

stiffness of the neck, tenderness in the anterior triangle, and some pain on movement of the head and in deglutition. There may be some undue redness of the pharyngeal mucous membrane, but throughout the whole course of the illness nothing like definite pharyngitis or tonsillitis. On the second or third day a swelling is noticed in the neck, which is found to be due to three or four enlarged glands, which can be felt below the sterno-mastoid muscle and along its anterior border. The temperature may reach 104° Fahr. The glands, which are tender, remain swollen for from two to five days, and then begin to diminish. The glands first affected are, as a rule, those of the left side. Before the glands on the left side have begun to subside, those on the right side begin to enlarge, and in a day or two attain a size corresponding to that reached by those on the left when at the maximum. The disease leaves the child in an anæmic and depressed state, which may last after all trace of the lymphatic glands—which has usually ceased in ten days or a fortnight—has disappeared. The most distinctive point is that the swelling and tenderness of the glands occur without obvious lesion of the pharynx and tonsils. The adenitis subsides spontaneously. Suppuration never, or very rarely, occurs. The incubation period is stated to be from eight to ten days.

St Clair Thomson.

E A R .

Bishop, Seth S.—*The Treatment of Chronic Suppurations of the Middle Ear.* "The Laryngoscope," Aug., 1897.

IN the treatment of chronic suppurative middle ear disease no routine method should be adopted. Each case must be judged according to its individual merits; at times a wet method of treatment being adopted, at times a dry method, and at other times a combination of both forms.

The author lays great stress upon securing thorough cleanliness, and begins the treatment by using at least a *quart* of warm sublimate lotion (1—5000) for syringing the parts. After syringing, inflation with the vapour of a ten per cent. solution of camphor-menthol is used, followed by instillations of warm solutions of peroxide of hydrogen. He has not found that by using *warm* solutions of this drug any of its efficacy is thereby diminished. The peroxide solution is left in the ear so long as any effervescence takes place. The ear is then thoroughly dried with absorbent cotton and dusted with aristol or boric acid powder. At times the author uses insufflations of nasophen—a powder which he finds useful as a drying agent. In cases where the perforation is so small as to interfere with efficient drainage it should be freely enlarged, and should there be any difficulty in getting away all secretion the author's ear aspirator may be employed with advantage.

W. Milligan.

Holinger, J. (Chicago).—*Diseases of the Labyrinth.* "Ann. Otol., Rhin., and Laryng.," May, 1897.

THE author details three cases of trauma of the labyrinth. 1. A man of twenty-six years had had, three years previously, a fall from a horse, causing concussion of the brain. He had hæmorrhage from his nose and ears; deafness and vertigo. He can now hear loud conversation. One day, whilst swimming in quite shallow water, he put his head under the surface, and lost, immediately, all sense of his position and did not know where his head was, and he only brought his head above water by chance. 2. A man had shot himself in the left ear with a small-bore pistol; he recovered, though quite deaf (the other ear was previously deaf), and with staggering gait and facial palsy. 3. The patient fell on his head, and

had hæmorrhage from the right ear. He was unconscious for two weeks; he suffered greatly from restlessness, which he afterwards explained was due to terrible vertical rotatory vertigo, accompanied by great noise, ending in loss of consciousness. On the fourth day a cholesteatomatous mass came away from the ear; mastoiditis supervened, but operation never became necessary, though much cholesteatoma was removed from the meatus. He was noticed later to have right-side palsy of the face. On examination, the line of fracture could be seen. *Lake.*

Lommel, E. (Thièle).—*The Pathological Conditions in the Middle Ear and Sphenoidal Sinus in True Diphtheria.* "Arch. of Otol.," April, 1897.

TWENTY-FIVE fatal cases (none scarlatinal) were examined by Siebenmann with the following results:—

In one (four per cent.), middle ear normal; in two (eight per cent.), catarrhal closure of tube; in five (twenty per cent.), catarrhal median otitis without exudation; in four (sixteen per cent.), catarrhal median otitis with non-purulent exudation; in thirteen (fifty-two per cent.), purulent median otitis, two having diphtheritic membrane; in twenty-one (eighty-four per cent.), lining of cartilaginous tube normal.

The aural complications are milder than in scarlet fever, perforation having occurred in only two out of the twenty-five fatal cases. There is apparently not merely an extension along the tube, but a local manifestation of the general infection.

