subjects bearing upon the treatment of laryngology during the past year; Jobson Horne on the ventricle of the larynx as a harbour for diphtheritic bacilli: the same author has also drawn attention to the larynx as a site of infection in Hodgkin's disease (*Journ. Laryng.*, December, 1901); Mackenzie Davidson on laryngeal growths in children (the writer is impressed with the advantages of tracheotomy); Bronner (*Journ. Laryng.*, September, 1901) speaks of the advantages of formalin in recurrent papillomata of the larynx; and in the same publication Haring deals with the subject of multiple growths of the larynx; faux adénoïdisme has been dealt with by Natier.

Important work has also been done by Lewy, Jurasz, and Möller on the nervous and muscular anatomy of the larynx; Onidi on acute submucous laryngitis, etc. Works such as Fränkel's "Archives," and the "Transactions" of the societies devoted to the study of laryngology at home and on the European and American Continents, show satisfactory progress and careful study of the subject from many standpoints. New text-books have also, during the past year, been added to the long list of those already in existence.

RETROSPECT OF OTOLOGY.

By Dundas Grant, M.D., and Atwood Thorne, M.B.

In the following retrospect are reviewed the contributions to otology contained in the last volume of the Journal of Laryngology, Rhinology, and Otology, either in the form of abstracts or of original articles and communications. The reference numbers indicate the pages in that volume, to which the reader may refer for fuller details.

External Ear (A. T.).—Cheatle (201) describes a new plastic operation for *Prominent Auricle*. The operation consists in removing practically the whole of the antihelix; in the case reported the result was very successful. Pooley (515) reports a similar case treated by Ely's operation. Wagner (511) relates a case of *Congenital Deformity of Both Auricles* (the hearing power is not mentioned). Alt (250) showed a patient with *Perichondritis* following radical operation. Urbantschitsch considered such cases to be due to sepsis; while Politzer thought malnutrition of the parts to be sufficient cause. Singer (250) showed in Austria a case of *Frambesia syphilitica;* and Yearsley (366), at the Otological Society, one of *Papilloma of the Auricle*. Lake (63) describes a *Serous Cyst of the Auricle*.

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Meatus (A. T.).—Tod (105) discusses at length *Atresia Auris Congenita*. After a careful analysis of fifty-seven cases, he considers it proved that operation is useless, and advises early instruction in lip-reading. Bronner (248) showed at the Otological Society microscopic sections of *Epithelioma of the Cutaneous External Meatus*. He did not consider the disease to be so very uncommon, but others present thought it to be very rare. Cullen (215) reports a *Foreign Body* which had remained in the meatus without causing trouble for thirty years. Pritchard (249) described the removal of an *Impacted Meatal Sequestrum* facilitated by decalcification. Mendoza (378) emphasizes the dangers of *Clumsy Removal* of foreign bodies. Connal (520) writes on *Furunculosis;* while Bar (374) and Hatch and Row (52) discuss *Ringworm and Fungus Disease*, which in the ear are often mistaken for *Furunculosis*. Allan (212) relates a case in which severe *Facial Neuralgia* was caused by a *hair in the external meatus* rubbing against the membrane. Abercrombie (153) exhibited a patient with a *Meatal Polypus with Intact Membrana Tympani*. *Cases of Exostosis and Hyperostosis* were shown by Mayo Collier, Lennox Browne, and Kelson; at the discussion which followed at the British Laryngological Association (149) extensive operation was deprecated.

Membrane and Ossicles (A. T.).—Richards (54) reports an *Unusual Case of Traumatic Rupture of the Membrane*, a fireman having been struck on the side of the head at short range by the stream from a hose. Few cases of *Ossiculectomy* are described in the Journal of Laryngology for 1901. Lake (92) showed one such case at the Otological Society, and stated that when performing ossiculectomy he always removed the outer attic wall; and in a case of StClair Thomson's (248) removal of the outer wall was advised.

