

2. A lady, forty-six years old, had for two years swelling of the eyelids, palpitation, loss of hair, and, later, swelling of the whole skin. Injections of thyroid substance were without effect. Cure was obtained by the use of tabloids. She now uses tabloids from time to time.

3. A patient, forty years old, with all the symptoms of myxœdema, was improved by injections of thyroid substance, but was cured in a short time by the internal use of thyroid tablets. *Michael.*

Palleske (Neustadt).—*Cure of Myxœdema following Operation by Feeding with the Thyroid Gland of the Sheep.* "Deutsche Med. Woch.," 1895, No. 7.

THE patient, twenty-seven years old, acquired myxœdema by operation upon a goitre three and a half years before. Since that time all the symptoms of myxœdema developed. Cure was obtained by the internal use of thyroid gland. *Michael.*

Buschan (Stettin).—*Criticism of the Modern Theories of the Pathogenesis of Basedow's Disease.* "Wiener Med. Woch.," 1894, No. 52; 1895, No. 1.

REVIEW.

Michael.

Hitschman (Wien).—*Contribution to the Casuistics of Basedow's (Graves') Disease.* "Wiener Klin. Woch.," 1894, Nos. 49 and 50.

REPORT of some cases without special interest.

Michael.

Lemke (Hamburg).—*Diagnosis and Treatment of Basedow's (Graves') Disease.* "Deutsche Med. Woch.," 1894, No. 51.

THE author concludes that a patient is affected with Basedow's disease if there is delirium cordis and vibratory tremor. The other symptoms (exophthalmos and goitre) are consecutive, and only confirm the diagnosis. The cause of Basedow's disease is probably a pathological chemical change in the secretion of the thyroid gland. *Michael.*

Schaffer.—*Critical Remarks upon some New Papers on the Thymus Gland.* "Internat. Monats. für Anat. und Physiol.," 1894, No. 3.

THE critical remarks prove that the so-called asthma thymicum does not exist, and that sudden death from sudden swelling of the thymus gland never occurs.

Michael.

Hildebrand (Göttingen).—*Congenital Epithelial Cysts and Fistulas of the Neck.* "Langenbeck's Archiv," Band 49, Heft 1.

REPORT of thirty cases observed in the clinic of Göttingen. Must be seen in the original. *Michael.*

E A R S.

Bezold, F. (Münich).—*Investigations concerning the Average Hearing Power of the Aged.* "Arch. of Otol.," Vol. XXIII., No. 3.

A LARGE number of people above fifty, classed according to the decades fifty to sixty, sixty to seventy, seventy and upwards, were examined by means of whispered voice and otoscopy in all cases; the tuning-fork in some. From the curve formed on a chart it could be seen that in each of these decades there is not only a successive decrease in the number of those with nearly normal hearing, but also a

successive increase in the degree of deafness. The less extreme degrees of deafness were more frequent in old men, but the extreme degrees in old women. The visible anomalies due to Eustachian disease—such as prominence of the posterior fold, broadening of the manubrium, projection of the short process, pushing of the light-spot toward the periphery, reflex above the short process—were the most usual abnormalities in the young, whereas there were more frequently found in old persons diffuse cloudiness of the drum, circumscribed opacities, posterior stripe opacities, calcification, scars and perforations. Tests for bone-conduction showed that in age the middle-ear affections are less frequent as compared to internal ear troubles. Among sixty, with a reduction of hearing distance to one metre and less—

In 29 Rinne was positive, + 15 seconds or more.

„ 19 „ „ „ + under 15 seconds.

„ 5 „ „ + 0.

„ 7 „ „ negative—*i.e.*, $BC > AC$.

The statistics showed that in old age bone-conduction in itself does not experience a reduction, but sinks proportionately with the lessening of the hearing distance—*i.e.*, with the diminution of air-conduction. *Dundas Grant.*

Alderton, H. A. (Brooklyn).—*Investigations with Tuning-Forks of Middle Register in over Six Hundred Cases.* “Arch. of Otol.,” Vol. XXIII, No. 3.

THE author investigated thirty-six persons with normal hearing, and over six hundred with the various forms of aural disease, by means of Hartmann's series of five tuning-forks, ranging at intervals of one octave from C with 128 to C^{IV} with 2048 double vibrations per second. He gives elaborate but clear tables of the results of these tests in cases classified according to their nature, and according to the effects produced by treatment, affording thus important diagnostic and prognostic data. The conclusions derived from these observations are:—

