

EAR.

Yearsley, Macleod.—*Rosenmüller's Fossa and the Middle Ear.* "The Hospital," February 11, 1911.

A short clinical lecture drawing attention to the importance of the lateral recess of the naso-pharynx in diseases of the middle ear. The conditions which may occur in Rosenmüller's fossa are pointed out: (1) The occurrence of "soft" adenoid masses, keeping up chronic inflammation in the Eustachian tubes, and mechanically interfering with the action of the tubal muscles and the venous return from the tympanum; (2) the presence of bands and adhesions; (3) the presence of small, irregular, scattered masses of adenoid tissue. *Author's Summary.*

Drury, D. W.—*Double Otitis Media; Dehiscence of the Floor of the Cavum Tympani; Streptococcic Meningitis.* "Boston Med. and Surg. Journ.," March 2, 1911, p. 308.

Infant, aged nine months. Both membranes bulged and were incised, the right paracentesis resulting in profuse hæmorrhage, controlled by plugging. At the *post-mortem* it was found that the floor of the middle ear was absent, the jugular bulb mounting into the cavity. The petro-squamosal suture was open. *Macleod Yearsley.*

Lannois and Jocod (Lyons).—*Ozænatous Otitis.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," October, 1910.

The authors believe middle-ear complications to be of frequent occurrence in atrophic rhinitis. Exception has, however, been taken to this view by Michel, Loewenberg, and later by Jurasz, who found only twelve cases with otitic lesions in 170 patients. On the other hand, Zaufal found aural complications in 80 per cent. of cases, and Morf in 47 per cent.—an experience closely agreeing with the writers' estimate of 50 per cent. The lesions met with are: acute middle-ear inflammation (simple or complicated), the dry and adhesive varieties, and that which forms the subject of this paper, designated by the authors "ozænatous otitis." This form is for the most part insidious in its onset, chronic in its course, and possesses special clinical features. The exudate, which is scanty, concretes into greenish-grey crusts, having a typical ozænatous odour. The onset may be acute and spontaneous, or may complicate an infectious disorder, measles, etc.; there is no pain, and instead of clearing up the otitis lapses into a chronic state. But the majority of cases set in insidiously, and the first complaint of the patient concerns functional troubles. On examining the ear one finds more or less impairment of hearing, and a discharge from the meatus having special characters. Lavage does not bring away any mucoid threads, but the return fluid is turbid and contains epidemic pellicles, greyish lamellæ, with cerumen mixed with pus; the odour of the fluid is identical with that of nasal ozæna. The tympanum is occupied by crusts, which can only be removed after daily applications of oil and repeated syringing. When a view of the middle ear is possible grave lesions are always observed; sometimes the membrane has been entirely destroyed, the mucosa may be red and granulating, but is usually atrophied, and one sees patches of epidermisation on the inner wall. Polypoid formations are rare; when present they assume the papillomatous form, and frequently become detached during lavage. The naso-pharynx and

Eustachian cushions are carpeted with crusts. With regard to the bacteriology of the affection the authors have failed to isolate any particular organism, owing to the composite nature of the infection, but they have reason, from clinical analogy, to infer that the causal agent is common to the nose and ear. The prognosis is favourable, provided that the nose, naso-pharynx and ears are treated simultaneously.

The indications in treatment are to cleanse the tympanic mucosa, to check exudation, and deodorise the ear. Crusts are detached by hyd. peroxide or mentholated oil. The authors especially advocate the application of liquid paraffin containing 20 per cent. essential oil of birch, which acts as a rapid deodorant and checks crust formation.

Five cases illustrative of the various phases of this affection are given.

H. Clayton Fox.

Reik, H. O.—*Secondary Efforts to Hasten Healing after Mastoidectomy.* "Boston Med. and Surg. Journ.," March 23, 1911, p. 417.

The author commends the blood-clot dressing method. That proposed in this paper is an *alternative* and *secondary* measure. The author tries for primary union and has 75 per cent. of successes. Failure of the blood-clot method is due to the toxic or lethargic condition of the patient or to defective technique. The secondary measure here advocated consists in re-opening, clearing out all granulation-tissue, freshening the wound, and suturing. The advantages claimed are: the saving of at least a month for healing; saving of discomfort for patient and trouble for surgeon; substitution of a linear scar for an unsightly one with more or less depression.

Macleod Yearsley.

REVIEWS.

The Medical Annual, 1911. Bristol: Wright. London: Simpkin, Marshall, Hamilton, Kent & Co.

"The Medical Annual" has this year lost nothing of its brilliance, and, indeed, it has almost surpassed itself. In regard to our own specialities, diseases of the ear are treated by Drs. Milligan and Sewell, and they may be depended upon to have overlooked nothing of great importance or interest. Among the abstracts of various papers are some which are of the less common-place type, such, for instance, as one by Steinochneider on the permeability and absorptive capacity of the tympanic membrane and external auditory meatus, and one by Fröschels on what is described as a new symptom in cases of otosclerosis, namely, abnormal tolerance to touch in the external auditory meatus. The readers of Politzer will remember that in cases of otosclerosis wasting of the nerve-fibres in the middle ear was one of the pathological features, and many writers have referred to the relative anæsthesia found in this disease; indeed, one writer fancifully described it as being due to a lesion of the nervous system situated between the nuclei of the auditory and of the fifth nerves. The writer of this review has referred to the observation that this anæsthesia may show itself as an unconsciousness on the part of the patient that the air on politzerisation has entered the tympanum, while