

LARYNX.

Mendoza, Suarez de.—*Loss of Voice following Thyrotomy.* "Archives Internationales de Laryngologie," etc., July—August.

The author reports a case of aphonia after thyrotomy which was cured so far as the speaking voice was concerned, but the patient was quite unable to sing. On laryngoscopic examination, one cord was found to be slightly raised above the level of the other. The author invites opinions as to treatment.

Anthony McCall.

EAR.

Andrew, J. G.—*Case of Cerebellar Abscess following Middle-Ear Disease.* "Brit. Med. Journ.," May 2, 1903.

The abscess was consecutive to chronic left-sided otitis media purulenta. On admission to hospital the patient complained of severe headache, sickness, and vomiting. His temperature was 103.6° F., and his pulse 80. There was no mastoid pain and no tenderness along the course of the jugular vein. The left membrane was perforated, and a small quantity of very offensive pus was present. In the first instance a mastoid operation was performed, but subsequently it was found necessary to explore the interior of the cranium. An anæsthetic was given and the patient placed upon the operating-table. Suddenly respiration failed. The cerebellum was rapidly explored, but no abscess found. During the continuance of artificial respiration the temporosphenoidal lobe was also explored, but with negative results. Upon post-mortem examination, a small abscess, containing about a drachm of pus, was found in contact with the sinus. The surrounding portions of the cerebellar lobe were softened, friable, and discoloured. A thrombus was found in the sinus.

W. Milligan.

Ballance, C. A. ; Ballance, H. A. ; and Stewart Purves.—*Remarks on the Operative Treatment of Chronic Facial Palsy of Peripheral Origin.* "Brit. Med. Journ.," May 2, 1903.

The idea of the authors is to effect an anastomosis between another healthy nerve and the distal segment of the paralyzed facial, and the rationale of the procedure is based upon conclusions arrived at by them that regeneration occurs in the distal segment of a divided nerve even when separated from the central end, but that such regeneration does not reach full maturity unless the distal segment is joined to the proximal, so as to permit of transmission of impulses between the centre nerves and the periphery.

In the first place, the authors assured themselves that muscle fibres still survived upon the paralyzed side of the face by means of the galvanic current. The facial nerve was then exposed at its point of exit from the stylo-mastoid foramen. The nerve trunk was cut across as high up as possible. The spinal accessory nerve was then exposed, and its sheath divided at a level convenient for union with the divided facial. The distal segment of the facial and the proximal end of the spinal accessory were now united by means of fine sutures. When the operation wound had healed, the muscles upon the paralyzed side of the face were stimulated by daily galvanism for months, until faradic excitability returned, when faradism was substituted.