called to see a child suffering from dangerous acute laryngeal obstruction to proceed at once to intubation. If the child can be kept under constant observation and the tube lies well in position, it is allowed to remain for twenty-four hours, after which it is removed. If the obstruction then returns the tube is replaced for another twenty-four hours. If, however, on removal at the end of that time the obstruction again returns, the tube is replaced, but a tracheotomy is at once performed, and is, of course much simplified by the presence of the intubation tube. The latter is then permanently removed, and only employed later if constant dilatation of the laryngeal lumen is required, in which case its lower end is fixed to the tracheotomy tube.

The essential point of the method consists in the combination of intubation and tracheotomy with the object of diminishing the not inconsiderable number of chronic stenoses which follow the employment of either procedure alone. While admitting that the method entails the performance of a certain number of tracheotomies that might have been avoided, the author claims for it the great advantage that it prevents a considerable number of chronic laryngeal stenoses, which are undoubtedly due to irritation of the inflamed mucous membrane by the intubation tube. *Thomas Guthrie.*

Chiari, Prof. O.—*A Case of Superior Bronchoscopy which ended Fatally.* "Monats. f. Ohrenh.," Year 44, No. 8.

An undersized boy, aged seven, was admitted to the clinic June 6, 1910, as he was reported to have inhaled a grain of maize three days before. The chest was carefully examined; auscultation afforded no help, but under the X rays a shadow, the size of a bean, was detected at the upper part of the left bronchus. A direct examination was at once undertaken, and, as local anæsthesia was insufficient, Billroth's mixture was given. After some little trouble a foreign body was located in the left bronchus and a portion removed with difficulty. The mucous membrane was much swollen. Suddenly the child stopped breathing, and no pulse could be felt. Tracheotomy, artificial respiration, and various restoratives were ineffectual, although carried out for about one hour. The examination had lasted one hour.

At the autopsy the grain of corn, partially separated from its husk, was found firmly impacted in the left bronchus. A purulent bronchitis had already commenced on the left side.

Chiari attributes the death to the child's debilitated general condition, associated with length of time under manipulation, which the circumstances of the case necessitated, and not to the administration of a general anæsthetic. The extremely firm impaction of the maize also rendered it very improbable that an attempt to remove it by inferior bronchoscopy through a tracheotomy wound, performed to start with, would have been any more successful. *Alex. R. Tweedie.*

EAR.

Urbantschitsch, V.—*Influence of Otitis Media on Olfactory Perception.* "Monatschr. f. Ohren.," No. 3, 1910.

Many authorities have noted a disturbance of olfactory perception in cases of otitic abscess of the temporal lobe. The author found, in one case, that the disturbance remained after complete healing of the abscess, and investigated as to how far aural inflammations alone imply olfactory

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disturbances. Out of thirty cases of unilateral otitis media, twenty-two showed this symptom on the respective side of the nose; in sixteen cases the perceptive power was increased, and in six cases increased in respect of the other nostril. *Macleod Yearsley.*

Ryerson, G. S.—*The Pathogenic Influence of the Eye on the Ear.* "Canadian Pract. and Rev.," July, 1909.

The author details two cases in which the irritation of eye disease produced tinnitus. In one with extensive choroidal changes the tinnitus recurred only when the eyes and head ached. In the other it corresponded to the eye chiefly affected. *Macleod Yearsley.*

Alexander, G.—*Further Studies as to Labyrinthine Nystagmus elicited by Compression and Aspiration.* "Monats. f. Ohrenh.," Year 44, No. 8.

That there are certain cases which afford the "fistula symptom," although no fistula or any purulent middle-ear disease exist, has prompted the author to publish the following account, as these instances are very rare and their solution would be welcome.

Clara R——, aged fourteen and a half, had suffered with no children's complaint and had normal hearing up to the age of nine, when she began to suffer from headache, and a bilateral, gradually progressive deafness was noticed. There was nothing relevant to this condition in her family history. The treatment then consisted in adenotomy, faradisation, and politzerisation. At the age of eleven she had some corneal inflammation on the left side, and was under the care of an oculist, who put her on a course of iodides. The deafness varied greatly from time to time, being much worse during her periods, after a hot bath, or in bad weather. Tinnitus had accompanied the deafness from its onset on both sides, and with this occurrence attacks of giddiness and occasional vomiting, though she had remissions from these symptoms as long as a week at a time.

