

preliminary to operation. Laryngectomy on November 27, 1909. Recovery was retarded by severe hæmorrhage from near the base of the tongue between the fifth and twelfth days after operation, and by sluggish healing on the part of the external wound; granulations failed to form, the sutures cut out, and the tissues around the wound ulcerated away. Later on healing progressed rapidly and the parts cicatrised, leaving, however, as a result of the breaking down, a fistula between the trachea and the œsophagus. Attempts to close the fistula having failed, the author attached an inflatable rubber covering on the tracheotomy cannula, and this, inflated before a meal, blocked the opening so that the patient was able to swallow. At other times the existence of the fistula rendered it possible for the patient to speak "with quite a good voice." The glands over the right carotid sheath were removed on January 29, 1910. Examination showed that they were cancerous. No recurrence appeared until October 19, 1910, when a hard lump was felt on the right side of the neck at the level of the carotid bifurcation. Operation (October 22) showed the growth to be so extensive that removal was out of the question. A portion removed for microscopic examination proved to be cancerous. On the suggestion of Sir Chas. Ball thyroid tabloids, gr. iij, three times a day were tried. On November 22 a fluctuating swelling to the right of the tracheal opening was incised, and some curly, whitish matter (not pus) was let out. This wound gradually closed, but the material accumulated again, and the swelling was again opened. In the first week of January, 1911, it closed finally. On January 24, 1911, it seemed to the author that the glandular tumour was rather smaller. A month later this had become unmistakable, and the patient expressed himself as free from pains which had previously been troubling him. The tumour continued to diminish, and six months after the thyroid treatment had been started "no evidence of tumour could be felt." Sir Thornley Stoker then saw the patient in consultation, and the thyroid treatment was continued.

The author notes that the only cases in which this treatment has been successful have been lymphatic recurrences after extirpation of the primary growth.

Dan McKenzie.

Levinstein (Berlin).—On the Difficulty of Making the Diagnosis of Paralysis nervi recurrentis rheumatica and the Value of Examination with Röntgen Rays. "Arch. f. Laryngol.," vol. xxv, Part I.

In this paper a general review of the subject is given, and especial stress is laid on the writer's opinion that a diagnosis of rheumatic recurrent paralysis should never be made without the assistance of an X-ray examination. In a case which he relates, both the history and the physical examination pointed to rheumatic paralysis as the correct diagnosis, but a radiograph disclosed the presence of an aneurysm. It is probable, therefore, that a considerable number of the cases reported in the literature as "rheumatic" were incorrectly so described.

Thomas Guthrie.

E. A. R.

Mayer, Otto.—On the Causation and Ætiology of Otosclerosis. "Monatsschrift f. Ohrenheilk.," Year 45, No. 4.

After a critical allusion to past and recent literature on the subject

the author describes his experience of the disease from both a clinical and histological point of view in a long article which is well worth attention. He lays great stress on the fact that the foci of disease correspond in their situation to the immediate environment of the terminal arterioles, and would thus regard the lesions as having a very definite relation to vaso-motor disturbances.

He submits that the scanty secretion of cerumen and sweat and loss of susceptibility to tickling in the outer ear passage, as have been noted in these cases, all go to support this contention. Such vaso-motor disturbances may of course be the result of many and varied conditions or events, but that they have an influence on the production of the disease Mayer is able to quote *post-mortem* evidence and also observations made as regards the state of the circulatory system during life. With respect to trauma, he considers that it is quite possible for otosclerosis to be so produced on the grounds that atheroma may also be dependent on the same agency. Though containing nothing, perhaps, that can be characterised as new, the paper forms such a masterly *resumé* of his own accurate research and current opinion that one hopes the author in the near future will in addition give us his views as to the treatment of the disease.

Alex. R. Tweedie.

Mayer, Otto.—A Histological Report of a Case of Otosclerosis. "Monatsschrift f. Ohrenheilk.," Year 45, No. 3.

