

E A R.

Guranowski.—*A Serous Cyst of the Auricle.* "Pam. Tow. Lek. Warsz.," I., 1898.

A patient (woman), twenty years old, with a large serous cyst of the right auricle. The author gives a differential diagnosis between such cysts and hæmatomata. The cysts are caused by chronic inflammation of the perichondrium with production of serous fluid between the perichondrium and cartilage. It was incised and packed with iodoform gauze. Recovery. *John Sendziak.*

Guranowski.—*Case of Duplicated External Auditory Meatus.* "Przeegl. Chir.," IV., 1898.

The external auditory orifice, as well as the cartilaginous auditory meatus, was duplicated. The anterior meatus ended blindly, and was 7 millimetres in length; there was a normal tympanic membrane. *John Sendziak.*

Heiman.—*Case of Abscess of the Occipital Part of the Brain of Otitic Origin.* "Pam. Tow. Lek.," I., 1898.

A young girl, aged thirteen, with old suppuration of the ear, with fever of an intermittent type. Operation, followed by recovery. *John Sendziak.*

Eschweiler, R.—*Fibro-myxoma of the Mastoid Process.* "Deutsche Aerzte Zeitung," October, 1899: abstract from "Arch. f. Ohrenheilk.," Bd. 45, S. 18.

A woman, thirty-eight years old, had purulent otorrhœa from childhood; there was a sinus in the middle of the mastoid process. The cortex was removed, exposing a tumour. On removal a large hole was formed, in which antrum, middle ear, and the osseous external meatus were exposed; the anterior part, near the pedicle of the tumour, was lined with pale, smooth epithelium; the posterior part, at the sinus end, with a thick epithelial layer; no trace of cholesteatoma. The wound healed in six weeks. Microscopic examination showed a fibro-myxoma. As regards the etiology, he agrees with Koster that myxomatous tissue consists of degenerated adipose, fibrous, or other tumour tissue, in which the degeneration depends chiefly on anomalies of the circulation, with consequent œdematous swelling of the tissue. The myxomatous degeneration of polypus in the mastoid process is due to the disturbance in its circulation, caused by its growth in an enclosed space; it is thus not necessary to regard the mucous membrane of the *factus* as a cause of this kind of tumour. *Guild.*

Eulenstein, H. (Frankfurt-a-M.).—*Percussion of the Mastoid Process.* "Arch. of Otol.," vol. xxviii., p. 170.

The writer reviews the literature on this subject, including his own, published in 1894, in which he arrived at the following conclusions:

1. That by means of percussion (compared with that of the other side) a positive diagnosis of a diseased condition of the mastoid can be made, provided dulness is elicited.
2. Dulness on percussion indicates the presence of a diseased area near the surface of the bone, the degree of dulness depending upon the extent of the area involved.

3. The absence of dulness is no proof that the bone is not diseased.

4. Where other symptoms of mastoid disease are present, and there is no dulness on percussion, it indicates that the diseased area is either very small or deep-seated.

He deals with the adverse criticism of Weygandt, and quotes ten cases in support of his thesis. Among these are seven in which the percussion sound changed from a clear to a dull note as the mastoid became involved. In a case in which otorrhœa existed on both sides, the change in the percussion sound was an invaluable aid in determining which mastoid was involved.

(Körner, in his recent work on the "Purulent Diseases of the Temporal Bone," speaks with approval of the value of this method of examination.—*D. G.*)
Dundas Grant.

Hasslauer, Dr. (Würzburg).—*A Case of Large Subperiosteal Abscess over the Base of the Mastoid Process arising in Connection with Chronic Dry Catarrh of the Middle Ear.* "Monatschrift für Ohrenheilkunde," June, 1899.

There was no injury, no exudation in the tympanum (paracentesis was done), no previous morbid condition, in fact, except the chronic inflammation of the tympanic mucosa. The steps of the process were observed. It extended first to the posterior and upper part of the membrana tympani, which became of a dark bluish-gray colour, the light cone being absent. Next day the posterior and upper wall of the meatus was slightly reddened and swollen, and the mastoid was beginning to show the same signs, which eventually spread over the whole of the mastoid and squamous regions, and culminated in suppuration.

The possible routes by which an inflammatory process may spread from the tympanum to the surface of the mastoid are numerous, *e.g.* :

1. Through the incisura rivini to the periosteum of the meatus, and thence by continuity of tissue to the mastoid periosteum.

2. Through the antrum to the cortical cells, and thence through a gap in the cortex to the mastoid periosteum. Such gaps are very frequent in children.

3. Through the squamoso-mastoid fissure, which is often only partly ossified and occupied by connective tissue continuous with the periosteum and deeper layers of mucosa of the mastoid cells and tympanum.

4. Through numerous fine channels transmitting vascular twigs.

5. Through gaps and fissures in the posterior wall of the meatus, especially the tympano-mastoid fissure of Gruber, which, when persistent, transmits vessels and strands of connective tissue connecting the external meatus with the mastoid cells, whence the squamoso-mastoid fissure provides a way to the external surface of the mastoid process.

6. Through defect of the squama just above the spina supra-meatum. This connects the periosteum of the squama with the mucous membrane of the tympanum.

7. Through defect in that part of the squama which helps to form the mastoid process, thus opening communication with posterior part of tympanum (found in 2 per cent. of 200 skulls).

Routes 1 and 6 most probable in above case.

William Lamb.

Lermoyez. — *A Case of Menstruation through the Right Ear.* "Ann. des Mal. de l'Or.," August, 1899.

A case in which the first evidence of puberty was a small hæmorrhage from the ear. The menstrual flow continued to take this form for some three years, alternating or associated with menstrual epistaxis. A regular molimen was to be observed, with malaise, fulness of the head, etc. Later the menstrual flow became established in the uterus, but the aural, nasal, and finally buccal hæmorrhage continued somewhat irregularly to accompany the natural flow. The blood escaped into the meatus from small varicosities and dilated veins situated under the skin of the osseous portion of the meatus, the middle ear being apparently normal. Similar varicosities were present on the left side and also in the nose and pharynx. *Waggett.*

THIRTEENTH INTERNATIONAL CONGRESS OF MEDICINE.

PARIS, AUGUST 2 TO 9, 1900.

We are requested to insert the following announcements :

Programme of the Entertainments offered to the Members of the Thirteenth International Congress of Medicine.

- AUGUST 2.—Opening of the Congress. Evening Fête given by the President of the Council in the name of the Government of the Republic.
- AUGUST 3.—Reception (by invitation) by the President of the Congress.
- AUGUST 5.—Evening Fête in the Palais du Sénat and the Luxembourg Garden, given to Members of the Congress by the Officials and Committee of Organization of the Congress.
- AUGUST 7.—Fête given by the Municipal Council of Paris in the Rooms of the Hôtel de Ville.
- AUGUST 9.—Evening Fête given by the President of the French Republic at the Palais de l'Élysée.

In addition, private entertainments will be organized in most sections.

To all these entertainments the wives, daughters and sisters of the Members of the Congress will be invited.

A Ladies' Committee has been formed under the presidency of Mesdames Lannelongue and Brouardel. The Committee will have the use of a convenient room at the Faculty of Medicine, where the ladies of the Congress will be able to procure their badges, to meet together, and to procure from the lady members of the Committee all information which may be of any use to them.

We may also remind members of the Congress that in order to receive in good time their Congress and railway tickets it is advisable to send in their names as soon as possible to the office of the Congress, 21, Rue de l'École de Médecine, Paris.