

THYROID.

W. O. Woltke.—*Specific Therapy in Basedow's Disease.* "Deut. Ärzte. Zeitung,," 1908, Heft. 16 and 17.

The author reports nine cases which he treated with anti-thyroidine, that is, a serum obtained from animals in which the thyroid has been excised. In some cases also the milk of a goat was given in which the thyroid gland had been removed. The most marked effect that was observed was a diminution in the size of the swelling in the neck. The effect on the palpitation was not so great, and the degree of exophthalmos remained much the same. In nearly all the cases the body-weight increased very considerably. Of course relapses must be expected, and permanent results can only be looked for after a treatment extending over two or three years. A great disadvantage to this method of treatment is the expense involved in preparing the serum. *W. G. Porter.*

EAR.

Cobb.—*The Menace of the Swimming Tank.* "Boston Med. and Surg. Journ.," July 2, 1908.

The author describes cases of ethmoiditis and acute otitis media directly caused by diving into the swimming tank, and considers they are not due to infection of nose, throat, or ear by contaminated water, but to putting the head under. Histories are given of three cases. [I have recently seen a case in which double aural furunculosis was directly traceable to the swimming bath; probably, therefore, infection from the water plays a not unimportant part in such cases.—M. Y.]

Macleod Yearsley.

Bourgeois, H.—*Otitic Thrombo-Phlebitis of the Cavernous Sinus; Recovery.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," October, 1908.

A man, who had suffered since infancy from suppuration of the right ear, was seized with fever and violent pains of the corresponding side of his head. When seen by the author on August 9, 1907, he was very exhausted, answering questions badly, but the intellect was intact. The meatus was filled with pus; after cleansing, the drum-head was found to have been destroyed, and the tympanum crowded with bleeding granulations. The mastoid was very tender on pressure, especially so over the antrum, but there was neither œdema nor redness of the integument. A painful swelling was situated at the upper part of the sterno-mastoid on the same side. The eyes were proptosed, and the upper lids red and œdematous, the pupils were much dilated and sluggish; movements of the globes were extremely limited, especially in an outward direction. Rectal temperature, 38.6° C.; there had been no rigor. The case was diagnosed as one of thrombo-phlebitis of the cavernous sinus and sub-sterno-mastoid abscess. The radical mastoid operation was performed the same evening; the bone around the antrum was in a state of osteitis, extending to the petrous bone and lateral sinus. On freely exposing the latter its wall was seen to be thickened and grey; on incising it, blood flowed freely; there was no thrombosis. The cervical swelling was incised, pus absent. For three days following the operation there was a slight amelioration of the pains. The temperature oscillated between 38° and 39° C. On August 14 and the following day rigors occurred; tem-

perature 40.9° C., and the afore-mentioned ocular symptoms became more pronounced. A double orbital phlegmon was feared. August 23, the sub-sterno-mastoid swelling formerly opened now fluctuated; on incising it an abscess the size of a pigeon's egg was found, situated deeply, and extending inwards towards the pharynx. August 24, temperature 37.5° C. morning, 37.8° C. evening. The temperature remained high with oscillation during the next four days, but the ocular condition underwent a marked improvement. September 10, right-sided pleural effusion developed, and on the 13th 250 grammes of purulent fluid were aspirated; this afforded only slight relief, the fever continued. Thoracotomy, performed on the 15th, revealed the pleural cavity crowded with false membranes; no fluid present. On September 26 a large pulmonary abscess suddenly burst into the bronchi and pleura. Convalescence set in immediately, the temperature next day being 37° C. Pleuro-pulmonary suppuration lasted till November 11. By this time the general health had become excellent, and the only ocular trouble now was slight limitation in the movement of abduction of the right eye. The auricular wound was slow in recovering, osteitis with granulations persisted at the level of the facial spur and inner wall of the aditus and antrum. At the end of January a sequestrum, the size of a pea, was removed, after which an uninterrupted recovery followed. Some of the possible routes of infection of the cavernous sinus in cases of otorrhœa are given: in this particular instance it was through the carotid venous plexus which receives some of the tympanic veins.

With regard to treatment, the author was content in disinfecting the auriculo-mastoid focus by the radical operation, seeing the difficulty attending surgical intervention on a bilateral phlebitis of the cavernous sinus. He is unable to say what influence intra-venous injections of collargol, which had been practised sixteen times between August 17 and September 13, had in the case.

The relatively attenuated virulence of the infection, coupled with extraordinary resisting power on the part of the patient, were important factors in bringing about recovery. *H. Clayton Fox.*

BOOK RECEIVED.

Goodall and Washbourn. *Manual of Infectious Diseases.* Second edition, revised by E. W. GOODALL, M.D. (33 plates.) London: H. K. Lewis.

CENTRAL LONDON THROAT AND EAR HOSPITAL.—The annual dinner of the medical staff and students of the Central London Throat and Ear Hospital was held at the Trocadero Restaurant on October 16, Dr. Dundas Grant in the chair. The principal guests were Dr. John Macintyre, of Glasgow, who delivered the inaugural address at the beginning of the winter course of lectures, and Dr. Otto Freer, of Chicago, together with various members of the staffs of all the throat and ear hospitals in London.