1. Intensity or duration Rinne showing bone-conduction to be greater than air-conduction ($BC > AC$) or equal to it ($BC = AC$), always indicates some middle-ear disease, either alone or as a complication.
2. In any peripheral disease sufficient to produce any degree of deafness, intensity Rinne $BC > AC$ or $BC = AC$ will be found to exist if a low enough fork be used in the testing, providing the internal ear is normal, or nearly so.
3. The duration of BC is increased over the normal in affections of the sound-conducting apparatus, except for the highest notes (C^{IV} and over); the explanation of this exception existing in the fact that the sound-conducting apparatus is not concerned in the transmission of high notes.
4. In affections of the sound-conducting apparatus, sounds of a low pitch are poorly heard by AC , while high-pitched sounds are relatively well perceived.
5. The higher up the scale of forks the intensity negative Rinne travels, the greater the degree of sound obstruction existing in the sound-conducting apparatus, as a rule.
6. The increase of bone-conduction is not to be explained by Steinbrügge's theory of hyperæsthesia of the nerve.
7. Any profound or prolonged middle-ear affection ultimately affects the labyrinth secondarily.
8. Curtailment of the duration of BC to any extent indicates the presence of some internal ear disease, either alone or as a complication.
9. “Intensity” Rinne's (as we practise it) and Schwabach's (absolute duration of BC) tests combined furnish more valuable assistance than “duration” Rinne or Weber's test.

10. When the entire series of tuning-forks is used it is not necessary to adopt any arbitrary whisper limit [Lucæ's.—D. G.].

11. It is possible to have $B C > A C$ or $= A C$ with a higher fork, even with the next lower giving $A C > B C$.

12. The prognosis cannot be certainly established on these tests beyond the fact that when negative Rinne has climbed up to the CIV. fork not much, as a rule, can be hoped for through treatment.

13. Duration of $B C$ becomes almost or quite normal when normal conditions are restored.

14. A good deal may be founded on results obtained by means of two forks—the C' 32-64 V. or Dench's 26-64 V. clamped fork for Rinne's test, and the C''' 1024 V. to determine absolute $B C$.

15. Possibilities of error are best avoided by employing the whole series.

16. The apparent exceptions to the above conclusions may possibly be explained by further investigation, the writer still pursuing his experiments.

[In the conflict between credulity and scepticism in regard to the value of tuning-fork tests, this solid and laborious contribution is most welcome and encouraging.]

Dundas Grant.

Dunn, J. (Richmond, U.S.A.).—*A Case of Otitis Hæmorrhagica Externa.* "Arch. of Otol.," Vol. XXIII., No. 3.

A MIDDLE-AGED man, previously affected with chronic middle-ear catarrh, was seized with pain in the left ear. After a few hours something burst, and there was a discharge of blood from the ear. On inspection there were found large and small hæmorrhagic bullæ on the membrane (whose features were quite obliterated) and on the lining of the osseous meatus. Relief followed the discharge, the opposite ear appearing quite normal. This one, however, went through a similar attack a few hours later, but in a less severe form. In a week the ears were in the same condition as previously. There was some lowering of the hearing while it lasted. He considers Politzer's account of the affection more precise than Gruber's.

Dundas Grant.

Randall, R. A. (Philadelphia).—*Bilateral Hematoma of the Lobule.* "Arch. of Otol.," Vol. XXIII., No. 3.

THIS occurred in a young girl whose ears had been recently pierced, and who was subject to epilepsy, traction on the lobules or the ear-rings having been practised for the purpose of rousing her from one of her fits.

Dundas Grant.

Zwaardemaker, H. (Utrecht).—*The Presbycusis Latæ.* "Arch. of Otol.," Vol. XXIII., No. 3.

EXAMINATIONS were made of the upper limits of audition in two hundred and nineteen normally hearing persons of all ages (hearing whispered voice at ten metres). The upper limit in childhood was found to be e^7 , decreasing in age to a^3 or g^6 . Anything below this, in age, was to be attributed to disease, and not to senility. He attributes some deviations from his results to the use of the numbers on Galton's whistle instead of the actual pitch, and to variations in different specimens of the instrument.

Dundas Grant.

Moos, S. (Heidelberg).—*A hitherto undescribed Course of a Disease of the Mastoid Process.* "Arch. of Otol.," Vol. XXIII., No. 3.

THIS depended on the persistence of the mastoid (squamo-mastoid) fissure in an adult who had suffered from scarlatinal otitis in childhood. After influenza, he

was affected with acute suppurative otitis, leading rapidly to the formation of an abscess over the mastoid, which fluctuated considerably in size, pressure over it causing profuse otorrhœa. No pus was found on opening the mastoid, but four days afterwards there was an abundant discharge from the meatus.

Prof. Moos examined a large number of temporal bones, of which the particulars, as regards the fissure, are appended to the report of this case. The suture, according to Kirchner, remains complete during the first year of life only. *Dundas Grant.*

Dunn, J. (Richmond, U.S.A.)—*A Case of Basal Fracture.* "Arch. of Otol.," Vol. XXIII., No. 3.

A CASE in which a severe blow on the right temporal region caused unconsciousness for half an hour, paralysis of the fifth and facial nerves of that side, and very soon also of the sixth. The cornea underwent ulceration, and great discomfort was occasioned by the inability to locate particles of food in the mouth. The auditory nerve was unaffected. A fracture seems, therefore, to have occurred at the apex of the petrous bone internal to the internal auditory meatus, extending across the foramen lacerum medium. *Dundas Grant.*

Hartmann, A. (Berlin).—*Historical Remarks upon the Operation for Exposing the Tympanic Cupola-Space (Attic) and the Mastoid Antrum.* "Arch. of Otol.," Vol. XXIV., No. 1.