Chronic Non-Suppurative Catarrh of the Middle Ear (A. T.).—Dundas Grant (453) gives some *Details in Eustachian Catheterization*, and advises that in nearly every case the *nasal speculum* should be used, so that the sense of touch should be assisted by the sense of sight. Harris (642) discusses the *Treatment of Stricture of the Eustachian Tube* by means of the electric bougie. This means of treatment does not appear to be quite devoid of danger. Brandegee (520) writes on *Tympanic Vertigo due to Obstruction within the Eustachian Tube*, and advises electrolysis to remove the stricture. *Superheated air* is strongly advised by Hopkins (521) as the means of treatment in *Chronic Catarrhal Otitis Media*. *Sclerosis of the Middle Ear* is discussed by Botez (260), Mayo Collier (605), Keller (521), and Cobb (262). The opinions of the different writers,

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both as to the pathology and the treatment of the disease differ very markedly. Mayo Collier and Cobb hold the nose responsible for a great deal and act accordingly; the others are not apparently hopeful as to the benefit of this or any other form of treatment.

Acute Suppuration of the Middle Ear (A. T.).—Weiss (368) described the *Pathology* and *Bacteriology* of this disease in *Sucklings*. Courtade (374) and Jack (653) advise the *Insufflation of Air* in the early stages, and both authors consider that the progress of the inflammation may thus be arrested in some cases. Murray (265) discusses *Facial Paralysis* as a complication of this disease. Alderton (632) describes a peculiar form of *Acute Otitis Media* following *Influenza*.

Chronic Suppurative Inflammation of the Middle Ear (D. G.). —Jürgens (263) dwells on the *Importance of Bacteriological Examination* in all cases of otorrhœa in order to avoid unnecessary radical mastoid operation. Aitken (373) in the *Treatment of Otorrhœa* uses a wool pledget in the meatus like the piston of a pump. The great frequency of *Purulent Ear Disease in Infancy* (438) is shown by statistics collated by Schengelidge. A case of chronic suppuration with *Facial Palsy and Recurrent Polypi* was discussed in the British Laryngological Association (151); as also one of *Middle Ear Disease with Complications*—namely, suppurative otitis and mastoid neuralgia (151). *Tuberculous Otitis Media, Mastoiditis, and Meningitis* occurred in an otherwise apparently healthy adult under J. F. McCaw (633). Goldstein and McKernon (633) also report cases, the latter finding that packing the ear with gauze soaked in the valerianate of guaiacol provoked temporary healing when everything else failed. Specimens and microscopical drawings were shown (249) by Milligan and by Cheatle (365). Swain (524) has reported a case in which tuberculosis of the ear was apparently part of a general infection from a tuberculous testicle. *Cholesteatoma* was treated by Dundas Grant (246) by radical operation, with retention of the lining membrane, in two cases. One was most satisfactory, the other required a further operation. The members of the Otological Society were generally opposed to the retention of the matrix. Chavasse (613) recognises embryonogenic cholesteatoma as a rare occurrence. De Santi (247) showed a case of cholesteatoma treated by radical operation. Waring (266) describes two cases of cholesteatoma, one of which he considered primary. He filled the cavity with kitten's bone. *A Fatal Case of Hæmorrhage from the Ear* in a young child is reported by Milligan (366); and one of excessive *Hæmorrhage following the Removal of a Myxo-fibroma* from the ear by Dufour (215).

