

The author records his gratitude to Dr. E. W. Goodall for kindly introducing to his notice Dr. Raoul Bayeux's method of "enucleating" (expressing) the tube. *StClair Thomson.*

E A R.

Broca, Auguste, and Laurens, Georges.—*Meningitis following Chronic Otitis, simulating Cerebral Abscess.* "Annales des Maladies de l'Oreille, du Larynx, etc.," No. 1, January, 1902.

The authors report cases where, after the most careful diagnosis, no abscess was found on operation, although meningitis was cured.

The utility of lumbar puncture in such cases is questioned, on the ground that valuable time might be lost should an abscess be really present. *Anthony McCall.*

Jürgens (Warsaw).—*Two Cases of Rupture of the Internal Carotid Artery in Middle-Ear Disease.* "Monatschrift für Ohrenheilkunde," January, 1902.

In both cases the patient was a Tartar recruit with a history of ear disease of only two or three weeks' duration. In both there was considerable sloughing of the skin of the meatus with extensive destruction of the deeper parts, the middle and internal ear and the carotid canal forming one irregular cavity with eaten-out, carious walls. The wilful application of some strong caustic, with a view to escape military service, was strongly suspected. In both cases there was very profuse and repeated hæmorrhage, but the patients did not die of that, but of the septic complications—leptomeningitis and pyæmia.

As a rule the artery gives way at the junction of its vertical and horizontal positions, and the rupture is slit-like—3 to 8 millimetres long and 2 to 3 millimetres broad—but in the cases under consideration there was extensive sloughing of all the vascular coats. This and the short duration of illness pointed to traumatism. *W. Lamb.*

Lermoyez, Marcel.—*Pyæmia following Thrombo-phlebitis in Middle-Ear Disease.* "Annales des Maladies de l'Oreille, du Larynx, etc.," No. 1, January, 1902.

Lermoyez points out the importance of tying the internal jugular before opening the lateral sinus after the antrum operation.

He warns against the careless use of iodoform, and states that the urine should always be examined, as in such cases the symptoms of iodoform poisoning might be mistaken for those of pyæmia.

Anthony McCall.

Sendziak (Warsaw).—*Favourable Influence of an Attack of Erysipelas on the Course of a Severe Case of Acute Otitis Media.* "Monatschrift für Ohrenheilkunde," December, 1901.

A man of fifty-two had been under treatment for five weeks suffering from otitis. In spite of leeches, paracentesis, antiseptic injections, and other treatment, he got worse rather than better. The affected ear was quite deaf, he had great mastoid tenderness and pain all over the side of the head, and the discharge was profuse. He refused to submit to the mastoid operation. At this point he contracted a sharp attack of facial erysipelas, which lasted rather over four weeks. Very soon after the erysipelas attacked him his aural symptoms began to improve,

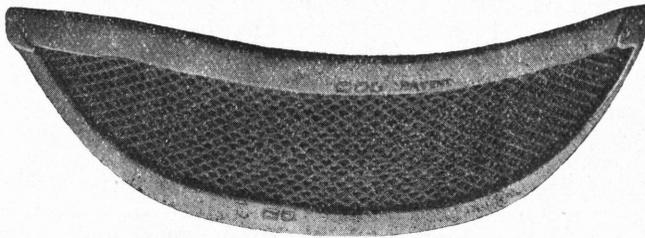
pain, tenderness, and discharge all gradually subsided, and when he returned to Dr. Sendziak's clinic at the end of a month his ear was healed, his hearing practically normal, and the membrana tympani natural in appearance.

W. Lamb.

NEW INSTRUMENT.

FOWLER'S INVISIBLE RESPIRATOR.

THE unpleasantness and ugliness of the old-fashioned "respirator" have led to the invention of one which is in many respects a very great improvement. It consists of two plates of metal with close perforations, encased in a light framework, the whole being of such a curve and size that it can be introduced into the mouth between the lips and the teeth. When thus worn it warms the air as it is inhaled through the mouth. It is practically invisible, so that all unsightliness is avoided, and it can be submitted to sterilization by means of boiling with the greatest ease and without any detriment to its structure. For those persons who are unable to breathe through the nose—the natural



respirator—this instrument will be found very acceptable. It is possible to introduce between the perforated plates a thin layer of cotton or asbestos wool, which can be moistened with any desired medicament. An inspection of the drawing will make the shape and structure of the instrument quite evident. The invention is worthy of all commendation, and is, in our opinion, the best of its kind. The inventor, Mr. Fowler, is reported to have devised it for the purpose of meeting the requirements of his own case, and the result is most creditable to his ingenuity, as well as to his perception of the qualities requisite in a respirator.

BOOKS RECEIVED.

- The American Laryngological Association.** *Transactions of the Twenty-third Annual Meeting.* Rooney and Otten Printing Co., New York. 1901.
- Sir Felix Semon, M.D., F.R.C.P.** *Some Thoughts on the Principles of Local Treatment in Diseases of the Upper Air-Passages.* Macmillan and Co. 1902.
- Dr. C. Chauveau.** *Histoire des Maladies du Pharynx.* 3. vols. J. B. Baillière et Fils, Paris. 1901.