

The Tonsils as Places of Entrance for Severe General Infections.—DR. F. JESSEN, Senior Physician in the Vereins Hospital at Hamburg, contributes to the *Munch. med. Woch.*, 1898, No. 23, an article in which he sums up some of the literature, and reports a number of cases showing that tonsils are the places of entrance of infection in many instances attributed to different origin, some of them even without any manifestation of disease upon the surface of the tonsils.

He likewise contends that many and varied cases of so-called scrofula are generally infectious from some portion of the lymphoid ring crossing the roof of the pharynx, and often promptly cured by removal of the diseased tissue.

OTOLOGY.

UNDER THE CHARGE OF

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Acute Mastoiditis.—Extra- and intramastoiditis, three months after measles in a child aged six years, attended with œdema of the face and side of the head, extending to the thin bony plate of the middle fossa, entirely relieved by a mastoid operation by Dr. B. M. Baker, is reported by J. F. WOODWARD (*New York Medical Journal*, October 9, 1897). [The suggestion to ward off acute mastoiditis in acute otitis media, by syringing sterilized water, or any antiseptic, through the Eustachian tube (GROSSARD, *Journal of Eye, Ear, and Throat Disease*, October, 1897) we consider irrational and irritative, and therefore promotive of mastoiditis.]

Pus in the Lateral Ventricle.—A remarkable and fatal result of acute otitis media has been observed by A. LEVY (*Archiv f. Otol.*, July, 1897) in a man who recovered from the acute ear-disease in a month. Two weeks later he was seized with moderate pain in the previously diseased ear, which lasted for one day, and was succeeded by pain in the abdomen, vomiting, and slight fever. A week later there ensued stupor, vertigo without headache, coma, and death. The autopsy revealed caries of the lower part of the petrous bone and pus in the lateral ventricle. The middle ear was normal, except for the swelling of the mucous membrane.

Otitic Pyæmia.—Two cases of otitic pyæmia resulting from acute otitis media in young subjects, aged twelve and fourteen years, are presented by H. EULENSTEIN (*Archiv f. Otol.*, April, 1898).

The first case proved suddenly fatal from sinus thrombosis, as discovered at the autopsy. Recovery ensued in the second case after a mastoid operation, exposure of the bony wall of the lateral sinus, and removal of its necrotic portions. Pyæmic temperature continued for a week. The sinus was not opened, but Eulenstein believes that there existed in this instance simply a parietal thrombus from inflammation of the bony wall of the sinus.

Acute Leptomeningitis.—Acute leptomeningitis, following acute purulent otitis media, and proving fatal on the seventh day of the illness, is reported by J. F. WOODWARD (*New York Medical Journal*, October 9, 1897).

Acute Mastoiditis with Extradural Abscess.—HENNEBERT (*Ann. des Mal. de l'Oreille*, January, 1898) reports acute mastoiditis following acute otitis media, productive of an extradural abscess in a man, aged fifty years. Entire recovery ensued upon opening the mastoid and draining the extradural abscess. A noteworthy symptom in this case was the entire absence of fever during the entire course of the disease. Pain and swelling in the mastoid with cerebral symptoms led to the exploration and operation.

Retropharyngeal Abscess.—Retropharyngeal abscess in very young children, from two months to two years old, as a result of suppurative otitis, has been observed by CLOROT (*Arch. of Ped.*, November, 1897). The principal symptoms are those of interference with respiration and deglutition. There is often swelling at the angle of the jaw. Clorot advises that the abscess should be incised internally, discharging into the mouth.

[There seems to be some danger of septic pneumonia if pus is permitted to escape into the mouth, and therefore if a retropharyngeal abscess of otitic origin can be evacuated externally near the angle of the jaw it is, in our opinion, a better method.—ED.]

Torticollis.—Torticollis in connection with acute purulent otitis media, relieved quickly by paracentesis and free outlet of pus confined in the drum-cavity, has been observed and reported by R. HAUG (*Archiv f. Ohrenh.*, September, 1867, pp. 17 and 22). Gelle reported some years ago a number of cases of torticollis in children as dependent upon acute inflammation of the ear, and advised in all cases of torticollis in children to inspect the ear.

Facial Paralysis.—Facial paralysis, often lasting for several months, may disappear entirely. Some months later in such cases facial contractility may become augmented, as in two cases recorded by URBANTSCHITSCH (*Austrian Otol. Soc.*, November 30, 1897; *Ann. des Mal. de l'Oreille*, May, 1898). POLITZER (*Austrian Otol. Soc.*, October 26, 1897; *Ann. des Mal. de l'Oreille*, March, 1898) has observed a case of traumatism of the skull, followed by hemorrhage from both ears and bilateral facial paralysis, without marked alteration in the hearing. It is supposed that a fracture of both temporal bones occurred, running through the postero-anterior walls of both auditory canals and the posterior walls of the tympanum, and thus through the Fallopian canal. Politzer expected the facial paralysis to disappear under iodides, iodine inunctions of the mastoids, and galvanization of the nerves of the face.

Facial paralysis of otitic origin may be attended with ascending degeneration, finally affecting the tenth, eleventh, and twelfth nerves by propagation of the process from the facial to these neighboring nerves by means of the bulb, as observed in a drunkard, by G. GERONZI (*Ann. of Otol., Rhin., and Larynx*, November, 1898).