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Mastoid Diseases (D. G.).—*Inflammation of the Mastoid Process* is discussed by Church (328), who deprecates inflation, and advocates paracentesis of the membrane, ice to the mastoid, etc., and operation. Murphy (265) expresses similar views. Andrews (162) describes a *new objective test* for mastoiditis dependent on the increased conducting power for the tuning-fork. Two cases of *Mastoid Suppuration with Abnormal Course* are reported by Gaudier (721). Moure and Lafarelle (723) narrate an interesting case of *Suppuration of an Aberrant Mastoid Cell*, which led to fatal meningitis a month after the radical mastoid operation. *A Series of Fifteen Cases of Mastoiditis* are shortly reported by W. J. Watson (725). *A Spontaneous "Stacke-like" Operation* took place in a case of StClair Thomson's (364), apparently acute, but really an acute exacerbation on top of a chronic lesion. *Mastoiditis in a Diabetic Patient* occurred under Muck's (377) observation. The interior of the mastoid was not so much broken down as in Körner's other cases, hence there was no dulness on percussion. Friedrich (328) describes three cases, and considers chloroform a source of danger. *Bezold's Mastoiditis followed Facial Erysipelas* in a case of Dunn's (263). Operation was performed, but a recurrence of erysipelas took place in twenty-four hours, subsiding, however, under the vigorous use of carbolic acid and alcohol.

The Mastoid Operation (D. G.) is discussed in numerous papers. Wagner (329) found the *Acuteness of Hearing after Radical Operations* to be about 33 per cent. of the normal. Muck (328) draws attention to the soft consistency and pink *Colour of Living Rachitic Bone* as found during mastoid operations. *Re-formation of the Tympanic Membrane* after radical operation took place in a case of Lederman's (634). Alexander (720) describes several cases of *Mastoid Operation under Schleich's Local Anæsthesia.* Pyle (322) has correlated *One Hundred successive Mastoid Operations*, forty-eight in children and fifty-two in adults, the former being more frequently acute. *Post-operative Atresia of the Meatus* has received attention from Lake (363), Tilley (592), and others. Lake (130) questions the advisability of *Retaining the Skin of the Posterior Meatal Wall* in the radical operation as preserving the ceruminal glands when the normal mechanism for the extrusion of cerumen from the meatus no longer exists. Singer (249) describes a case in which *Hysterical Dizziness followed the Radical Operation.* There was no tinnitus, deafness, nausea, vomiting, nor nystagmus. *A Simple Method of Closing the Persistent Retro-auricular Orifice* after operation is described by Lermoyez and Mahu (438).

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Skin-grafting in Mastoid Operations (D. G.).—Milligan (603) states *Some Practical Points* in connection with the technique; good light, smoothing the walls, etc. Cases have been shown by Bull (363), Milligan (247), and others. Tilley (94) used small epithelial grafts.

Dangerous Sequelæ of Suppurative Inflammation of the Middle Ear (D. G.).—Lehr (376) contributes nineteen cases from Kœrner's clinic; Bezold (259) three of his own. *Perisinusal Abscess following Acute Purulent Otitis* occurred in a case observed by Taptas (266), and *Extradural Abscess* in two under McCaw (264). *Meningeal Symptoms* occurred in a case of Hammerschlag's (367), and recovery followed operative exposure of the middle and posterior fossæ, with evacuation of extradural pus. Spinal puncture yielded clear, uncoagulable fluid under high pressure; no pus. Mayo Collier (536) showed a case in which right-sided tympanic disease was followed by *Double Optic Neuritis with Paralysis of both External Recti*, which gave rise to an interesting discussion.

Otitic Pyæmia (D. G.).—Kerr (53) describes two cases, one of which died in spite of operation (including ligature of jugular) and antistreptococcic serum, the other recovering. *Pyæmic Symptoms subsided after Opening the Sigmoid Sinus*, with escape of blood, not pus, in a case of Biehl's (249). Joachim (376) narrates *Two Cases with Ligature of the Jugular*, one ending in recovery, the other in death. In a case of *Septic Thrombosis of the Lateral Sinus, with associated Mastoid Disease and Post-pharyngeal Abscess*, operated on by Secker Walker (365), recovery took place, a considerable amount of hearing-power being retained, in spite of exfoliation of a large portion of the cochlea. A rare case of *Thrombophlebitis of the Cavernous Sinus*, in consequence of an extradural abscess, is described by Professor Politzer (368). Ballance (248) reports a *Fatal Case of Temporal Bone Pyæmia*, without secondary deposits being found.

