

disease removal should only be partial, to relieve pressure and to render future tracheotomy possible. In exophthalmic goitre the operation is justifiable in some cases to relieve pressure symptoms, due care being taken in the administration of the anæsthetic.

With regard to operation, his plan is to remove the whole of the part diseased when only a part of the thyroid is involved—for instance, the isthmus or one lobe. When both lobes are affected he removes the larger lobe and the isthmus, finding from experience that the smaller lobe gradually shrinks and the serious symptoms are all relieved.

With regard to mortality, out of a record of thirty-three cases operated upon, while there were a number of deaths from various causes, there was not one directly due to the operation. *Price-Brown.*

E.A.R.

Eulenstein (Frankfurt-on-Maine).—*On Hæmorrhage from Erosion of the Brain Sinuses in Suppuration of the Temporal Bones.* "Arch. of Otol.," vol. xxxii, No. 5.

Eulenstein describes a case in which ten days after operation for mastoiditis in acute suppurative otitis an oozing of blood took place from under the dressing. Rises of temperature indicated toxæmia, but the plugs could not be removed on account of the furious venous hæmorrhage. The internal jugular vein was ligatured; the transverse portion of the lateral sinus was exposed by means of a burr to a sufficient extent for pressure to be applied. It was then possible to remove the existing septic plugs of gauze and replace them by fresh ones. Four days later, when the tampon was changed, there was a gush of venous blood, but less than before, and more readily controllable. Recovery ultimately took place.

References are given to seventeen other cases, of which thirteen occurred in the course of chronic suppuration, four of acute, and one not stated. *Dundas Grant.*

Rudloff (Wiesbaden).—*On the Course of the Sigmoid Sinus in the Temporal Bone of the Child.* "Zeitschrift für Ohrenheilkunde," Band xlv, Heft 3.

Rudloff was left to investigate the course of the sigmoid sinus owing to his having been misled by applying to a child of two years old the localising points described by Macewen, which appear to be true in the adult only. "Macewen's line" runs from the deepest part of the parietal notch of the temporal bone down to the tip of the mastoid process, and indicates in the adult the middle of the channel of the sinus, though sometimes its posterior margin, and on the left side occasionally the anterior one. Rudloff measured the distance from Macewen's line horizontally backwards to the vertical part of the sinus at two levels—namely, that of the root of the zygoma and that of the parieto-mastoid suture. The results were as follows:

1. At the level of the root of the zygomatic process:
 1. In the new-born infant 6 millimetres.
 2. In the child one year old 6 ..
 3. In the child two to three years old 10 ..
 4. In the child six years old... .. 3 ..
 5. In the child nine to ten years old 7 ..

II. At the height of the parieto-mastoid suture :

1. In the new-born infant	7 millimetres.
2. In the child one year old	10 ..
3. In the child two to three years old	17 ..
4. In the child six years old... ..	6 ..
5. In the child nine to ten years old	16 ..

The distance is greater in proportion as the mastoid process is wide.

Dundas Grant.

Stein, Otto J. (Chicago).—*A Discussion on the Differential Diagnosis and the Treatment of Osteo-sclerosis of the Mastoid Process.* "Arch. of Otol.," vol. xxxii, No. 3.

This paper contains a strong plea for superficial trephining of the bone in the mastoid region in case of long-continued pain attributable to chronic osteo-sclerosis of the mastoid. (Hartmann in his "Handbook" looks upon "mastoid neuralgia" as synonymous with mastoid osteo-sclerosis. It is also one of the indications given by Schwartze for the mastoid operation.—D. G.) The condition is usually the result of old-standing, perhaps exhausted, inflammation of the mastoid mucous membrane. The diagnosis from otalgia arising from internal or middle ear or antrum trouble, hysteria, neurasthenia, malingering, and reflex neuralgia from non-aural causes, is discussed.

Dundas Grant.

Mathewson, G. H.—*Extreme Hoarseness due to Pressure of a Foreign Body in the External Auditory Meatus.* "Canada Medical Record," March, 1903.

A young man, aged nineteen, complained of hoarseness and deafness. On examination, one ear was found to be filled with inspissated cerumen. As this was removed, a piece of graphite $\frac{1}{8}$ inch long from a carpenter's pencil was discovered deeply within the meatus. Its removal was followed by the immediate recovery of the voice.

The writer believed the aphonia to be reflex, either from irritation of the pneumogastric through Arnold's nerve in the meatus, or else indirectly from pressure through the membrana tympani against the tympanic plexus of Jacobson's nerve on the promontory, and thence to the pneumogastric.

Price-Brown.

BOOKS RECEIVED.

Professor Gherardo Ferreri. *La Profilassi Sociale delle Prime vie Respiratorie.* Rome—Milan: Albrighi, Segati e C. 1904.

Richard Lake, F.R.C.S. *Handbook of Diseases of the Ear.* London: Baillière, Tindall, and Cox. 1903.

Transactions of the Twenty-fifth Annual Meeting of the American Laryngological Association held at Washington, May 12, 13, and 14, 1903. New York: Rooney and Otter Printing Co. 1903.

Verhandlungen der Laryngologischen Gesellschaft zu Berlin. Band XIII. Jan. 10, 1902, bis Dec. 5, 1902. Berlin, 1903. druck von L. Schumacher.