

Further operation for relief of the stenosis was considered unjustifiable, and it was decided to leave the tube *in situ* for a while at least.

Price-Brown.

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### TRACHEA.

**Martuscelli and Ciociolo** (Naples).—*On the Late Effects of Tracheotomy.* "Bollet. d'Malatt. del Orecchio," etc., May, 1907.

This is an experimental and histological study. Preliminary researches were made on dogs, and before describing them the authors review the literature of the subject at considerable length. In the description of the experiments, three are given with particular detail, including the results of *post-mortem* examinations and illustrations showing the histological appearances. Their conclusions are that tracheotomy is often the cause of more or less diffuse ulceration, particularly at the sites corresponding to the lower extremity of the cannula and of the tracheal opening; to these changes there may be added the formation of polypoid new growths. The general consequences of tracheotomy are broncho-pneumonia, paralysis of the posterior crico-arytænoids, aphonia, etc.

V. Grazzi.

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### EAR.

**J. Ramsay Hunt** (New York).—*Herpetic Inflammations of the Genuiculate Ganglion: A New Syndrome and its Aural Complications.* "Arch. f. Otol.," vol. xxxvi, p. 371.

An interesting paper. The syndrome—otalgia, herpes zoster of the concha and auditory canal, and Ménière's symptoms—is dependent upon a specific herpetic inflammation of the genuiculate ganglion. The simplest expression of this inflammation is to be found in herpes zoster of the tympanum, auditory canal and concha (*representing the zoster zone for the genuiculate ganglion*). The proximity of the facial and auditory nerves render neural complications not infrequent—peripheral facial palsy, tinnitus, deafness, and Ménière's complex of symptoms. The pathology of the affection does not differ from that of true herpes zoster. The author briefly reviews the anatomy of the genuiculate ganglion and roughly outlines the ganglionic representations of the cephalic extremity. He has collected sixty-one cases of true herpes zoster and defines four clinical types: (1) herpes auricularis; (2) herpes auricularis, facialis, or occipito-collaris, with facial palsy; (3) herpes auricularis, facialis, or occipito-collaris, with facial palsy and hypoacusis; (4) herpes auricularis, facialis, or occipito-collaris, with facial palsy, deafness, and symptoms of Ménière's disease. He enters into these types in detail, discusses diagnosis and prognosis, and gives a short summary of the literature bearing upon the subject. The paper is an important one and should be read in full.

Macleod Yearsley.

**Knapp, Arnold** (New York).—*Otitic Meningitis.* "Arch. of Otol.," vol. xxxvi, p. 416.

Uncomplicated otitic meningitis occurs as often after acute as after chronic purulent otitis.