AN UNDEVELOPED FIRST DORSAL RIB SIMULATING A CERVICAL RIB

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The accompanying radiograph shows a rather unusual and interesting anomaly:

The patient, Van S., was a white man, aged 40. In the course of the routine physical examination there was discovered a hard immovable mass in the left supraclavicular space. It could be traced to the back of the neck and felt like a cervical rib. When the left shoulder was raised the mass disappeared behind the clavicle, showing that there was no attachment. There was no palpable difference between the right and left sides of the upper part of the sternum, except that the left clavicle seemed to be slightly lower than the right. The pulsation of the subclavian artery could be felt in the supraclavicular space and a soft thrill was palpable. The left radial pulse was not affected. The swelling apparently never caused symptoms. No other physical anomalies were discovered.

Undeveloped first dorsal rib simulating a cervical rib.

A similar case was reported by Dr. W. W. Keen,¹ Wiedersheim in the "Der Bau des Menschen" shows a drawing of another case of an undeveloped first rib and points out the tendency of evolution to a shortening of the thorax and a decrease in the number of thoracic ribs.

X-RAY IN ERYTHEMA MULTIFORME

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As the text-books on dermatology, so far as I am aware, do not mention the x-ray in treatment of erythema multiforme, this report may be of interest:

Mrs. O. was referred to me by another physician. She had been suffering for two weeks with a rather extreme case of erythema multiforme, involving the extensor surfaces of the fingers, the hands and the arms to the elbows. Many of the usual internal eliminants and local applications had been tried without any subsidence of the symptoms. I began the application of the x-ray on Jan. 23, 1909, and continued giving treatments, each ten minutes in length, on January 24, 25 and 28. By the last date the eruption had disappeared except for the brownish color. On February 10 there was a recurrence of all the former trouble at the same localities. I renewed the x-ray treatment on February 11, 12 and 13. All indications of the disease then ceased, and there has been no recurrence since. No other treatment was used except salines internally and plain gauze bandages moistened with calamine lotion externally, which had been used from the beginning.

1. Am. Jour. Med. Sc., February, 1907, p. 193.

Therapeutics

OTITIS MEDIA

In spite of the increased knowledge of the seriousness of any inflammation in the middle ear, and in spite of the increased tendency of middle-ear inflammations to cause mastoid trouble, since the influenza germ has been prevalent in this country the laity, and even (we regret to say) many physicians still neglect an ear inflammation. So much can be done in the incipency of a middle-ear congestion, and evacuation of the primary exudate is so sure to prevent actual suppuration and serious trouble, that it is little less than astounding that the profession as a whole does not more strongly advocate, urge and carry out these preventive measures. It is also astonishing that mild inflammation in the middle ear, with more or less continuous discharge through a perforation in the drum, is allowed to become chronic without treatment and allowed perhaps to cause permanent deafness. Such neglect, it is also regrettable to say, occurs mostly in children too young to determine for themselves whether they will have permanent deafness the rest of their lives or be properly treated.

We insist to-day that every child should be vaccinated. There is plenty of agitation to prevent and control serious inflammations in the eyes of babies and children. There is gradually accumulating sufficient knowledge of the necessity for glasses for children with defective eyes. The seriousness of obstructive adenoid conditions in the nasopharynx is also being generally recognized. The necessity for fresh air and good hygiene for the prevention of tuberculosis is now most constantly in evidence. But an inflamed ear is very frequently, if it will only rupture, allowed to take care of itself. Nature's healing power often, fortunately, does effect a cure and the hearing is not impaired and serious middle-ear or mastoid trouble does not occur, but the chances of such a happy outcome are too uncertain and too precarious to be tolerated for one moment in this age of prophylaxis. As so aptly remarked by a surgeon of New York recently: Nature is working as hard to continue the growth of what we call pathogenic germs as she is to kill them and eradicate them for our health.

It is not the purpose of this article to advise exactly how an inflamed ear should be treated, as we believe that the average practitioner is not equipped to care properly for middle-ear inflammation, but we would urge the immediate reference of such inflammations to the ear specialist.

All kinds of bacteria may reach the middle ear, but the most frequent infections are the streptococcic and the pneumococcic. In a healthy ear the bacteria reach the tympanic cavity through the Eustachian tube, and this presupposes a nasopharyngeal infection and inflammation. Obstruction at the mouths of the Eustachian tubes, or swelling in the tubes, then inhibits the normal aëration of the tympanic chamber and predisposes to infection of the middle ear. Hence prophylaxis of middle-ear inflammations consists in the removal of obstructive adenoids in the nasopharynx, in the removal of obstructive hypertrophies of the nasal passages so as to cause proper nasal respiration and the correction, so far as possible, of nasal and nasopharyngeal chronic inflammations.

In acute inflammations of the nose and nasopharynx when the Eustachian tubes are likely to become obstructed and bacteria are likely to reach the middle ear, a proper cleansing of the nose and nasopharynx with