

(*Medical News*, September 21, 1895.) Of course no relief can be given to the patient suffering with the antral disease named until the ear can be examined with an otoscope, a correct diagnosis made, and paracentesis of the membrana tympani performed. Spontaneous evacuation of pus through the Eustachian tube in acute otitis media does not take place and cannot be relied upon for relief as Dr. Ball appears to think it could.

ANTISEPTIC DRAINAGE IN ACUTE OTITIS MEDIA.

The beneficial results of antiseptic drainage of the acutely inflamed ear as set forth within the past year by Gradenigo and Pes, and by Lermoyez and Helme (see this JOURNAL, July, 1895, p. 104), are again set forth in recent articles by these investigators (*Annales des Maladies de l'Oreille*, vol. xxi. No. 7). After spontaneous rupture or after paracentesis of the membrane it is better to simply stop the meatus with a tuft of iodoform gauze and let it alone than to syringe or swab the ear. The streptococcus will thus escape without much risk of secondary infection of the drum-cavity from the external auditory canal by means of the staphylococcus.

EAR-MASSAGE.

Massage of the ear in various ways has been recommended by many aurists in catarrhal deafness, the object being to bring passive motion to act upon the membrana tympani and the ossicula. RANDALL has recently recommended "pneumatic massage by the finger tip in catarrhal deafness, as a substitute for so-called tragus pressure." (*Phila. Polyclinic*, September 28, 1895.) [For many years I have observed at times that patients had taught themselves to practice auto-massage by finger-tip suction in the meatus for the relief of catarrhal deafness with considerable success.]

CHRONIC PURULENT OTITIS MEDIA.

KRETSCHMANN describes a form of chronic purulency of the middle ear in which the cavity is located chiefly in the floor of the drum-cavity, in the so-called "*recessus hypotympanicus*." On account of the proximity of the bulb of the jugular and carotid canal this form of purulency in the ear becomes a dangerous one. (*Archiv f. Ohrenh.*, September, 1895.) Wolf, of Frankfurt-on-the-Main, proposes to treat this form of purulency by curetting with a sharp spoon the granulations usually accompanying this form of purulency of the middle ear. (Ibid.) Meier observed a case of suppurating thrombus of the bulb of the jugular and of the internal jugular with granulations of the hypotympanic recess. In the same case the mastoid cavity was found filled with granulations and pus, and communicating with it an extra-dural abscess. Incision into the transverse sinus and cerebellum gave no good results, death ensuing two days afterward. Panse and Leutert (Ibid.) maintain that reinfection of the cavities operated upon in and about the ear occurs through the Eustachian tube, and therefore the former proposes to cauterize the remnant of the membrana tympani to adhere to the promontory and thus cut off the passage-way from the tube to the drum-cavity. Leutert advocates the method now in vogue in Halle, viz., obliteration of

the tympanic mouth of the Eustachian tube.—*Archiv f. Ohrenheilk*, September, 1895.

In an article on the neglect of suppurative ear disease, ERSKINE (*Glasgow Medical Journal*, July, 1895) condemns postponement of treatment of supuration of the ear, tamponing a running ear with cotton, the idea of its being dangerous to stop a discharge from the ear, the use of various nostras advertised for the cure of ear diseases, since there is "no panacea for ear diseases," and recommends that medical students be instructed in clinical otology, and that "the ear should always be examined in the early stage of the illnesses of infants and young children and in all infectious fevers and throat affections."

SEPTIC OTITIS SINUS-PHLEBITIS.

Septic sinus-phlebitis, from acute or subacute purulent otitis media, seems sometimes to occur and get well without the detection of pus in the mastoid antrum and cells, and without any surgical interference with the sinus or jugular vein, as in a case reported by ESKRIDGE (*Medical News*, October 5, 1895). [The path of septic invasion in such cases must be directly from the middle ear to the sinus by lymphatic and capillary veins.] It is worthy of note that septic phlebitis in the lateral sinus often occurs in connection with acute otitis media, as in three cases reported by Voss. Delay in operating is dangerous. But death may ensue even when an operation is performed promptly upon the sinus before grave symptoms arise, as in a case reported by him. In such cases a profound osteomyelitis sets in. Of five cases operated upon by Voss, two proved fatal, one occurring in chronic and one in acute purulent otitis media.—*Archiv f. Ohrenh.*, September, 1895, Bd. 39.

CEREBELLAR ABSCESS.

BACON reports a case of cerebellar abscess in a man, aged thirty-three years, the result of chronic suppuration in the right middle ear. Severe headache, especially on the left side, vomiting, intense vertigo on motion, staggering gait, a tendency to fall toward the *left*, paralysis of the right side of the face, peripheral in character, normal knee-jerks, and no difficulty of speech or swallowing, a pulse of 50 to 60 a minute, and a temperature of not more than 99.6° F. lead to the diagnosis of an abscess in the right side of the cerebellum. It was thought that the right optic disk was edematous. The lateral sinus was therefore exposed by operation, but found to be normal. The cranial wall four inches behind the mastoid was then trephined, a disk 2 cm. in diameter being removed. The abscess cavity was not reached, however. The patient died three weeks after the operation. Post-mortem examination revealed an abscess in the right cerebellar hemisphere 4.5 cm. long by 3 cm. wide, containing thick, fetid pus.—*THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES*, August, 1895.

OTITIC CEREBRAL ABSCESS.

According to OPPENHEIM (*Fortschritte der Medicin*, September 15, 1895), aphasia occurring in otitic abscess of the left temporal lobe is due to a lesion