

Though this condition does not apparently occur very often, recognition of its existence might be of importance, especially in prognosis. Sometimes bursal inflammations occur in this region and should be differentiated from this anomaly.

TWO CASES OF TRANSVERSE SUBPERIOSTEAL FRACTURE OF THE LOWER END OF THE RADIUS IN CHILDREN.

BY WM. PEARCE COUES, M.D., BOSTON.

THE importance of the recognition of these obscure fractures in children is receiving increased attention. From clinical examination, without radiographs, the diagnosis of these cases would have been impossible.

CASE I. M. P., a girl of nine years, was seen at the Surgical Clinic, Boston Dispensary, April 11, 1910. The history was as follows:

About ten days ago the child fell down hurting the left wrist. Some disability and pain followed, but it was not marked. Examination showed very slight swelling of the wrist. There was no ecchymosis. Flexion and extension of the fingers was perfect. The landmarks of the wrist were in normal relation. There was slight pain on pressure on the lower end of the radius; no crepitus or abnormal mobility was found.

The radiographs showed well the lifting of the periosteum in the lateral view and the slight bulging on either side of the radius in the antero-posterior view.

The crack running transversely across the radius about $1\frac{1}{2}$ inches above the styloid was clearly discernible.

CASE II. T. S., eleven years of age, was seen at the Surgical Clinic, Boston Dispensary, May 16, 1910. The history was as follows:

Three days ago the child hurt her left arm in falling. Examination showed considerable tenderness over the lower third of the radius. There was slight swelling of the wrist; rotation of the forearm was painful. Flexion and extension of the fingers was perfect. There was no ecchymosis; no crepitus or abnormal mobility was present.

The radiographs showed well in the anterior-posterior view the same bulging on either side of the radius as in Case I. In the lateral view the irregularity to the ulnar side of the radius was plainly seen. The distance of the fracture from the end of the styloid process of the radius was almost exactly one inch. The transverse crack extending across the radius to the bulging periosteum on either side was slightly more marked than in Case I.

Treatment by fixation with posterior splint alone gave perfect results in both cases.

Medical Progress.

REPORT OF PROGRESS IN OTOLOGY.

BY HARRIS PEYTON MOSHER, M.D., BOSTON.

IN reviewing the otological literature of the last twelve months, the reader finds that labyrinthine diseases and surgery occupy the greatest space. The same is true of the literature of the previous year. Operative surgery, however,

does not occupy the minds of all the writers. It is pleasant to notice that a few men have gone back to the basal physiological problems connected with otology; that is, that tremendously difficult subject of the physiology of hearing has been bravely attacked again by Shambaugh, and Walker has had the courage to make use of the ductus indolymphaticus in expounding a new theory of tinnitus and vertigo. An interesting and important article by A. A. Gray was published in the *Laryngoscope* on "An Investigation on the Anatomical Structure and Relationships of the Labyrinth in the Reptile, the Bird and the Mammal."¹ Besides this stimulating work, articles which show progress have appeared in connection with the x-ray examination of the mastoid for pre-operative determination of the cellular consistency of the mastoid process and the position of the lateral sinus. Beck has published an elaborate article on mastoid surgery. This is very complete and extremely useful to the operator on account of the numerous and illustrative drawings.

The use of cocaine for producing anesthesia for middle-ear operating, and for even such extensive work as mastoid operation itself, has been advocated in at least two articles. The presence of Neuman in this country, Neuman being the man who received a prize for his work in connection with cocaine anesthesia about the ear, also has stimulated interest in this subject. Neuman's classes in the various cities of the United States have stimulated interest in labyrinthine diagnosis and surgery. The use of vaccine therapy in connection with diseases of the middle ear is not new in the last twelve months. Considerable work had been done along this line in the last few years, but the general consensus of opinion seems to be that the vaccines were of but limited use. A paper, however, was read by Dr. E. W. Nagle, by invitation, of the American Rhinological, Otolological and Laryngological Association, in Washington, which brought the subject up again and presented it in a new and more favorable light. This observer, working in connection with Dr. F. C. Cobb, of Boston, had extremely favorable results in curing chronic middle-ear suppuration by the use of otogenous vaccines. It became apparent in the brisk discussion which followed the reading of this paper that the writer's good results to date, differing as they do from the results of previous observers, were due to improved technic in preparing the vaccines. At this same meeting in Washington there was a symposium on the deaf child. This symposium was especially complete and brought this important subject up to date in all its bearings. The greater part of the symposium was given over to papers by professional educators of the partially and completely deaf child. The complicated subject of training the deaf child and the best methods of bringing this about were clearly set forth. Otologists furnished a certain amount of material in the symposium. This, though im-

¹ *Laryngoscope*, vol. xix, p. 161, March, 1909.