Cerebral Abscesses (D. G.) have been observed in numerous cases. In one of Knapp's (216) a fatal otitic abscess in the left temporal lobe of the brain caused *Word-blindness*. *Paraphasia* occurred in one which recovered under Fletcher Gardener (721). May (216) reports an instructive fatal case; and Grant (544) one which recovered, and in which *Mental Excitement* was a marked symptom. Jakins (375) describes a case of temporo-sphenoidal abscess which recovered after operation. The *opening and draining* of cerebral and cerebellar abscesses arising from middle-ear suppuration was the subject of a discussion in the Otological Society (309), opened with a paper on the subject by Ballance (309, 331).

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Cerebellar Abscess (D. G.).—Richards (523) records a case in which pus was withdrawn by means of an exploring syringe, operation being afterwards successful. Biggs (260) reports an interesting case in which a cerebellar abscess ruptured into the fourth ventricle. *Multiple Lesions* (D. G.) have been recorded several times. Sheppard (641) presented, with clinical history, a cerebellum and dura showing *Multiple Cerebellar Abscesses and a Sinus Thrombosis.* Waterhouse (378) brought forward a case of *Lateral Sinus Pyæmia and Cerebellar Abscess*, with recovery. Bouglé (101) narrates a fatal case of *Cerebral Abscess and Meningitis of Otitic Origin*, the abscess communicating with the lateral sinus.

Internal Ear (A. T.).—Fagge (92) read notes of a case of *Bilateral Auditory Nerve Paralysis in a Case of Intracranial Tumour.* Bernard describes a case of *Double Deafness from a Central Cause*, which followed immediately an attack of Ménière's symptoms. Castex (315) showed a man who, suffering from *Labyrinthine Sclerosis*, had only lost the faculty of correctly appreciating high-pitched sounds. Rohrer (616) describes a case of *Concussion of the Labyrinth* by shock of high potential *Electric Current.* Pritchard related a case of *Temporary Loss of Audition and Equilibrium* from an overdose of *Quinine.* Stenzer (266) reports eight cases of injury by operation to the *Horizontal Semicircular Canal.* Bull (366) showed a specimen of central necrosis of the *Semicircular Canals.* Fagge (366) showed a specimen of *Exfoliation of the Cochlea.* Kickbefel (376) makes a record of the detailed examination of the *Pupils* of the *Municipal Deaf Mute School* at Dantzig, and Bezold (259) of a re-examination at Munich. Schwendt (329) cites three cases of *Deaf-mutism*, in which *Sharply-circumscribed Sound Defects* were found. Gibson (52) refers to a case where *Useful Hearing* was obtained in a deaf mute after the removal of *Adenoids.*

Malignant Disease (A. T.).—Treitel (724) relates three cases of *Carcinoma of the Ear;* in each there had been long-continued suppuration. He finds that some cases which have been declared, on microscopic evidence, to be malignant have cleared up under antisyphilitic or other treatment. In cases in which after a mastoid operation repair is much delayed, cancer must be looked for. Stetter (378) describes a case of *Epithelioma of the Lobule following Piercing for Earrings.*

Tests for Hearing (A. T.).—Bezold (213) describes the *Method of Using Functional Tests, and the Chief Indication for their several Employment.* Bruhl (213) discusses the divergent views of various writers on the *Rinné and Gellé Tests.*

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New Instrument (A. T.).—Ballance and Milligan (94) demonstrated at the Otological Society a *New Portable Motor for Surgical Purposes*, especially for *Operations about the Mastoid*.

Notes on Remedies (A. T.).—*Mercurol.*—Lake (216) has found mercurol, when freshly prepared, a most efficient and non-irritating antiseptic. *Cocaine, Anilin Oil, and Alcohol.*—Gray (384) continues to find this combination an excellent local anæsthetic, but in a few cases it has caused toxic symptoms. He notes that sometimes the lips of a patient become blue after this anæsthetic has been used, and believes that oxy-hæmoglobin has been converted into met-hæmoglobin. StClair Thomson (385) has noticed this blue colour in one case associated with some cardiac enlargement. *Suprarenal Extract with Eucaine.*—Somers (526) finds this combination useful, not only as an *Anæsthetic*, but also because, if applied on several occasions, it will cause small granulations to shrink up and disappear. He also finds that it aids free drainage in cases of suppuration.