KÜSTER and Von Bergmann are credited with the earliest important enunciation of the principles of ample clearance and free drainage in the cases discussed. Hartmann considers that their methods did not sufficiently safeguard the facial nerve. He refers to the measurements made by him and published in 1890—now pretty well known—in which the conclusion is arrived at that if we chisel through the posterior wall into the tympanum the facial or semicircular canal may be injured if our chiselling is carried from one to four millimètres behind the sulcus tympanicus. He insists that in many cases a permanent cure may be effected without elaborate chiselling operations by the use of the tympanic canula, the removal of granulations with the curette, the extraction of the ossicles, and in some cases by removing a portion of Rivini's segment with the "forceps-chisel" (Politzer's or Gellé's). *Dundas Grant.*

Murray, R. W. (Liverpool).—*Three Cases of Intracranial Abscess; Recovery in each case.* "Brit. Med. Journ.," Jan. 5, 1895.

TWO of these cases developed abscess, consequent on ear disease. The first, a temporo-sphenoidal abscess, took place in a nine-and-a-half-year-old female child, after an acute left otitis four weeks before. Headache, fits, left squint and dilated left pupil, and right facial paralysis occurred. Double optic neuritis, more marked in left eye, was detected. Just previous to operation, pulse 48, respirations 8. Incision, curved and coextensive with left squamous suture, was made, and disc of bone removed three-quarters of an inch above the external auditory meatus. Dura bulged, but did not pulsate. When the dura was divided the brain protruded. A tenotomy knife found pus half an inch deep with brain tissue, to the extent of three and a half ounces. Recovery. Two weeks later the mastoid autrum was opened and curetted.

In the next case a cerebellar abscess was that of an eleven-year-old-boy, who three weeks before began to suffer from pain and discharge from the right ear. Headache, vomiting, double optic neuritis were present, and a painful swelling over the right mastoid. A subperiosteal abscess was opened over the right mastoid, but patient grew worse, and swelling occurred over the right internal jugular vein. The mastoid was now opened, and found to contain offensive pus and granulation

tissue. On passing to open right sigmoid sinus, an extradural abscess was opened. The sinus appeared collapsed and thrombosed, but was not opened. Still the boy did not improve. The cerebellum was now exposed by nibbling away the bone from the seat of former incision, and on passing in a probe through the protruding brain tissue four to six drachms of pus was evacuated. Recovery.

Wm. Robertson.

Knapp, Hermann (New York).—*A Case of Otitic Brain Abscess (Chronic Otorrhœa, Optic Neuritis, Homonymous Hemianopsia; Opening of Mastoid and Skull; Cerebral Hernia; Recovery).* "Arch. of Otol.," Vol. XXIII., No. 3.

A GIRL, aged nine, who had suffered from long-standing otorrhœa of the left ear, had for several weeks had copious and offensive discharge, severe headache, and some dizziness. The temperature ranged from 98.4 to 101. There was choked optic disc and loss of the right half of the field of vision of both eyes. There was no mental trouble present, but a few weeks previously there had been a defect of memory, and there was no constipation. The right homonymous hemianopsia indicated a lesion in the optic radiation, or somewhere between the chiasma and the visual centre on the left side. The mastoid was freely chiselled away; the skull was trephined above and behind the meatus. The dura looked normal and pulsated. It was then opened, a hypodermic syringe was introduced, and pus was drawn off. In a few days a hernia cerebri formed, but it was carefully dressed, and after six weeks it began to get smaller, the skin crept over it, and it was drawn back into the cranium. The optic neuritis disappeared, the hemianopsia remaining. In other respects recovery was perfect. *Dundas Grant.*

REVIEWS.

Hovell.—*A Treatise on the Diseases of the Ear, including the Anatomy and Physiology of the Organ, together with the Treatment of the Affections of the Nose and Pharynx which conduce to Aural Disease.* By T. MARK HOVELL, F.R.C.S. Edin., M.R.C.S. Eng. London: J. and R. Churchill. 1894.

THE author in this treatise appeals chiefly to those specially interested in aural work, and accordingly the volume before us is somewhat more extensive than those usually emanating from purely home sources. The general plan of the book is that ordinarily adopted. Reserving a description of the internal ear until that portion is considered pathologically, he first takes up the anatomy and physiology of the remaining parts. The treatment of this section reflects the utmost credit on the author. A thorough knowledge of the literature is displayed, and an ample description embodied in a way that is at once clear and concise, without being too detailed. Schwalbe especially has been consulted in this connection.

Next are found full directions for a general and special examination of patients, followed in turn by a chapter on methods of treatment. Beginning the special part with malformations of the auricle and external meatus, each succeeding region is systematically taken up until the work is brought to an end by a consideration of ear disease in life insurance,