An Anomalous Case of Central Hemorrhage Connected with Increased Pressure in the Ear due to Violent Coughing—

MACLEOD YEARSLEY, F.R.C.S.—*Journ. of Laryngol.*, Aug. 1900.

Briefly the history is as follows: A female, fifty-four years of age, while seated at luncheon was attacked with a fit of violent coughing. During the attack she experienced a sudden "crack" in both ears, which caused her considerable vertigo, deafness, tinnitus and loss of memory. The vertigo lasted for twelve hours and was very marked. The deafness was less marked. On the next day there was some weakness of the right upper and lower extremities and slight left facial paralysis.

The vertigo lasted for over a month—Rinné's test was positive on both sides. Bone conduction was impaired on both sides, about twenty-five per cent being lost.

Arterial degeneration was marked.

Treatment consisted of counter-irritation and diluted hydrobromic acid in drachm doses, three times daily. A good result followed in a month's time.

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Multiple Ossified Ecchondrosis and Exostosis of the Trachea and Larger Bronchi—I. B. DIAMOND—*Medicine*, Nov. 1900.

The author describes a case in a man of forty-eight years, wherein the entire trachea and larger bronchi were involved.

The cartilages of the larynx are calcified. The trachea is hard and rigid, due to the irregular shaped masses, which are situated beneath the mucous membrane extending from the second cartilaginous ring, filling out the membranous interspace, gradually spreading over the rings, down to and beyond the bifurcation. A similar appearance as described above is found in the bronchi.

Microscopical examination shows these masses to be of true bone formation, but the author's painstaking study leads him to believe that in all these cases where the growth is isolated from its neighboring cartilage or not, we have to deal with an outgrowth from the perichondrium.

Traumatism and various chronic inflammations in the mucous membrane are held to be the essential factors in its production.

A significant fact in these cases is, that nearly all of such patients die from some pulmonary affection, like tuberculosis, abscess or gangrene of the lungs, probably due to a lessened resistance of the respiratory tract, to microbic invasion, as a result of epithelial change.

STEIN.