Miscellaneous (A. T.).—Grunert (102) discusses *The Present State of Otology in Great Britain*, and considers that British otologists seem to be unfamiliar with recent progress on the Continent. Skin-grafting the mastoid wound was recommended by Siebenmann in 1893, and has been in vogue in Germany for ten years. Dundas Grant (459) wishes *Otology to be made a Compulsory Subject of Medical Education*. Mayo Collier (21) gave an address on *Mouth Breathing, and its Relation to Diseases of the Throat, Ear, Nose, and Accessory Sinuses*. The *Descriptive Catalogue of the Museum of the Sixth International Otological Congress* has been published, and makes one realize how much one missed by only being able to spend a short while in that excellent museum (271). Lermoyez and Boulay's "Therapeutics of Diseases of the Ear" is reviewed at p. 441, and Mark Hovell's "Diseases of the Ear and Nasopharynx" at p. 272. Urbantschitsch (367) showed a patient with *Dry Perforation of Both Sides, who was readily Hypnotized by the Sound of a Tuning-fork*. Mayo Collier (308) relates a case where *Epileptic Fits* were greatly reduced in number and severity after removal of the stapes. Torretta (613) relates a somewhat similar case. Stillson (55) gives the result of some personal *Experiments on the Relation between Audition and the Circulation of the Blood in the Head*. Stetter (378) publishes the *Report of the Out-Patient Department for Diseases of the Ear, Königsberg, for* 1898 *and* 1899, and, in addition to details of some interesting cases, discusses the advisability of early paracentesis and the frequency of the *Radical Mastoid Operation*. Biche (260) publishes a similar

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Report of the Ear and Throat Department of the Military Hospital, Vienna. Field (504) relates some *Aural Cases from South Africa.* They include bullet-wounds, injuries, and exposure to both concussions and weather, causing various aural diseases.

NOTES.

The Otological Society of the United Kingdom held its second annual dinner, which was very largely attended and by members from a great distance, at the Café Monico on December 2. Amongst the guests were the Presidents of the Medical Society (Dr. Allchin) and of the Pathological Society (Mr. Watson Cheyne), Sir Thomas Barlow, Sir James Crichton Browne, Dr. Ferrier, Sir Felix Semon, Mr. Bernard Pitts, and Professor Young (Manchester). In proposing "The Society," Sir James Crichton Browne spoke of the separation of otology from laryngology, and humorously expressed the danger of this fissiparous division going too far, and the possibility of there arising a cochlear, a labyrinthine, and a semicircular society. The President (Sir William Dalby) replied to the toast, and spoke of the good work done by the Society. "The Health of the Guests" was proposed by Mr. Stephen Paget and acknowledged by Sir Thomas Barlow, who expressed the hope that members of the Otological Society, after their deliberations on matters of technique and pathology, would bring the fruits of their labours to the larger societies, so as to maintain the unity of medicine. Mr. Ballance proposed the health of "The Society's First President"; and Sir William Dalby acknowledged the honour as being one he appreciated most highly in his thirty-five years of practice.

A New Italian Special Journal.—We have received a copy of the first number of an Italian journal designated *Raccolte di Memorie Italiana sulla Laryngologia, Rhinologia ed Otoiatria,* by Dr. Ignazio Dionisio, and published in Turin. This journal is issued in French and Italian, all articles being published in both languages, and it will contain nothing but special and original articles; whilst, for the benefit of foreigners, it is, as we have said, to be published also with a French translation. The next number is to be published in January. The first issued contains two contributions to the study of intubation of the larynx, one by Dr. Ignazio Dionisio, "The Causes of Obstruction and of Expulsion of the Tubes from the Larynx, and the Means of Overcoming them," the other by

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