

Bircher, E. (Basel).—*Primary Carcinoma of an Intra-tracheal Thyroid.*
 "Arch. für Laryngol.," vol. xx, Part III.

The disease occurred in a woman, aged fifty-six. Tracheotomy was required for severe dyspnoea, and pieces of new growth removed later through the tracheotomy wound showed the macroscopic appearances of thyroid carcinoma. Subsequently laryngo-fissure was performed and the affected surfaces of the trachea and larynx were extensively cauterised. Death occurred five days later.

Intra-tracheal new growths are so uncommon that, although intra-tracheal thyroids form a considerable proportion of them, less than twenty cases of the latter have been hitherto reported. The author has been unable to find in the literature any certain record of the occurrence of primary carcinoma in an intra-tracheal thyroid.

Thomas Guthrie.

Alessandri, Prof. A.—*Echinococcal Cysts of the Thyroid Gland.* "Atti della Clinica del Prof. Ferreri di Roma," Anno v, 1907.

He adds a case to the literature. Partial extirpation, followed by fastening the remainder to the skin, and occlusion bring about recovery in a short time without danger.

V. Grazzi.

E.A.R.

Richards, H. F. B.—*A very Successful Method of Treating Acute and Chronic Suppurative Otitis Media.* "Lancet," November 30, 1907.

The author has found that carbolic acid and preparations of mercury appear to be too irritating to the ear, and that peroxide of hydrogen was disappointing. He warmly recommends the following formula: Boric acid, 1 drm.; rectified spirits of wine, 2 or 3 drms.; glycerine to make up 1 oz. This is non-irritant and non-toxic. In addition he recommends it in the condition of granulations and chiefly for furuncle of the external auditory meatus.

StClair Thomson.

Scott, Sydney R.—*Three Successful Cases of Operation on the Labyrinth.* "Lancet," December 14, 1907.

In these three cases the disease arose as a complication of chronic suppurative otitis media. In the first case the chief clinical symptoms were vertigo and partial deafness. A complete mastoid operation was performed, and a fistula was found leading from the tympanum through the fenestra ovalis into the vestibule. The external and superior semi-circular canals and vestibule were extirpated with part of the walls of the Fallopiian aqueduct, but the cochlea and facial nerve were left intact. The patient made a rapid recovery, being at once completely relieved of the vertigo and tinnitus.

In the second case the chief symptoms were otorrhœa, vertigo, and complete deafness. In the part removed the normal structures of the cochlea and vestibule were found to be entirely destroyed by granulation tissue.

In the third case there was a cholesteatoma in the antrum with a superficial mastoid fistula. The external semi-circular canal was found to be eroded, and the stapes were destroyed. Routine exploration with the vestibular probe is not recommended except there be (1) vertigo of a

definite type and (2) constant and well-marked perosseous diminution of hearing.
StClair Thomson.

Blegvad, V. Rh. (Copenhagen).—*The Influence of their Calling upon Telephone Operators, particularly with regard to the Hearing.* "Arch. f. Ohrenheilk.," Bd. 72, Heft 1 and 2, and 3 and 4.

After a prolonged series of investigations upon 371 telephone girls, which are minutely described and fully commented upon in his article, the author arrived at the following findings and conclusions:

In 26.4 per cent. of the operators with normal hearing, retraction of the membrana tympani was found in the ear most used at the telephone. In the other ear there was no change or the retraction was but slight. Probably the abnormality was, directly or indirectly, induced by the telephone. The author draws attention to the fact that this finding of his does not agree with that of Braunstein, who found that the ear used was more frequently normal in appearance than the other.

No reduction in the hearing-power of telephone girls compared with that of other people with healthy ears was observed. The girls often declared that their hearing was more acute than that of other people, but this was not borne out on examination. Probably they were sharper at catching conversation over the telephone than other people because they had accustomed themselves to the noises around them as well as to the adventitious sounds in the telephone itself.

Reports have been published of serious damage to the ear, traumatic neuroses, etc., resulting from lightning strokes or violent electric shocks, but in Copenhagen, although lightning has frequently caused temporary disablement, no serious cases have been met with.

A number of complaints of irritation in the meatus, pains in the ear, tinnitus, pressure, fulness, etc., were attributed to the telephone.

Some of those who used the "head-telephone" complained of the pressure it exercised upon the ear; a few suffered almost constantly from acne pustules or furunculosis, and one was compelled to use the right ear owing to pressure-ulceration in the left auricle.

A large number admitted that their occupation had made them "nervous" and easily tired, and a few nervous persons suffered from headache and auditory neuroses, such as pain, tinnitus, hyperæsthesia acustica, etc., due probably to the incessant strain thrown upon the attention and the hearing by their occupation.

The author advises that only those whose hearing is good and whose ears are quite healthy should be admitted into the telephone-service; and he holds also that anæmic and nervous individuals should be debarred from becoming operators.
Dan McKenzie.

Tweedie, Alexander R.—*Otosclerosis; Some Points in its Ætiology, Diagnosis, and Treatment.* "The Lancet," December 19, 1908.

In the course of a general *resumé* of the modern views on the disease the author lays much stress upon the necessity for general tonic and hygienic treatment. He has found the results of oto-massage disappointing and utters a warning against operative or active treatment of any associated catarrh of the nose, etc., as likely to lead to an aggravation of the ear-complaint.

He expresses his objection to the suggestion which has been made, that women afflicted with the disease should not be allowed to become pregnant, lest an increase in the deafness follow.
Dan McKenzie.