As regards the sphenoid cavity, the following were the conditions found:—

In one (four per cent.), normal; in three (twelve per cent.), moderate swelling and redness of the mucosa; in three (twelve per cent.), non-purulent fluid (one with croupous membrane); in three (twelve per cent.), purulent fluid. In the remainder no mention, and probably no development, of disease. *Dundas Grant.*

Marsh, J. H.—*Acute Suppurative Middle Ear Disease in Infancy.* "Brit. Med. Journ.," July 24, 1897.

IN the cases narrated by the author the patients were all under six months of age, and the earliest symptoms noted were restlessness, vomiting, refusal of food, and feverishness. In three cases the disease was unilateral, in the remaining one it was bilateral. In two of the cases the portion of the membrane which was perforated was Shrapnel's membrane. In one of the cases there was complete unilateral facial paralysis. The author remarks upon the difficulty occasionally attending the diagnosis of such cases in very young children, and says that early symptoms which should suggest the ear as the seat of the disease are:—

1. A constant endeavour to rub the affected ear.
2. A sharp cry of pain on pressure being made below the meatus.
3. Refusal of the child to lie upon the affected side.

In some such cases the disease is no doubt primarily tuberculous, and the signs which should suggest that the lesion has a tuberculous origin are:—

1. A slow asthenic onset.
2. Early glandular enlargement.
3. Early facial paralysis.
4. Resistance to ordinary measures of treatment.
5. The presence of other tuberculous disease.

W. Milligan.

Moure.—*On Thirty-four Cases of Mastoid Operation, including Sixteen in which the Tympanum and its Annexes were widely opened.* "Arch. Clin. de Bordeaux," Feb. and Mar., 1897.

THIS paper, occupying some sixty pages, does not contain anything particularly novel, but, representing as it does the carefully considered experience of the author on all points connected with the subject, should certainly be read by

students of otology. The various conditions of disease to be dealt with, the anatomical peculiarities which occur, the operative measures to be chosen, are all introduced with illustrative cases. As a general rule the author prefers resection of the cartilaginous meatus, so as to obtain a large opening into the artificial cavity unhampered by swollen tissues or granulations, which permits of easy access for dressing and early closure of the post-auricular fistula. *Ernest Waggett.*

Randell, Alex. (Philadelphia).—*Fracture of the Auditory Meatus and the Inferior Maxilla from a Fall on the Chin.* "Philadelphia Polyclinic," May 29, 1897.

THE patient was admitted into hospital suffering from some lacerated wounds about the face and bleeding from the right ear, with fracture through the ramus of the jaw, the results of a fall of fifteen feet; there was continuous oozing of blood from the ear, which was followed by a copious serous flow which maintained the suspicion of fracture of the base of the skull. On examination, however, the meatus was found to be occupied by a polypoid mass, from which there was a free, thin discharge; and on its removal, the anterior and posterior walls of the meatus were seen to be greatly inflamed, and almost in contact, the narrowing being due to protrusion of the anterior wall, owing to the crushing inwards of the thin wall of the meatus by the condyle of the jaw. The patient made an excellent recovery.

St George Reid.

Stillson, J. O. (Indianapolis, Ind.).—*Report of a Case of Double Mastoid followed by Abscess of the Spheno-Maxillary Fossa and Neck; Recovery.* "Ann. Otol., Rhin., and Laryng.," May, 1897.

THE patient, a woman of middle age, suffered with severe double suppurative otitis secondary to influenza. On examination, both membranes were inflamed and bulging, great pain and no discharge. Free paracentesis was performed on both sides; leeches ordered, to be followed by hot fomentations. The right progressed fairly satisfactorily, but on the left acute mastoiditis supervened, necessitating opening of the antrum; the membrane was again incised at the same time. Four days later pain and fever recurred, the pain being chiefly located about the left zygoma. Transillumination revealed pus in the antrum, which was evacuated through the alveolus. A further relapse occurred, and nearly a month after the mastoid operation great pain and tenderness and swelling came on behind the left ramus of the jaw, and all along the anterior border of the sterno-mastoid. An incision was now made along the edge of the muscle, and dissection carried down to the digastric muscle, where a large pus cavity was found. A good result was eventually obtained and the hearing power quite restored. *Lake.*

REVIEW.

Sendziak, John (Warsaw).—*The Malignant Laryngeal Tumours (Carcinomata, Sarcomata); their Diagnosis and Treatment.* (Work rewarded at the International Prize Competition at Toulouse).—"Przegląd Chirurgiczny," Vol. III., fasc. 2 and 3.

THE author came to the following conclusions:—

1. The history of laryngeal cancer shows that they were known even in the earlier times, but, thanks to the discovery of the laryngoscope, commences the greatest development in the knowledge of laryngeal