

right-sided hemiplegia developed. Pulse 120, temperature 100.5° F. The next day the radical mastoid operation was performed and the brain explored without finding pus. Three days later the patient died. At the section hæmorrhagic encephalitis was found.

The question is discussed, Was the encephalitis a result of the otorrhœa or not?
W. G. Porter.

Mosher, H. C.—*A Specimen of an Encapsulated Brain Abscess.* "Boston Med. and Surg. Journ.," July 15, 1909.

The specimen was taken from a man, aged forty, who had been operated upon for acute mastoid three months before. A brain abscess was evacuated by operation immediately. The patient became worse next day, after some amelioration, and was again explored, and an encapsulated abscess was discovered. The patient died forty-eight hours after admission. The pathological findings are described and illustrated by two excellent photographs.
Macleod Yearsley.

Jones, Ernest.—*The Differential Diagnosis of Cerebellar Tumours.* "Boston Med. and Surg. Journ.," August 26, 1909.

The comparative frequency of cerebellar tumours is shown by the fact that the author has seen sixteen cases in the past twelve months, and his remarks are based upon the study of twenty cases. An excellent and exhaustive account is given of the symptoms with the order of their diagnostic value, as (first) ataxia; then the characteristic vertigo, the hypotonia, paresis, nystagmus, and skin deviation. Differential diagnosis from supra-tentorial, parietal, frontal and other tumours is then discussed. Attention is especially paid to cerebello-pontine angle tumours with which paralysis of the seventh and eighth nerves practically always occurs. The paper is one that should be read by otologists with interest.
Macleod Yearsley.

Alskne.—*A Case of Otitis Media and Mastoiditis ending in Bilateral Blindness.* The Society of General Practitioners in Libau; Meeting held on May 1, 1908: "St. Petersburg med. Woch.," xxxiii, 1908, p. 739.

The author described a case in which he diagnosed thrombosis of the cavernous sinus. The patient, a soldier, aged twenty-four, came under observation on January 6, suffering from purulent discharge from the right ear and mastoiditis. The right eye was nearly quite blind, and the sight in the left was greatly impaired; optic neuritis was present on both sides. The author thought this was due to a thrombosis of the cavernous sinus following on one of the lateral sinus.

The lateral sinus was explored; it was very tense, and contained black fluid blood. The wound progressed favourably and the sight in the left eye improved at first, but later the headache returned and the sight was quite lost. The patient refused further operation.
W. G. Porter.

MISCELLANEOUS.

Feldt, Dr. A.—*Concerning Estoral and its Use in Laryngo-Rhinology.* "St. Petersburg. med. Wochenschr.," 1909, xxxiv, S. 377.

Estoral, the menthol ester of boric acid, $B(C_{10}H_{19}O)_3$, is a fine crystalline white powder, which smells strongly of menthol. It is soluble

in ether, benzine and chloroform, and in warm almond and olive oil. It can be obtained in the form of a salve and also as a snuff. Its action is that of menthol, but it is a more powerful disinfectant and is less irritating. The author gives details of twenty-three cases in which he has used the drug with benefit. The cases treated included ten of acute rhinitis and ten of chronic affections of the nose, such as ozaena and chronic rhinitis.

W. G. Porter.

Cushing, Prof. A. R.—*Tissue Antiseptics with Reference to Animal Infections.* "Lancet," January 23, 1909.

The micro-organisms of wound infection are more resistant to antiseptics than the tissues because they have, in course of time, evolved the power of protecting themselves against chemical poisons. It is otherwise with the animal infections of syphilis, malaria, and sleeping-sickness, which, being younger and less resistant than the bacteria, are more easily destroyed by drugs like quinine, arsenic, mercury, etc.

In a series of experiments on the treatment of trypanosomiasis in rats, the author found that after a continued course of one drug the organisms acquired the power of resisting it, although they were still susceptible of the action of the other poisons. This finding favours a return to the old polypharmacy, for in a patient treated with all the drugs combined few trypanosomes would resist the combined attack.

Dan McKenzie.

REVIEWS.

Tuberculosis of the Nose and Throat. By LORENZO B. LOCKARD, M.D. (With 85 illustrations, 64 of them in colours.) St. Louis: C. V. Mosby Medical Book and Publishing Co., 1909.

In this handsome volume the author reviews the history of the study of tuberculosis in the upper air-passages, their pathology, symptoms, diagnosis, prognosis, and treatment with the utmost fulness. The letterpress is replete with details of the views of others as well as those arrived at by himself. The richness of the letterpress is almost surpassed by that of the illustrations, the collection of beautifully coloured (some perhaps a little too high in tint) pictures of lesions of the larynx, nose, and pharynx forming a unique atlas of this department of medicine. An unusual amount of space is devoted to treatment, and the perusal of the book encourages the practitioner to proceed with an amount of hopefulness which other works are apt to damp. He gives good proofs for the faith that is in him, and his views on the therapeutics of the disease are well worth careful study. In regard to tuberculin, the author holds that we are not justified in considering the treatment as anything more than an adjuvant that may be of occasional service. While acknowledging the beneficial effect of lactic acid when judiciously applied, he has allowed it to be almost entirely supplanted in his practice by formaldehyde, both in the ulcerative and infiltrative types. He is not in favour of submucous injections (p. 216). In regard to possible benefit from photo-therapy, his observations lead him to consider sun-rays less useful than those of the arc-light. As a general rule he prefers cutting instruments to the electric cautery or electrolysis (p. 225). He is in favour of endo-laryngeal surgical methods in spite of theoretical objections. In amputation of the epiglottis he uses a special guillotine, and holds that although the prognosis in this operation is very unfavourable, except as regards relief