

cases have recently been operated on in this manner ; in twenty-two of them improvement or cure of the disease followed operation. *Michael.*

**Stiller.** — *Cure of Goitre by Ligature of the Thyroid Arteries.* Inaugural Dissertation. Breslau, 1891.

THE author publishes three histories of operations performed in this manner. He reports also thirty-nine other cases from the literature, and recommends this method of treatment. *Michael.*

**Strübing** (Greifswald).—*Fistula colli congenita mediana.* "Deutsche Med. Woch.," 1892, No. 9.

DESCRIPTION of a case, and report on the newest views of the origin of this anomaly. *Michael.*

**Beck, Carl** (Chicago).—*Congenital Bilateral and Symmetrical Cartilages on the Neck, and their Morphological Significance.* "Med. Rec.," Feb. 13, 1892.

A DESCRIPTION of a case, with a discussion of numerous other cases recorded, and their morphology. They appear to be remnants of the third or fourth branchial arch. One important point in their anatomy is that, though apparently quite superficial, they usually have a flattened process, dipping down and losing itself on the sheath of the deep vessels. In a typical dissection the nodule was superficial to the platysma, but under the external jugular. *Dundas Grant.*

**Kramer** (Grogglogan).—*Treatment of Tuberculosis Abscesses of Retro-visceral Space.* "Centralbl. für Chirurgie." 1892, No. 12.

JUST now abscesses of the retro-pharyngeal space are opened by the mouth. In this manner the pus cannot be removed completely, and an antiseptic procedure is not possible. Therefore the author proposes to open them in the neck, followed by treatment with the sharp spoon and tamponing with iodoform gauze. He describes a case in which the method was applied with the best result. *Michael.*

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## THE EAR.

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**Baber, E. Cresswell** (Brighton).—*A Tragus Retractor.* "Arch. of Otol.," Jan., 1892.

A FLAT metal ring to fit the tip of the surgeon's forefinger. From it projects a flat piece of metal, which forms a blunt hook. This is so adapted as to press forwards the tragus while the other fingers of the same hand are employed in pulling the auricle upwards and backwards [This is calculated to replace the bent hair-pin or other retractor which for a similar purpose involves the use of another hand if for any reason the use of a speculum is contra-indicated.] *Dundas Grant.*

**Pritchard, Urban** (London).—*A Handy Form of Intra-Tympanic Syringe.*  
 “Arch. of Otol.,” Jan., 1892.

A FINE, straight tube, to the point of which a curved tip can be fitted, suitable for penetrating a perforation in the membrane of Shrapnell, has attached to it at an angle a small india-rubber reservoir, which can be compressed against a plate by means of the thumb. The plate is in one piece with the tube, so that the tilting of the point is comparatively slight. Strict sterilization with alcohol is necessary after each time of use.

*Dundas Grant.*

**Sheild, A. Marmaduke.**—*A Mass of Lead Impacted in the Tympanic Cavity and Removed by the Aid of Metallic Mercury.* “Lancet,” April 30, 1892.

A SPLASH of molten lead burned the side of a plumber's head and his ear, causing intense pain. When the swelling from the burn subsided, it was found that there was a hard mass of lead deeply imbedded in the ear. There was total deafness on that side, and foetid otorrhœa, but no loss of “bone-conduction” nor facial paralysis. Metallic mercury was poured into the ear to form an amalgam. This was frequently done with intermissions (for sixteen hours in the aggregate). Next day the mass was felt to move, the effluent mercury having been blackened, and vigorous syringing resulted in the expulsion of the whole.

*Dundas Grant.*

**Sheild, Marmaduke** (London).—*Aural Polypi.* “Lancet,” May 28, 1892.

MR. SHEILD insists on aural polypi being regarded as “symptoms of a local disease.” For a cure this local disease requires careful and prolonged treatment after the removal of the polypus. He dwells on the risk of pyæmic infection or cerebral lesions starting from the operation for polypus, especially if exposure to cold follows the manipulation, or if septic suppuration be allowed to occur. He is therefore particular to purify the ear before operating, using especially solutions of boracic acid in alcohol, which has the additional property of drying and partially hardening the growth. He is in favour of the use of a delicate snare for pediculated polypi of any size. Sessile growths and grandulations may be lacerated and broken up by means of curettes, and then cauterized with chromic acid or galvano-cautery. He is very chary about curetting out the tympanum, but is more ready to open the mastoid.

*Dundas Grant.*

**Sheild, A. Marmaduke** (London).—*A Case of “Sarcomatous” Growth in the External Auditory Canal.* “Arch. of Otol.,” Jan., 1892.

A YOUNG lady had otorrhœa since childhood, and at about ten years of age had been lanced behind the ear, a closed sinus remaining. When seen, she complained of pain and giddiness, and had a foetid discharge from the ear, watery, and often blood-stained. The canal was completely blocked by a growth of the size of a large cherry, of a pale gelatinous aspect. It was removed with some difficulty, but after a month underwent obvious regrowth. Microscopical section showed that “the ground substance, especially near the hilum, is composed of embryonic tissue, with spindle-shaped, round or irregular cells, some having many nuclei, and having the character of myeloid cells.” Dr. Delepine considered it a

sarcoma. The growth was again removed, the site being freely cleared by gouging and cauterizing. It was found that a curved probe could be passed through a sinus at the site of the growth into the mastoid cells. Peroxide of hydrogen was syringed through it daily for a week. The growth did not recur. Mr. Sheild seems to consider this a benign growth in spite of its histological characters, and comparable to the fungoid granulations found round necrosed bone in other parts of the body.

