

nection with sinusitis. Under the head of "Throat," are instanced laryngeal obstruction, abductor paralysis, tuberculosis, laryngitis, and various neuroses. Several instances are also given in regard to the ears. The paper really requires to be read *in extenso*. *Macleod Yearsley.*

Lothrop, Oliver A.—Suturing as a Substitute for Splints after the Submucous Resection of the Nasal Septum. "Boston Med. and Surg. Journ.," clxvi, p. 483.

The author suggests the introduction, by means of special instruments, of numerous sutures of silk or catgut (nine are shown in the diagrams) through the flaps. A wire loop is used temporarily to keep the flaps together during the passage of the sutures, the ends of which are tied round the columella. The stitches are withdrawn after two days.

Macleod Yearsley.

Pulleine, Robert.—Solid Paraffin in the Treatment of Ozæna. "Australasian Medical Gazette," September 14, 1912.

Under the heading of "Ozæna" a description is given of atrophic rhinitis. Under the heading of "Treatment," the author says if we can narrow the abnormally wide nose enough to make the expiratory effort capable of clearing the nose we arrive at a stage of comparative health. Injections of paraffin under the mucosa of the septum and above the inferior turbinal he found a failure on account of the atrophic condition of the membrane. The method which he has found very valuable is the implantation *en masse* of a piece of solid paraffin. As in the septal resection, the muco-perichondrium, and further back the muco-periosteum, is elevated, and a piece of paraffin, cast in a rubber tube, is trimmed down and inserted, and the wound closed. This makes an elevated ridge along nearly the whole length of the septum and narrows the nose so that an efficient expiratory effort can be obtained. The technique is important. (1) The implanted mass must not be large enough to cause undue tension. (2) The incision must be in the skin and not in the mucous membrane or in the muco-cutaneous margin. (3) The anterior end of the implanted mass must not come up to the wound in such a way as to cause tension in the sutures. (4) Wound must be accurately closed. (5) If in lifting the structures a perforation occurs, it is useless to go on, as the implanted mass will be thrown off. *A. J. Brady.*

E. A. R.

Holmes, E. M.—Examination and Treatment of the Eustachian Tube by the Aid of the Naso-pharyngoscope. "Annals of Otol., Rhinol., and Laryngol.," vol. xx, p. 511.

This is the author's second paper and concerns 900 cases, 400 of which have been classified. He points out that over 90 per cent. of all the diseases of the middle ear are due to disease primarily in and about the Eustachian tube. Holmes briefly describes the conditions found and their treatment. Acute inflammatory swelling is frequently reduced by cocaine and adrenalin, chronic cases being much less affected by those drugs. Adhesions to Rosenmüller's fossa are common and often productive of tinnitus, and adenoid tissue in the adult is much more frequently extensive in amount and a source of trouble than is indicated by the posterior nasal mirror. Posterior end hypertrophy was found in fifty-four cases. A table of thirty-one cases of acute middle-ear inflammation is given, together with coloured plates of forty-eight different conditions in and about the tubes.

Holmes is convinced that much will be accomplished in the future that we have been unable to do in the past.

Maclead Yearsley.

Pope.—Remarks on “Lombard’s Symptom” in Cases of Unilateral Deafness. “*Zeitschr. f. Ohrenheilk.*,” vol. lxiv, Pt. IV.

Lombard has pointed out that if, while a person with normal hearing-power is reading in a voice of medium loudness, a Bányi’s “noise-apparatus” be suddenly introduced into either ear, immediately the loudness and pitch of the voice is raised, because the reader no longer hears his own voice, and so loses control over its intensity. If the “noise-apparatus” be stopped, at once the voice regains its previous pitch and loudness. In cases of one-sided deafness Lombard asserted that this phenomenon occurred when the noise-apparatus was inserted in the sound ear, but not when the deaf ear was tried.

Pope, in a series of tests, found that in twenty-seven people with normal hearing, in twenty-four the voice became louder, in three no change in the voice occurred; in eight cases of one-sided deafness, six louder, two no change. In six cases of unilateral complete deafness, two showed an increase in the loudness of the voice, two showed no change, and two became disturbed and stopped reading.

The discrepancies are probably to be explained from the fact that the loudness of the voice is also controlled by the muscles of expiration, and that in various people the co-relationship of the hearing and phonating centres differ in degree.