Jaboulay, M.—*Facial Paralysis of Otitic Origin; Palliative Treatment of Lagophthalmos by Division of the Sympathetic.* "Gaz. des Hôpit.," February 27, 1908.

A youth, aged sixteen, was gradually attacked with facial paralysis. He had always enjoyed excellent health, and his family history was good. At the age of twelve he became deaf in the right ear and complained of tinnitus. There was no discharge. Two years later he noticed that his face became drawn when laughing, and shortly afterwards he experienced difficulty in closing the right eye. The paralysis progressed, and when seen by the author all the signs of Bell's palsy of the right side were obvious, save that sniffing was possible and the gustatory sense was unimpaired in the corresponding half of the tongue. The integrity of the stapedial nerve supply could not be determined owing to the deafness. By a process of exclusion, details of which are fully given, a diagnosis of involvement of the seventh nerve by caries sicca of tubercular nature was arrived at. The writer remarks on the insidiousness of this lesion and its quiescence, and considered a lighting up of the trouble as improbable. As to treatment, having regard to the long standing of the case, the uselessness, in this instance, of electrical therapy and the futility of any surgical intervention on the mastoid, a nerve anastomosis was considered. The unfortunate synergic muscular action attending the usual implantation is commented upon. Lagophthalmos being the most troublesome feature to the patient the author suggested division of the cervical sympathetic at the level of the superior ganglion and uniting the ventral end to the peripheral portion of the facial nerve, thus serving two purposes—correcting the lagophthalmos by paralyzing the unstriated muscle of the upper lid, and at the same time affording the facial nerve a chance of regenerating.

H. Clayton Fox.

Tretröp (Antwerp).—*The Treatment of Vertigo, Tinnitus, and Defective Audition.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," November 14, 1908.

A communication devoted to the treatment of deafness, etc., due to chronic disease of the middle ear. After re-establishing the permeability of the Eustachian tube by means of bougies, the cautious but persevering use of Delstanche's masseur-rarefactor is recommended as well as injections of liquid vaseline. A course of treatment lasting from four to six weeks should be followed by a period of rest. Tobacco and alcohol should be avoided, and the general health attended to. Notes of several successful cases conclude the paper.

Chichele Nourse.

Sagols, P. (Perpignan).—*Mastoiditis in a Typhoid Patient; Operation; Cure.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," November 28, 1908.

At the end of the fourth week of enteric fever, a man, aged twenty-two, developed acute otitis media in the right ear accompanied by increased fever, mastoid pain, and tenderness. As the symptoms continued and the patient was losing ground, a mastoid operation was performed ten days later; it was followed by prompt relief. The antrum contained a drop of pus and a few granulations; the mastoid cells also contained granulations.

Chichele Nourse.

Melland, C. H.—*Supposed Maternal Impression: Accessory Auricle.* "Brit. Journ. of Chil. Dis.," November, 1908.

A child was born with a marked accessory auricle, and the mother

related that during the *last three months* of her pregnancy she had frequently had brought to her notice a boy, aged twelve, who had a similar deformity on the opposite side to that of her child. Drawings of the two ears are given. The falsity of the supposed "maternal impression" cause is demonstrated by the fact that the auricle is developed by the sixth week, and the mother did not receive the "impression" until after the sixth month.

Macleod Yearsley.

zur Muhlen, Von.—*A Case of Thrombosis of the Bulb of the Jugular Vein.*
"St. Petersburg med. Wochenschr.," 1908, xxxiii, 597.

The patient, a boy, aged sixteen, suffered from a chronic left-sided middle-ear suppuration. The temperature was raised (39.7° C., 103.4° F.), and the radical operation was performed on January 11. No pathological condition was found either in the antrum or in the mastoid process; the lateral sinus also appeared healthy, and bled freely when punctured. On the passage of a probe downwards towards the bulb a little pus escaped, but the bulb was not exposed. The temperature fell but rose again suddenly (40.4° C., 104.7° F.) two days later. The collapsed sinus could then be opened with scissors, and pus escaped from below. The internal jugular vein was not ligatured. A gauze drain was passed down towards the bulb, and this was changed daily thereafter. Recovery was uneventful.

W. G. Porter.

Bruhl—*Duties of the Medical Attendant in Schools for Deaf-mutes.*
"Zentralblatt für Kinderheilk.," November, 1908.

The importance of a very accurate general as well as special examination of these cases is urged, the education of all deaf, or even partially deaf children in special schools, and of keeping records of their condition whilst attending such schools.

Alex. R. Tweedie.

REVIEWS.

Medical Reports of the Central London Throat and Ear Hospital. Vol. 1.
London: Adlard & Son, 1908.

The medical staff of "The Central London Throat and Ear Hospital" are to be congratulated upon the publication of their first volume of "Medical Reports."

The work at this hospital both in its clinical and pathological departments has for long been of a very high standard, and the publication of "Reports" from time to time will undoubtedly prove of the greatest interest and value to the profession, as showing not only the enormous amount of charitable work which is being done at this particular institution, but also the experience of the staff with the more recently introduced methods of surgical technique and therapeutical treatment.

Dr. Dundas Grant discusses the advisability of the retention of the "matrix" in operations for cholesteatoma of the middle ear, and has come to the conclusion that there are times in which such a course of procedure is advisable, and gives details of cases in which its preservation proved successful. When this particular subject was discussed at a meeting of the Otological Society in 1901, the general consensus of