were visited, including Château Lafite and Château Mouton Rothschild.

Excursions to Cauterets and Bagnères-de-Luchon were organised for August 6, 7, and 9, but these were but sparsely attended.

MACLEOD YEARSLEY.

SEVENTH INTERNATIONAL OTOLOGICAL CONGRESS, BORDEAUX, 1904.

ADDRESS DELIVERED BY THE RETIRING PRESIDENT, PROFESSOR URBAN PRITCHARD, M.D.

MONSIEUR LE PRÉSIDENT, Messieurs et Confrères,—Permettez-moi, d'abord, de vous féliciter d'être ici, en France, un pays qui a toujours tenu une position de premier rang dans le monde scientifique.

C'est à la France que nous devons le Docteur Ménière, qui nous a appris, par ses recherches fameuses, à discriminer le Vertige aurale, des maladies de cerveau—d'un coté—et des maladies des organes de digestion, de l'autre, une découverte si importante, si bien reconnue, que le nom de Vertige de Ménière est maintenant adopté pour designer cette condition, dans tout le monde scientifique.

C'est aussi la France qui nous rappelle le nom de Löwenberg. C'est lui, qui, après Meyer de Copenhagen, fut un des premiers de nous demontrer le rôle importante que jouent les végétations adenoides dans les maladies de l'oreille; et qui nous a indiqué un des meilleurs methodes de traitement.

Et combien d'autres ne pourrais-je pas nommer d'Otologistes français, que notre visite ici doive nous rappeler, qui, par leurs travaux, ont rendu des services, non seulement nationales, mais *inter*nationales! Mais je me contenterai de vous signaler le nom de Docteur Moure, l'otologiste eminent de ce cité de Bordeaux, qui va occuper, tout de suite, la position honorable du Président de notre septième Congrès Internationale.

And now, gentlemen, I must ask your permission to continue in my own language.

These international congresses constitute, as it were, a series of landmarks in the path of our science; and therefore we may well ask ourselves to-day, What progress has been made in otology during the last five years?

Well, you will remember, gentlemen, that at our meeting in London an earnest hope was expressed that an important advance

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would be made, in the near future, in our knowledge of treatment in that group of conditions included under the heading of non-suppurative diseases of the middle ear. I regret to say that this hope has not yet been realised. It is true that we have made some advance in the pathology; it is true, also, that we have come to understand better the difference between catarrh and that unmanageable condition termed "sclerosis." But, so far as treatment is concerned, the increase in our knowledge has been chiefly of the negative order; that is to say, it consists chiefly in our having learnt how useless were many of our older methods. We must not forget, however, that this clearing of the ground is still something.

But now, if we turn to suppurative disease of the ear, we may certainly congratulate ourselves on the satisfactory advance made, the result of which is that we see far fewer cases of intercranial disease now than we did five or six years ago. Undoubtedly this is due to the fact that the post-aural operation is so much more frequently performed, and so much better carried out than it formerly was. I well remember how Sir William Macewen, when speaking of operations for intercranial suppurative disease (at a meeting of the British Medical Association, at Leeds), reminded us that these operations should never have been required. For, said he, had earlier and better treatment of the ear condition itself been carried out, the intercranial mischief would not have occurred. Well, undoubtedly, by our complete post-aural operation we have done a great deal towards the prevention of intercranial disease. But, gentlemen, I am going a step further than Sir William Macewen. For I venture to prophesy that, before many years have elapsed, mastoid operations will—I was going to say, have almost become things of the past; but that might be going too far—at least, be far less frequent; partly because of the greater perfection in the treatment of middle-ear suppuration, and partly to our patients understanding the importance of early attention to "discharge from the ear." And I am glad, indeed, to believe this; for, grand as has been the result of this complete post-aural operation in the saving of life, still, the subsequent conditions are not always quite so satisfactory as some enthusiastic surgeons perhaps may think; and I therefore heartily endorse the words of Professor Lucae at our last Congress, when he said, that instead of being proud of saying, "I have operated on so many patients," one should be prouder of saying, "I have cured so many patients without operating."[1]

[1] "Transactions of the Sixth International Otological Congress," p. 94.

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Turning now to internal ear disease, we may certainly lay claim to some advance, both in regard to diagnosis and treatment. Nerve deafness can now be better discriminated from middle-ear deafness by our improved methods of diagnosis. What numberless cases of nerve affection used to be attributed to middle-ear catarrh! nay, may I be forgiven if I say, how many such mistakes do we not make even now! I venture to suggest that we should all, older and younger men alike, pay more attention to improving still further our methods of this diagnosis. In our methods of treatment of internal ear affection, not only has the medical treatment of Ménière's disease made an advance, but, since our last Congress, surgery has been stepping in to give us valuable assistance.

At the General Medical Congress at Paris in 1900[1] I called attention to a then recent operation by Mr. Charles Ballance, which resulted in an extraordinary recovery from Ménière's vertigo. The patient had middle-ear suppuration with very marked deafness, and most severe vertigo. Mr. Ballance performed the complete post-aural operation, and finding a sinus leading to the semicircular canals, burred into them and into the vestibule, and finally skin grafted over the whole, with the result that the patient lost all her vertigo, and the hearing power was wonderfully improved.

But surgery has helped us still further. Mr. Richard Lake, one of my colleagues at the Royal Ear Hospital, bearing in mind the case to which I have just referred, recently determined to operate in a non-suppurative case of Ménière's disease, a case which had resisted medical treatment, and which was causing great distress to the patient.[2] Mr. Lake performed the ordinary post-aural operation, and then burred into the semicircular canals and vestibule. The result was that after a short period of increased vertigo, the whole of the Ménière's symptoms disappeared, and the disease was, so far, practically cured. The patient's hearing was also much improved, though the tinnitus remained.

From this slight survey, I think, gentlemen, that we may feel that steady, if not rapid, progress is being made in our branch of medical science; and I trust that at the close of this Congress we may return to our work with fresh ideas, increased enthusiasm, renewed vigour, and so cause the rate of that progress to be further accelerated.

[1] "Comptes Rendus, Section d'Otologie, XIIIe Congrès Internationale de Médecine," 1900, p. 312.

[2] JOURNAL OF LARYNGOLOGY, RHINOLOGY AND OTOLOGY, July, 1904, p. 350.

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