigo (Dr. Weill, p. 257). The use of fibrolysin, recommended for the relief of certain forms of deafness, has been shown by Dr. Stocker to be occasionally fraught with danger (p. 225). On the other hand, we are able to point to one or two more promising methods of treatment. Bárány, for example, has ingeniously closed a fistulous opening into the labyrinth by filling it with lead. The vaccine treatment of aural suppuration has proved very successful in the hands of Dr. E. W. Nagle (p. 659), whose mode of preparing the vaccines should be carefully noted. Dr. Ruttin (p. 658) has alluded to the influence of posture in the treatment of middle-ear suppuration, a detail to which attention was called in England a few years ago. With regard to the operative treatment of purulent otitis, the omission of packing after the mastoid operation has been commended by Dr. Neubauer and others (p. 319). Operations on the jugular bulb are described in a paper by Dr. Moure, of Bordeaux (p. 388), and the still undecided question of ligaturing or not ligaturing the jugular vein in sinus phlebitis was debated at the International Congress (p. 416), and formed the theme of a paper by Dr. Botey (p. 327). The treatment of septic meningitis by drainage is discussed in several articles (pp. 441, 442, 502), and two cases of recovery from the disease have been reported by Dr. Logan Turner (p. 442). Dr. J. Stoddart Barr has put into practice the flushing out from the lateral ventricle of the subarachnoid spaces in meningitis, the possibility of which he had proved experimentally (p. 527).

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Dr. J. Stoddart Barr also has continued his investigations into the occurrence of optic neuritis in otherwise uncomplicated aural suppuration (p. 334)—labours worthy of wider recognition than they seem to have hitherto received.

A thoughtful and exhaustive study of tuberculosis of the middle ear and temporal bone in children was laid before the Section of Otology of the British Medical Association by Dr. Milligan (p. 506). This paper and the discussion which followed it contained numerous suggestions as to its pathology, diagnosis, and treatment.

With reference to the external ear, a number of references to congenital defects of the auricle have appeared (pp. 94, 259, 417, 641), and an echo of a paper read at a former meeting of the British Medical Association upon exostoses of the external meatus was heard in the discussion upon this condition in the Otological Section (p. 374).

Finally, in the matter of rare cases, last year proved to be, perhaps, unusually prolific, objective tinnitus (pp. 39, 147, 214, 335), osteomyelitis of the mastoid process (p. 217), and post-operative perichondritis of the auricles (p. 375) being among the number. A case of retro-pharyngeal abscess from mastoid suppuration was reported by Dr. Fallas (p. 164), and an example of extra-dural abscess of the posterior fossa finding an outlet through the jugular foramen into the neck was described by Dr. H. J. Davis (p. 644). Another vagary of infection in the cerebellar fossa is exemplified in Mr. Sidney Scott's case of retro-cerebellar abscess (p. 649). A unique case of a mucous polyp in the pharyngeal orifice of the Eustachian tube was exhibited by Mr. J. A. Jones before the Otological Section.

It may, perhaps, be incorrect to include malignant disease of the ear among the rarities, seeing that Dr. Sheppard found three cases among 2000 patients (p. 597), but most otologists would probably agree that it could not be called common. During the year there have been published instances of all three varieties of the disease—epithelioma, sarcoma, and endothelioma—two cases of the last being reported, one by Dr. Dundas Grant (p. 143) and the other by Dr. D. R. Paterson (p. 220).

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