

operated upon and reported by H. KNAPP (*Journal American Medical Association*, March 19, 1898).

J. E. SHEPPARD (*Brooklyn Medical Journal*, July, 1897) has observed twelve cases of mastoiditis without or with but little involvement of the tympanic cavity, and MACCUE SMITH (*Therapeutic Gazette*, August, 1897) also reports the observation of mastoid empyema without the usual objective symptoms.

That very often, in marked external symptoms of acute mastoiditis, mastoid trepanation is not finally demanded, is shown by cases reported by ADA AUDENRIED (*Philadelphia Polyclinic*, Nov. 6, 1897) and F. S. PARSONS (*Medical Times and Register*, March 12, 1898). Also that in many instances in which the symptoms are supposed to indicate mastoid trepanation, and even cranial-mastoid trepanation, for the relief of a supposed otitic lesion of the brain, all these symptoms will subside and the patient recover without operation, is shown by cases reported by H. WOODS (*Journal American Medical Association*, March 19, 1898).

After-treatment of the Exposed Middle-ear Cavities.—E. WINCKLER (*Münchener med. Wochenschrift*, Nov. 30, 1897), in discussing the various ways of bringing about the formation of normal epidermis in the wound cavity produced by the surgical exposure of the middle-ear cavities, believes that the impartial judge will decide that "just as the extent of the operation in every instance must be determined by the nature of the symptoms, so, too, must the after-treatment be instituted according to the extent and conditions of the wound produced."

Otogenous Abscess in the Right Temporal Lobe of the Brain.—Small abscesses in the temporal lobes, and abscesses in the right temporal lobe, may run their course without central symptoms, as shown by OPPENHEIM (*Nothnagel, Spec. Path. u. Therap.*, 1897). Optic acoustic aphasia is the usual symptom of abscess in the left temporal lobe. The same symptom may be present with an abscess in the right temporal lobe of a left-handed subject. However, the diagnosis of an abscess of the right temporal lobe is far more difficult than that of the left, since the physician must be guided by the existence or discovery of symptoms that are termed indirect, or symptoms of contiguity, as shown by E. KALMUS (*Prager med. Woch.*, December 23 and 30, 1897), in reporting a case in the practice of Prof. Pica. In such a case there must be considered the not uncommonly observed hemianopsia, various phenomena of motor paralysis, and irritation, as facial and facio-brachial paresis, hemiparesis, hemiplegia, and spasms of one side of the body. Kalmus further shows that in such a case is found conjugate deviation of the head and eyes, as pointed out by Jansen, Oppenheim, H. Jackson, Zaufal, and Pick. Rarer manifestations are disturbances in sensibility. Partial and complete oculomotor and abducens paralyses are sometimes observed, as are also the rarer occurrences: nystagmus, singultus, photophobia, absence and increase of patellar reflex of the affected side, strangury, and involuntary urination and defecation, as shown by Körner. But all of these indirect symptoms may be absent or so unpronounced as to be easily overlooked. There may be, also, in addition to the above-named symptoms,

elevations of temperature, increased frequency of respiration, *relatively low pulse*, lagophthalmus on the opposite side, protrusion of the eyeball on the side of the abscess (right), with narrowing of its pupil. In Pick's case of otitic abscess of the right temporal lobe, in which there was ambilateral chronic otorrhœa, reported by KALMUS (*Munch. med. Woch.*, December 23 and 30, 1897), the diagnosis of the locality of the abscess was based upon the paralysis of the left facial and hypoglossus nerves, the weakness of the left arm, the occasional spasmodic pronation and supination occurring in it, paresis of the left leg, lateral homonymous hemianopsia on the left side, conjugate deviation of the eyes and head toward the right. The intermission observed in these symptoms of paresis and hemianopsia during the week the patient was under observation in the hospital is ascribed to their being indirect central symptoms, since, had the lesion of the optic radiations been a direct one, the hemianopsia would have been permanent. The abscess-cavity, extending from the posterior two-thirds of the temporal lobe to the anterior part of the occipital lobe, measured 7 cm. in length and 3 cm. in its greatest diameter. There were destructive necrosis of the tegmen tympani, and purulent, ichorous infiltration of the bone near it in the tract of the large wing of the sphenoid, of the posterior part of the right frontal squama, and also of the anterior inferior angle of the right parietal bone. An operation was declined in this case. The diagnosis was established at the autopsy.

