

author has used 1 and 2 per cent. solutions in olive oil locally in six cases. He found it particularly useful in cases of ulceration with dysphagia. It is detergent and analgesic. *Chichele Nourse.*

Dupond, G. (Bordeaux).—*The Larynx and Accidents of Occupation.* "Revue Hebd. de Laryngologie, d'Otologie et de Rhinologie," April 25, 1908.

Recent legislation concerning the responsibility for accidents to workmen has rendered accidents of labour a subject for special study. In this article the various injuries to the larynx incidental to occupation are discussed and described. Contusions, wounds, fractures, and burns are dealt with at some length. Then follows a consideration of the duties of the medical expert in estimating the degree of disablement, the length of time the patient will be incapacitated from work, and kindred questions. *Chichele Nourse.*

ŒSOPHAGUS.

Bichaton and Blum (Rheims).—*Painful Spasm of the Œsophagus, Salivation, and Aphonia, of Neuropathic Origin.* "Revue Hebd. de Laryngologie, d'Otologie et de Rhinologie," April 18, 1908.

The patient was a gardener, aged fifty-one. His symptoms came on suddenly while stooping, and their onset was accompanied by a sharp pain. Since then, for nearly two months, he had been able to swallow nothing but liquids, and had lost 25 lb. in weight. The diagnosis of the functional nature of the disorder was only arrived at after a careful examination. Its correctness was proved by the rapid and successful result of treatment. *Chichele Nourse.*

EAR.

Henry Caboche.—*Contribution to the Study of Early Antrotomy in Certain Acute Suppurations of the Middle Ear.* "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," May, 1908.

In this paper illustrative cases are given of a variety of middle-ear infection, occurring in children, where from the very outset antritis is the predominant lesion, quite overshadowing the otitis. Clinically two forms are met with, the painful and the latent. The painful form is characterised by a sharp pain in the antral region; the child complains little or nothing of the ear, but almost exclusively of the mastoid. There is exquisite tenderness on pressure over Macewen's triangle. The membrana tympani does not present the appearance common to acute otitis media; the vascularity is limited to the posterior superior quadrant, and there is bulging in this area. Paracentesis is followed by a discharge, which, without being profuse, is abundant.

The latent form: In this pain is only trivial. There is purulent discharge, without painful mastoid reaction either spontaneously or on pressure. The temperature is not elevated. The membrana tympani resembles that of the preceding variety. In spite of the comparative absence of symptoms met with in this form, osseous lesions are prone to be very extensive; this feature does not depend upon purulent retention, for the discharge is always profuse, but is due to an active ulcerative process. Early antrotomy is demanded; the operation should not be

delayed at the most beyond eight to ten days from the commencement of the affection; if at this time the flow of pus remains copious with no evidence of abating (latent form), or if with abundant discharge antral pain on pressure persists or *à fortiori* pain at the posterior superior angle of the mastoid process (painful form), there is osteitis present and operation becomes imperative.

H. Clayton Fox.

Piff, Otto (Prague).—*A Foreign Body in the Right Eustachian Tube; Abscess at the Base of the Skull; Purulent Disease of the Atlanto-occipital Articulation; Aneurysm of the Left Vertebral Artery; Death from Rupture of the Aneurysm.* "Archiv f. Ohrenheilk.," Bd. 72, Heft. 1 and 2, p. 77.

The illness began insidiously, and the first striking event was acute otitis of the right middle ear with pain and discharge of pus. The discharge stopped, but the pain persisted and became more widespread and severe as time went on. When first examined the head was held in a stiff attitude, inclined towards the right, but movements were carried out with considerable freedom. The hearing tests showed obstructive deafness on the right. The membrana tympani was red, swollen, and invested with sodden epithelium.

In the naso-pharynx a quantity of pus lay scattered about the right Eustachian orifice, and, when it was wiped away, re-accumulated so rapidly as to prevent a proper inspection of the parts. The right half of the posterior pharyngeal wall bulged somewhat. The soft palate deviated a little to the left on phonation.

A diagnosis was made of acute suppuration of the middle ear with probable gravitation abscess in the deep cervical muscular layers discharging into the naso-pharynx. The mastoid process was opened. An increase in the pains followed the operation. Bier's congestion treatment was tried and given up. The patient died suddenly of collapse.