A very detailed and accurate account of an examination conducted on a case of this disease which occurred in a man who died at the age of 57, having been deaf for some twenty-one years, and who had suffered from attacks of giddiness and tinnitus. His mother, who had died before him, had also been deaf twenty-three years. The description and discussion of this case in particular and of the condition in general covers some twenty-four pages, in which eleven illustrations are included. Death was due to "pulmonary œdema, dilatation and fatty degeneration of the heart, chronic enlargement of the spleen and general anæmia." The account and views of the author do not materially differ from preceding similar descriptions of other observers, yet it forms one more most valuable record of the pathological data of this obscure disease, and in addition allusion is made to the importance of both examining other portions of the skeleton in such cases—although this does not appear to have been carried out in this instance—and also of investigating the aural conditions in patients the subject of arthritis or osteitis deformans. Research in this direction has always seemed to have been much neglected, and it is quite possible that valuable light may be thrown on the aetiology of the disease by these means.

Alex. R. Tweedie.

Barck, C.—A Case of Brain Abscess with Rare Ocular Symptoms. "Ann. of Otol., Rhinol., and Laryngol.," vol. xix, No. 4, p. 1100.

The brain abscess followed left middle-ear suppuration. It was accompanied by complete right homonymous hemianopia and choked disc in both eyes. The left eye, in addition, showed two large hemorrhages close to the optic papilla. Exploratory operation failed to find the abscess, but the left eye improved after the relief of pressure. The patient died about one month later, with amnesic aphasia followed by coma. *Post-mortem*, an abscess was found in the extreme postero-superior part of the temporal lobe.

Macleod Yearsley.

Halász, H. (Miskolcz).—Extra-dural Abscess following Primary Mastoid Otitis. "Arch. f. Ohrenheilk.," Bd. lxxx, Heft 1 and 2.

The patient was a male, aged four and a half. During the third week of an attack of whooping-cough pain in the right ear and mastoid process was felt. There was no discharge from the meatus, but a few days before Halász saw the patient the mastoid became swollen. On examination there was found a doughy, tender fulness over the mastoid process, very tender to the touch. The membrana tympani was dull, but manifested no bulging nor any other sign of acute inflammation. The hearing was but slightly affected; watch heard at 1½ metres, whisper at 6 metres. Temperature 37.6° F. At the operation, pus, under pressure, was evacuated from the mastoid cells, and the whole process was seen to be diseased. The lateral sinus groove contained pus and the sinus was covered with granulations. Recovery. *Dan McKenzie.*

Graham, H. B.—Concerning the Capsulated Bacteria in the Production of Acute Middle-ear Affections. "Ann. of Otol., Rhinol., and Laryngol.," vol. xix, No. 4, p. 1017.

The author considers that the work done upon this subject is of sufficient importance to warrant a review. Of the capsulated bacteria (pneumococcus, Friedländer bacillus, *Streptococcus mucosus*), the second seems least frequently, the third most often, observed. Pneumococcus is more common in children, streptococcus in adults. The article is a useful review of work done, with the addition of three cases from the Urbantschitsch Clinic, at Vienna, which well illustrate the course of the disease due to the capsulated bacteria. *Macleod Yearsley.*

Haskin, W. H.—A Report of a few Cases of Otitis Media Suppurativa Treated with Suspensions of Lactic Acid Bacilli. "Ann. of Otol., Rhinol., and Laryngol.," vol. xx, No. 1, p. 49.

Seventeen cases tabulated. The meatus was syringed with warm saline and dried, the suspension of bacilli then being instilled and retained for fifteen minutes. Fresh cultures are required. *Macleod Yearsley.*

Kopetzky, S. J.—The Present Status of Labyrinth Surgery. "Ann. of Otol., Rhinol., and Laryngol.," vol. xix, No. 4, p. 994.

The author presents the present status of labyrinth surgery from the personal standpoint, based upon seven cases, of which five died. In a number of other cases which showed clinical signs of labyrinthitis, recovery followed the radical mastoid operation. The author insists that laboratory findings are no index to the character of the disease. He classifies labyrinthitis as: (1) Infection from acute middle-ear disease. (2) Infection from exacerbation of chronic middle-ear disease. (3) Traumatic (hæmorrhagic and infectious). (4) Infection from chronic middle-ear disease without acute exacerbation. A discussion of the symptoms, diagnosis, and indications for operation follows. The caloric test is considered to be dangerous, and it is insisted that absolute or even probable diagnosis is impossible before exploratory operation, under present conditions. The author agrees with Scheibe that suspicious symptoms should be treated by immovable rest in bed, careful watch being kept for meningeal symptoms. Operations on the labyrinth are summarised, and the paper concludes with remarks on technique. *Macleod Yearsley.*