As a method of testing simulated deafness it is unfortunately not of much value, owing to the fact that a person soon learns to control his voice in spite of the noise-apparatus, and so no change in loudness occurs. As in many other tests, a positive (*i. e.* a raised pitch or loudness of voice) result is of value, a negative almost useless.

Lindley Sewell.

Ballance, C. A.—Epithelial Grafting as a Means of Effecting the Sure and Rapid Healing of the Cavity left by the Complete Mastoid Operation. “*Lancet*,” August 17, 1912, p. 428.

This paper was read before the International Otological Congress recently held in Boston. The author contends that grafting gives (1) rapid healing of the entire wound on ordinary surgical principles; (2) immediate protection of the raw bone surface by a layer of living epithelium, reduction of pain, discomfort, and liability to reinfection of the bone; (3) considerable shortening of the time of skilled attendance; (4) improvement in hearing. He considers Jansen’s fear that grafting produces loss of hearing to be unfounded. These advantages are only to be obtained by a single graft, cut sufficiently thin and accurately applied. As alternatives to grafting he discusses blood-clot dressing, bismuth paste, scarlet-red, and Baracz’s method of using a graft of skin taken from the neck. He objects to the blood-clot method because, in the complete operation, the object is not to fill the cavity with a mass of cicatricial tissue, but to epithelialise the cavity as rapidly as possible. Bismuth paste he has found useful as a substitute for, and as an adjunct to, grafting. Scarlet-red does not give any great advantage. In labyrinthine surgery, he thinks, grafting will be found useful, and he suggests the possibility, in cases with complete tympanic deafness, of grafting, after making an artificial opening in the capsule of the cochlea. After entering into the history of the grafting operation, he considers the question of when the grafting should be done. In a few selected cases

it may be applied immediately with advantage, but it is usually better postponed. The technique of grafting is described in detail.

Macleod Yearsley.

Frey, Hugo.—Concerning the Occurrence of Diseases of the Inner Ear in the Early Stages of Syphilis: A Contribution to the Question of the Effects of Salvarsan. "Wien. klin. Wochens.," Bd. xxiv, Nr. 11.

Those who hold that salvarsan may directly injure the cochlear or vestibular nerve are influenced in this supposition by the fact that in the pre-salvarsan period very few cases were recorded in which these nerves were affected in the early stages of syphilis. Frey has, however, succeeded in collecting over sixty well-authenticated cases in which the cochlear or vestibular nerve, or both, were markedly affected in the early secondary stage of syphilis, and in the majority of which the internal ear symptoms partly or entirely subsided under specific treatment. The explanation why a far greater number of such cases have not been recorded is to be sought for in the fact that systematic and thorough examinations of the inner ear and an exact differential diagnosis between diseases of the middle and inner ear have only been possible within recent years, and that the number of medical men sufficiently educated in otology to appreciate and record such cases was until recently a very small one. It may further be taken for granted that the number of these cases recorded is certainly very much smaller than the number which has been observed, and still smaller than the number which has actually occurred. Finally, there is no doubt that slight grades of deafness, especially if unilateral, are often overlooked by syphilitics whose interest is primarily centred in the disease itself. The author is of opinion that this question cannot be definitely settled until syphilitics are systematically examined for lesions of the internal ear, and he effectually disposes of the idea that such lesions were "almost unknown" in the pre-salvarsan period.

J. B. Horgan.

MISCELLANEOUS.

Freedman, Louis M.—Two New Instruments for Nose and Throat. "Boston Med. and Surg. Journ.," June 20, 1912, vol. clxvi, No. 25.

The first is a splint, for use after submucous resection, composed of two flat plates of ivory connected by a metal spring. The plates of ivory are placed on either side of the septum. The spring is made so light that only the lightest pressure is caused. It is claimed that the use of the instrument results in the following advantages: Absence of congestion and headache. Absence of bleeding after removal on following morning. Duration of healing is shortened. The second instrument is a curved tonsil knife combined with a separator. *Knowles Renshaw.*

Guthrie, Thomas.—Twelve Cases of Foreign Body in the Larynx and Esophagus. "Liverpool Medico-Chirurgical Journal," July, 1912.

In the first case a long needle, the point of which had become embedded in the left ary-epiglottic fold of an adult male, was removed without difficulty by the indirect method. In the second case a pin had been embedded for two days in the posterior pharyngeal wall of a girl.