

EAR.

Alt., Ferdinand.—*Foreign Body in the Middle Ear.* "Wiener Klinische Rundschau," January 10, 1904.

Two cases described in which somewhat extensive operations were performed with subsequent complete recovery.

1. A patient in whom a small four-cornered piece of stone had been driven into the middle ear by unpractised hands endeavouring to remove it.

2. A currant-seed, which had also been pushed into the middle ear, caused a serious otitis externa, and had to be extracted by a post-auricular operation. *A. Westerman.*

Braunstein.—*The Telephone and Hearing.* "Archives internationales de Laryngologie, etc.," January and February, 1904.

The author has investigated the effects the varying sounds operators experience in a telephone exchange have on the hearing, and mentions that at the Munich Exchange out of 450 successive operators, 150 have left, but never on account of any ear lesion. *Anthony McCall.*

Jakins, Percy.—*Notes on a Case of Otitic Cerebellar Abscess; Trephining Middle and Posterior Fossæ; Recovery.* "The Lancet," January 30, 1904.

The patient was a girl aged twelve years. Discharge from the left ear had followed scarlet fever nine months previously. The symptoms complained of were severe pain over left mastoid and in posterior triangle, nausea, vomiting, and vertigo. The meatus was full of offensive discharge concealing granulations. There were partial right facial paralysis, slight want of grip in right hand (patient right-handed), exaggeration of both knee-jerks, dilated left pupil, left optic neuritis, drowsiness, and foul tongue; the temperature was 97.2°, pulse 72. At operation the antrum was found full of granulation tissue, and there was pus coming from a small aperture in the upper and posterior part of the cavity. This being enlarged, about a drachm of very offensive pus was evacuated. Great improvement followed for five days. Then the discharge became offensive and the patient drowsy. There was head retraction, dilated pupils, and slow cerebation; the temperature was 98°, pulse 60 and intermittent, respirations 24. Next day symptoms were more defined, patient being unconscious except when pinched. The day following both middle and posterior fossæ were trephined, and twelve drachms of very fœtid pus evacuated from the cerebellum. The patient was greatly improved next day. A little over a month later a slight fluctuating swelling was noticed over the posterior fossa opening, from which a little pus was liberated by incision. Three weeks after a slow pulse and subnormal temperature required another exploration, and one ounce of pus was evacuated. Two months later the patient was discharged cured. *MacLeod Yearsley.*

Spalding, J. A. (Portland, Me.)—*Should the Deaf be debarred from Accident Insurance?* "Arch. of Otol.," vol. xxxii, No. 4.

The writer, being the subject of deafness, speaks feelingly in favour of the deaf being accepted. He points out how his keen sensibility to vibration led him to step aside before persons with good hearing realised the approach of a runaway horse. (In his case there was good "bone-conduction" and apparently "better hearing in a noise.") The watch-

fulness of the deaf is another source of safety. Again, he considers that presence of mind and agility are more important factors than sharp hearing. On examining a number of claims he found that out of 13,000 only seventeen could be attributed to deafness. *Dundas Grant.*

THERAPEUTICS.

Burchard.—*The Therapeutic Use of Pyrenol (a) in Asthma and Pertussis, (b) Gout and Sciatica.* "Deutsche Aerztezeit:" Heft 20, 1903.

Out of a large amount of clinical material, six typical cases are reported in which pyrenol was of much use. In the cases of bronchial asthma relief was obtained after the first dose; the improvement was steady and continuous, and in two to three weeks the asthmatical attack had quite gone. In cases of whooping-cough a like effect was obtained. Only very exceptionally was a narcotic given in addition. In gout a much larger quantity must be given, 4 to 5 grammes (60 to 70 grains).

A. Westerman.

MISCELLANEOUS.

Kaufmann.—*Congenital Serous Cyst of the Neck.* "Revue Hebdom. de Laryngol., etc.," October 17, 1903.

A little girl, aged four, had a large tumour in the right side of the neck, reaching from the mastoid process to the sternal notch, and from the angle of the jaw to the anterior margin of the trapezius. The tumour was first noticed when the child was six months old, and it attained its full size about the age of two years. The skin was freely movable on the tumour, and was not unusually hairy. The tumour was bilobed, being divided by the sterno-mastoid; it was movable, tense, and fluctuant, giving a dull note on percussion. Several hard lumps could be felt on palpation, like inflamed glands. Its volume could not be reduced by pressure. It did not interfere with voice, respiration, or deglutition.

Diagnosis was comparatively simple; in the first place all tumours arising from structures in the middle line could be excluded, such as thyroid cysts, etc. Diffuse lipoma was excluded by the state of the skin, and by the presence of definite fluctuation; air tumour was obviously excluded; lastly, angioma was excluded because the patient's own doctor punctured the tumour without giving rise to any hæmorrhage.

The cyst was dissected out through a long incision in front of the sterno-mastoid. It was not prolonged downwards into the thorax, nor upwards to the buccal cavity, therefore could be completely removed. It was adherent at one part for some distance to the deep vessels. The hard lumps mentioned above proved to be small pockets, more or less shut off from the main cavity and filled with old blood-clot. The main cyst contained about 100 grms. of sanguinolent serum.

Arthur J. Hutchison.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

The next general meeting will be held at 11, Chandos Street, W., on Friday, March 11, at 4 p.m. The annual dinner will take place the same evening at the Imperial Restaurant, Regent Street, W.