The title indicates the *post-mortem* findings. The chief interest lies in the discovery of a foreign body of the nature of a blade of grass in the Eustachian tube. From a puncture made by the sharp end of the foreign body in the mucous membrane of the canal, the infection seems to have travelled to the base of the skull and the atlanto-occipital articulation.

The author expresses himself as strongly of the belief that the infection was actinomycotic in nature.

A discussion of the literature dealing with this rare accident is appended.

Dan McKenzie.

Blodgett.—*An Electrical Attachment for a Politzer Bag in Treating Diseases of the Ear by Air Insufflation and Catheterisation.* "Boston Med. and Surg. Journ.," May 21, 1908.

This consists of a small electric heater placed inside the inflation bag and worked by a button fixed in the wall of the bag. Five seconds' pressure warms, twenty seconds' heats the air.

Macleod Yearsley.

Dabney, Wm. R. (Marietta, Ohio).—*Report of Two Cases of Sinus Thrombosis Complicated by Cerebral Abscess in the Temporo-Sphenoidal Lobes.* "Arch. of Otol.," vol. xxxvii, No. 2.

The second of the two cases was remarkable in that although the part of the brain affected was the right hemisphere there were well-marked aphasic symptoms. The patient was not left-handed and the author

thinks the aphasia may have been due to extension of the purulent meningitis to the opposite side of the brain. This is difficult to suppose without there being a simultaneous motor paralysis. Moreover the symptoms subsided after the drainage of the cerebral abscess.

Dundas Grant.

Scott, S. R. (London).—*A Case of Acute Internal Hydrocephalus Secondary to Streptococcal Infection of the Labyrinth.* "Arch. of Otol.," vol. xxxvii, No. 2.

In this case the radical mastoid operation was performed on the ordinary indications without there being any symptoms or signs suggestive of involvement of the labyrinth. It was followed, however, by intractable vomiting, then headache and rise of temperature. A further exploration was made, revealing neither extra-dural abscess nor labyrinthine fistula. Before a third further operation and lumbar puncture were performed the patient suddenly died. A condition of internal hydrocephalus without meningitis was found at the autopsy. This was secondary to perineuritis of the seventh and eighth cranial nerves following acute streptococcal labyrinthitis. The writer thinks that the inflammation must have spread from the middle to the internal ear through the fenestra ovalis. He considers that when labyrinthitis is present nothing short of extirpation of the cochlea and vestibule can be considered as likely to give sufficient drainage; and that in this case such drainage with lumbar puncture (to relieve the distended ventricles) might have altered the course of events entirely.

Dundas Grant.

Knause, F. (Manhattan).—*A Case of Mastoiditis with Brain Complications.* "Arch. of Otol.," vol. xxxvii, No. 2.

This was an acute case in which, with other cerebral symptoms, there developed marked aphasia. The arachnoid was drained and great improvement took place, but when the patient seemed practically well he suddenly died. Exploration for abscess had been negative. On *post-mortem* examination the temporo-sphenoidal lobe was found to be of a yellowish-green colour, and soft and pulpy. It bulged into the basal ganglia, and when cut into it yielded half an ounce of pus. Death was probably due to parenchymatous degeneration of the heart. The writer leaves the following as questions: (1) Was the abscess present at the time of exploration? (2) Were the symptoms due to localised meningitis and the abscess the result of the exploration? He draws attention to the fact that with the aphasia and the agraphia there was no difficulty as to the perception of numbers, and to the remarkable disappearance of symptoms after the exploration, which amounted to little more than a blood-letting.

Dundas Grant.

Bryant, W. Sohier (New York).—*The "Piano-String" Theory of the Basilar Membrane.* "Arch. of Otol.," vol. xxxvii, No. 2.

The author holds that the basilar membrane is not essential to the organ of Corti, and when present is not furnished with the requisite length and mass of fibres to vibrate in sympathy with every note even if the rest of the structures would allow it. Further, the basilar membrane is devoid of the requirements of a resonating body. Helmholtz's piano-string theory of musical perception is "without foundation in every particular."

Dundas Grant.