Paracentesis of the Membrana Tympani.—All nurists of experience will agree with J. GRUBER (*Medical Press and Circular*, January 5, 1898), that paracentesis of the membrana tympani is indicated "whenever any inflammatory products are satisfactorily diagnosed to be present in the middle ear. For this purpose the knife is vastly preferable to the galvanocautery, as the latter method produces a large destruction of the membrane, healing very slowly." The wide, semicircular incision around and posterior to the manubrium, with the minor adjuncts of suction in preference to compression (inflation) for the removal of fluid from the tympanum, are recommended by Gruber. He further maintains that "great prudence should be exercised in the use of the air douche (inflation), as any infectious matter may be driven back into the mastoid cells, where a new source of trouble will start, leading on to mastoiditis and, probably, terminating with serious consequences."

The objections to paracentesis in ordinary acute otitis media urged by R. H. WOONS (*Dublin Journal Medical Science*, January, 1898) are founded on the observation of a large number of cases of what he terms "acute otitis media without pain."

[Cases answering to this description must have been instances of myringo-dermatitis, or myringitis, rather than otitis media, such as have been described by J. E. SHEPARD and C. H. BURNETT (*Year-book of Medicine and Surgery*, 1898) and by R. W. SEISS (*Journal American Medical Association*, March 19, 1898). In any case of accumulation of fluid in the drum-cavity, especially if pain or dulness of hearing, or both, are present, prompt paracentesis is indicated. If the fluid in the drum-cavity is not thus let out, it may organize and lead to synechia. If myringo-dermatitis occurs,

and if a bleb forms on the membrana, the former may be punctured if pain is great; otherwise it may be let alone, and spontaneous rupture or absorption awaited. In puncturing a bulla or a bleb of the membrana, care must be taken not to puncture the inner wall of the sac, for if this inner wall is punctured the infectious contents will pass into the drum-cavity and inoculate it.—ED.]

DERMATOLOGY.

UNDER THE CHARGE OF

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Treatment of Epithelioma by Arsenical Solution.—BORDE (*Annales de Dermatologie et de Syphiligraphie*, 1898, No. 2), at a meeting of the Société de Médecine et de Chirurgie de Bordeaux, reported a case of epithelioma, in which a recurrence had taken place after surgical interference, treated by painting the point of implantation of the tumor with Czerny's solution of arsenic. These applications were made every two days, and in a short time a cure had taken place.

DAVEZAC presented to the same society a patient, aged eighty-three years, who had had an epithelioma of the nose for about one year, in whom recurrence had taken place after thorough treatment with the thermo-cautery. A cure was obtained by the application of Czerny's solution.

Ulcerations Due to the Bacillus Pyocyaneus.—TRIBOULET and TOLLEMER (*Annales de Dermatologie et de Syphiligraphie*, 1898, No. 2) reported at a séance of the Société Anatomique de Paris a case of an infant, aged ten months, which suffered from disseminated, cup-shaped and round ulcerations. Cultures prepared from these lesions revealed the presence of the bacillus pyocyaneus. At the autopsy, blood from the heart was found to contain the same organism. Sections of the skin showed that the bacilli were present only in the superficial layers of the derma, the capillaries being free from them. From these facts it would seem that the cutaneous ulcerations were the port of entry for the bacillus which caused the septiciæmia.

A Case of Monilethrix with Unusual Distribution.—GILCHRIST (*Journal of Cutaneous and Genito-Urinary Diseases*, April, 1898) reports the following case: A young man, aged twenty-eight years, first noticed at the age of seventeen two symmetrical bald patches on the anterior surface of the legs. There were no subjective symptoms. These two patches gradually increased in size, and were followed by other symmetrical patches on the thighs and calves about two years after the first appearance of the affection. Microscopic ex-