She was a well-nourished child. There was a cloudy spot on the left cornea, the result of a past parenchymatous keratitis. Wassermann reaction negative. Tympanic membranes normal on both sides. Conversation, right at one metre; left *ad concham.* Whisper not heard at all. Rinne negative; marked shortening of the air- and bone-conduction. Lower tone-limit slightly and the upper tone-limit very greatly reduced. At times a slight rotatory nystagmus to either side could be detected, but usually no spontaneous nystagmus was present. With the eyes closed it was impossible for her to stand on one leg, though this was fairly easy with the eyes open. Caloric response present. A current of 9 ma., with the cathode on the ear, evoked an obvious nystagmus both sides. No nystagmus or giddiness resulted from even thirty rotations. Well-marked nystagmus to either side followed compression of the air in the meatus. Except that the corneal and throat reflexes were weak, nothing else relevant to her condition was noted in the remainder of her examination. There were no hysterical stigmata.

For about a month the condition remained almost unchanged, the patient was repeatedly examined, and the phenomenon of nystagmus, evoked by compression of the air in the meatus, with an intact tympanic membrane, could "very often" be demonstrated. The possibility that the end-piece of the instrument was not "air-tight" in the meatus and that the nystagmus might have been produced by other agencies was quite excluded.

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According to the history it would appear to be explainable as a late form of hereditary lues, to which also the keratitis was due. The functional tests showed that the case was one in which the perceptive apparatus was affected both as regards the labyrinth and the cochlea, to which the negative Rinne is not contradictory, as one can constantly note in advanced affections of this character that a similar response to this test obtains, and is to be referred to the fact that under such circumstances the air-conduction is more rapidly involved than the bone-conduction. However, the marked lowering of the upper tone-limit remains as a characteristic symptom of disease affecting the inner ear.

Further observations on other cases affording this extraordinary syndrome must be awaited, says the author, before it is possible to arrive at a complete solution of this peculiar condition; meanwhile he would call attention to the fact that some two years previously he had noted that some patients during Gellé's test suffered from giddiness and nystagmus (Alexander and Lassalle, *Wiener klin. Rundschau*, 1908, Nos. 1–2). He had since met a similar condition in another case of hereditary lues, and Bárány had also shown a patient presenting a condition of a like nature at the February meeting of the Austrian Otological Society.

Alex. R. Tweedie.

Smith, S. MacCuen (Philadelphia).—*A Note on Brain Abscess Formations, with Report of Cases.* "Laryngoscope," August, 1910, p. 804.

Three cases reported.

Case 1.—Child aged seven. Chronic suppuration left ear. Dull and backward in intelligence. Loss of memory. Radical mastoid operation showed fistula in tegmen antri from which pus was oozing. Probe entered abscess cavity in temporo-sphenoidal lobe. Drainage-tube inserted. Two weeks later, headache, vomiting, convulsions, spasmodic twitching of right side of face, and "right lateral nystagmus." Temperature rose to 101° F. and then fell to normal.

Second Operation.—Exploring behind the old brain abscess revealed another abscess, which was opened and drained, but condition of patient remained unrelieved.

Four weeks later, third operation disclosed a third brain abscess in front of original one.

Patient treated with auto-vaccine (*Staphylococcus aureus*). Recovery.

Neither temperature nor pulse was subnormal throughout, and focal symptoms were entirely absent in spite of the extent of disease.

Case 2.—Unsuspected abscess in temporo-sphenoidal lobe discovered while radical mastoid was being performed. Opened and drained through fistulous opening in tegmen antri. Recovery.

Case 3 was one of acute suppuration of the right ear in which two temporo-sphenoidal abscesses were discovered *post-mortem*.

In the two cases in which satellite abscesses were present there was no sinus discovered connecting the abscesses. *Dan McKenzie.*

REVIEW.

Traité des maladies de l'Œsophage (*Treatise on Diseases of the Œsophagus*). By Dr. Guisez, formerly *chef de clinic* in the Oto-rhino-Laryngological Departments of the hospitals of Paris. Paris: Baillière et fils, 1910.

The many and important articles from the pen of Dr. Guisez, which

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