

It may be objected that reference to the personality of an author is out of place in a scientific review. The answer is that this personality pervades these writings so abundantly that there is no escape from it. The spirit of the author starts from every page. We find, for example, that several of the more important of Semon's researches were actually begun under the stimulus of controversy. But very early in the history of the investigation the opponent in the flesh seems to vanish away, and we behold Semon tackling Nature herself, and from her wresting the victory.

To look upon this book, then, as if it were a collection of mere scientific investigations and addresses, a plain-song in Baconian tones so to speak, would be to ignore its most prominent and fascinating qualities. Moreover, the value of these articles in scientific currency has long since been fixed, and nothing that we could say, whether of praise or of blame, would either enhance or depreciate their position by one stiver.

We conclude by expressing the hope that Sir Felix Semon will confer upon the English-speaking world the same privilege he has extended to the German, and publish at an early date a replica of these handsome volumes in the language of the land of his adoption.

*Dan McKenzie.*

## CORRESPONDENCE.

### OSTEOMYELITIS OF THE FRONTAL BONE.

*To the Editor of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY.*

DEAR SIR,—I have read with great interest Dr. Dan McKenzie's articles on "Osteomyelitis of the Frontal Bone," and feel greatly indebted to him for his lucid and full analysis of a subject of great interest to all rhinologists. I have drawn his attention, in a private communication, to a slight omission in his summary of published cases, and, as he considers the case I referred to of importance in its bearing on the subject, I send you herewith a short abstract of the notes. This case was reported to the Laryngological Section of the Royal Society of Medicine at a meeting on December 1, 1911,<sup>1</sup> together with three other cases of accessory sinus suppuration, probably set up by entry of water into the nose during bathing. It is, therefore, indexed in the journals under the heading "Accessory Sinuses," and it is no doubt owing to this that it has escaped Dr. McKenzie's otherwise exhaustive purview of the literature of the subject.

Dr. McKenzie states (JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY, p. 79, vol. xxviii): "no case of fulminating nasal sinus osteomyelitis has so far been recorded." The following case, I think, may fairly claim to be of the fulminating variety:

A boy, aged fifteen, was seen by me on May 24, 1911, in consultation with my ophthalmic colleague at the Sheffield Royal Hospital, Dr. Stanley Riseley, to whom the case had been referred as one of "orbital abscess." His right eye was completely closed by swelling of the lids, which extended over the forehead up to the vertex, and across the root of the nose to the opposite eyelid.

<sup>1</sup> JOURN. OF LARYNGOL., RHINOL., AND OTOL., 1912, xxvii, p. 159.

Temperature 104° F., pulse 120. He was delirious; no coherent answers could be got from him, except that he had a bad headache and pain in the chest. The right middle turbinal was swollen, and there was pus in the right nostril. Respirations 40. The parents informed me that the pain began in the forehead on May 18. They knew no cause for the illness. There had been no injury and no previous complaint of nasal trouble. His health up to the onset of the present trouble had been good. There was no pre-existing septic focus. I elicited, on inquiry, that he had been to the swimming-baths on the evening of May 17. A rapid operation was done. An incision was made across the forehead for the whole width of both frontal sinuses, and vertically up to the hair line. The scalp was found to be separated from the underlying bone by purplish-brown exudate, such as is usually found in septic otitis when an incision is made before pus has formed. The anterior walls of both frontal sinuses were freely removed. They were full of pus. Free drainage was provided. No relief resulted from the operation, the patient rapidly becoming deeply comatose and dying next day. No *post-mortem* was allowed. It is probable that pyæmic dissemination in the lungs was present and had occurred before he was seen by me.

I should like to refer also to Case No. 3 in the same list ("Proceedings of the Royal Society of Medicine," Laryngological Section, 1912, p. 51) as amplifying Dr. McKenzie's list.

A man, aged seventeen, the subject of chronic ethmoiditis with polypi, developed acute ethmoiditis and frontal sinusitis, and eventually acute frontal osteomyelitis, probably as the result of fresh septic infection resulting from the entry of water into the nose during bathing. In this case also the medical attendant diagnosed and treated the case as one of acute "orbital abscess."

It is, I think, open to doubt whether the "fulminating" variety of frontal osteomyelitis is actually so rare as the literature of the subject would lead one to conclude. Possibly these cases occur and are classed as acute "orbital abscesses," and are so rapidly fatal that their actual origin from the frontal sinuses escapes recognition.

Yours faithfully,

G. WILKINSON.

SHEFFIELD;

March 16th, 1913.

## THE NATIONAL BUREAU FOR PROMOTING THE GENERAL WELFARE OF THE DEAF.

### LECTURES ON THE CAUSES AND PREVENTION OF DEAFNESS.

Under the title of "Sporadic Congenital Deafness and Syphilitic Deafness," the third lecture of the series on the causes and prevention of deafness, being given under the auspices of the National Bureau for Promoting the General Welfare of the Deaf, was delivered by Dr. J. Kerr Love, at the Royal Sanitary Institute, on Thursday, December 5, 1912, Dr. C. W. Saleeby, F.R.S.Édin., in the chair.

Dr. Kerr Love showed that the deafness which affects children was always, with the possible exception of true hereditary deafness, far commoner amongst the very poor than amongst the well-to-do. Taking the recent censuses of Glasgow as a basis he found that the average number of inmates in one apartment is about 3.19, whilst the average