bilateral recurrent palsy. There were the trio of symptoms present, viz. aphonia, absence of dyspnœa, and leakage of phonatory air, and the laryngoscopic investigation gave unequivocal evidence, but to discover the cause of the paralysis was more difficult; here radioscopy came to the rescue, and through it a correct diagnosis was arrived at.

Clayton Fox.

EAR.

A. J. Brady (Sydney).—*A Case of Temporo-sphenoidal Abscess of Otitic Origin.* "Australasian Med. Gazette," April, 1904.

H. C—, male, who had suffered from left middle-ear suppuration for five weeks, was admitted to hospital in a semi-conscious condition; pulse 52; respiration 11; temperature 98·4° F.

A radical operation and intra-cranial intervention were decided upon. The usual method of operating was adopted. On opening the antrum pus welled up. The roof of the attic and tympanum was removed and the overlying middle lobe explored with a needle and syringe, with the result that a large quantity of pus was withdrawn. The dura was then incised and a Simms' forceps introduced along the needle, when the blades of the forceps were separated one ounce of pus escaped. The abscess cavity was cleaned out with strips of gauze and a rubber drainage tube subsequently inserted.

After the operation there was a marked improvement in the condition of the patient, but he still, however, remained restless, complained of headache, and the slow pulse persisted.

An examination of the left eye revealed marked hyperæmia and swelling of the disc, its margin blurred, and the adjacent retina œdematous. The left eye was somewhat similarly affected, but in a very mild degree; partial aphasia and word-deafness were also present. This group of signs and symptoms was manifest for seventeen days following the operation, after which the patient recovered.

The author points out that the interesting feature about the case is the fact that the symptoms usually significant of intra-cranial pressure persisted so long after the operation, notwithstanding that perfect drainage of the abscess cavity obtained. He is of the opinion that the symptoms may be attributed to cerebritis involving a fairly large area of the brain.

Clayton Fox.

Roosa, D. B. St. John.—*On the Treatment of Chronic Non-suppurative Disease of the Middle Ear.* "The Post-Graduate," January, 1904.

The author distinguishes three great classes of this disease:—(1) The catarrhal form dependent upon or resulting from nasal and pharyngeal catarrh; (2) the proliferous, when there is no sign of pharyngeal or Eustachian catarrh, but a proliferating process has occurred in the tympanum; (3) adhesive thickening and opacities and cicatrices, the result of a suppurative process that has entirely and definitely run its course, with a membrana tympani intact, although altered.

The effect of operations on the nose and naso-pharynx, tympanotomy, ossiculectomy, and electricity are discussed, and the author thinks that the most one can do is to take care of the nutrition, use the Eustachian catheter or Politzer apparatus and the masseur. Better results are obtained by following the catheter with the Politzer bag.

Macleod Yearsley.

Petretts.—*Case of Typhoid Fever, complicated with Deafness of a Central Origin.* "Wiener klinische Rundschau," February 21, 1904.

Dr. Krause has recently laid stress on the occurrence of ear symptoms in enteric fever. In Petretts' case the deafness varied with the severity of the symptoms, being most marked at the height of the fever, and gradually lessening as the typhoid symptoms subsided. The patient never complained of pain or noises in the ear, nor was there at any time during the course of the disease any affection of the throat or pharynx. The tympanum on both sides was pale and slightly in-drawn.

Petretts concludes that the deafness was due to the action of toxins. The rapid recovery of hearing excludes any degeneration of the auditory nerve. *A. Westerman.*

Schwabach (Berlin).—*On the Pathology of Deaf-mutism.* "Arch. of Otol.," vol. xxxii, No. 5.

A description of the microscopical examination of the petrous bone of a tuberculous deaf mute. The main change was an inflammatory deposit of bone in the cochlea, especially in the middle part of the lower turn. The vestibule and semicircular were almost normal. The aqueductus cochleæ was obliterated, and the author thinks it probable that the condition arose from meningitis (probably intra-uterine) and extended along the aqueductus cochleæ to the cochlea itself. Politzer, Gradenigo, and Steinbrügge have found the same region to be the part chiefly affected in deaf-mutism. *Dundas Grant.*

THERAPEUTICS.

Hartmann (Berlin).—*The Treatment of Acute Otitis Media with a ten per cent. Carbolic Glycerine Solution.* "Deutsch. med. Wochenschr.," 1904, No. 17.

The above treatment is specially recommended for children suffering from acute inflammation of the middle ear. By instillation of the above solution the pain is relieved and the progress of the disease shortened. A child lying in bed restless and crying is found to have great redness of the membrana tympani, if a few drops of a ten per cent. carbolic glycerine solution are now dropped into the ear it often happens that within a few minutes the child is lively and able to get up and play.

Hartmann quotes a case of a patient who had suffered great pain for twenty-four hours being at once relieved after the use of the above solution. Every medical man who has used this remedy for long can give similar instances.

Mothers ought not to be without it in the house, as its use may prevent both parent and child having a sleepless night. In severe inflammations, specially if there co-exists an acute catarrh of the naso-pharynx or severe tonsillitis, the relief obtained by this remedy is only temporary, and paracentesis should not be delayed. As the solution is somewhat of a local anæsthetic the incising of the drum is much less painful than usual. The remedy is very much used by medical men in Berlin. *A. Westerman.*