*Dundas Grant.*

**Clark, E. S.** (San Francisco).—*A Case of Injury to the Ear by a Stroke of Lightning, with Perforation of the Membrana Tympani.* "Arch. of Otol.," Jan., 1892.

THE external ear and meatus, the arm and breast, were burnt; tinnitus, deafness, and discharge from the ear ensued. The discharge was soon stopped, and treatment of the middle ear improved the hearing considerably. Dr. Clark thinks that the drum-head was ruptured directly by the lightning stroke, and not by extension of inflammation from the external ear.

*Dundas Grant.*

**Downie, Walker** (Glasgow).—"Lancet," March 5, 1892, and

**Stewart, W. R. H.** (London).—"Lancet," March 12, 1892,

STATE that severe cases of influenzal otitis have been observed by them in which there was no pre-existent ear affection.

*Dundas Grant.*

**Dalby, Sir Wm.** (London).—*Note on the Effects of Influenza on the Middle Ear.* "Lancet," Feb. 20, 1892.

THE writer draws the following conclusion from his observations during the recent epidemics, namely: that a person with healthy ears has little to dread from influenza, so far as this mucous surface is concerned, but it may become a serious trouble to one whose ears have formerly been the seat of inflammation. [We cannot say that our own experience during the epidemics enables us to adopt the cheerful view held by Sir William Dalby. Some of our worst cases have occurred in persons who, to all appearances, had never previously suffered with their ears. The cases under our observation were severer and more intractable in each successive outbreak.—ED.]

*Dundas Grant.*

**Zimmermann, Charles** (Milwaukee).—*A Case of Orbital Cellulitis and Primary Mastoiditis complicating Influenza.* "Arch. of Otol.," Jan., 1892.

ORBITAL cellulitis set in two days after the onset of influenza in a girl ten years of age. Five days later this diminished considerably, but severe pain came on in the left mastoid process. The meatus was narrowed by swelling of its walls, and plugged with epidermic scales. Under constant use of the ice-bag this quieted down, but returned after ten days, the pain being more intense, radiating over the neck, head, and left shoulder. There was distinct pyrexia and constitutional disturbance, the mastoid was tender, and *acute mastoiditis acuta* was diagnosed. There was no sign of periostitis; but as no relief followed cold applications for two days, the mastoid was opened, and found to be full of red, spongy

fungoid granulation tissue. Rapid improvement followed. The author compares the very conflicting evidence of various observers as to the frequency with which the middle ear and its accessory cavities are seriously involved in influenza. He is in favour of an *early* operation in mastoiditis.

*Dundas Grant.*

**Pepper, A. J.**—*On Disease of the Temporal Bone.* "Lancet," March 5, 1892.

MR. PEPPER holds that few subjects of chronic mastoid suppuration would lose their lives if rational surgical treatment were carried out, for even in the worst cases—providing, of course, that intra-cranial mischief and pyæmia had not commenced—free opening should give relief and obviate danger. In acute cases he would not wait for fluctuation, œdema or redness. If an acute tympanic abscess discharges itself, and after a temporary improvement there comes on deep-seated aching in the bone, and pressure or percussion increases the pain, he would at once open the mastoid. There is liability to endo-cranial suppuration, thrombosis of the lateral sinus, and pyæmia. Given a certain diagnosis of a septic thrombosis he would not hesitate to lay it open. He states that abscess is more common in the cerebellum than in the temporo-sphenoidal lobe, except in very early life, when the reverse obtains. [This will be new to some readers.] He gives the following reasons why cerebral abscess is the rule in young children: 1. The petro-mastoid and squamosal bones only undergo ossific union during the first year of life; therefore pus may readily extend to the cranial cavity: 2. The mastoid process and cells are not developed. Facial paralysis, deep suppuration in the neck, recurrent external mastoid abscess, necrosis of the posterior wall of the meatus, implication of the temporo-maxillary joint, and sclerotic otitis of the mastoid bone are the other conditions discussed.

*Dundas Grant.*

**Black, Alex.** (Edinburgh).—*Perforation of the Mastoid for Middle Ear Disease.* "Lancet," March 26, 1892.

ON the suggestion of Dr. Hunter Mackenzie, Dr. Black employed a gimlet with a small point to make the primary opening into the cavity. This opening is then enlarged by means of one or more cone-shaped burrs. Drainage is kept up by a tube of spiral wire.

*Dundas Grant.*

**Hatch, W. K.** (Bombay).—*Acute Otitis; Cerebral Abscess; Operation and Death.* "Lancet," March 19, 1892.

ACUTE otitis of both ears occurred in March, 1890, followed by perforation and, in two months, by healing of the membranes and apparent recovery. Pain in the right side of the face and neck came on in July, and after a time disappeared, but returned in August. There was no circumscribed localization of pain; the neck was not tender, but there was loss of flesh. The patient became unfit for work and stupid, but without fever. On trephining an inch and a quarter above and behind the meatus, and exploring with a trocar for about three-quarters of an inch, about an ounce and a half of healthy pus was evacuated. The patient was freed from pain, but died next day.

*Dundas Grant.*

**Jones, Macnaughton** (London).—*Rule and Scale for Use in Trephining the Skull in Cases of Aural Disease.* "Lancet," March 5, 1892.

THIS is a four-inch rule marked in fractions of an inch, and accompanied by an ivory slip, on which are printed the measurements needed in trephining the antrum, cerebrum, or cerebellum, as published by Birmingham in the "Dublin Journal of Medical Science," Feb., 1891. They are thus set out :—

GUIDES TO TREPHINING THE SKULL.

- L.S. =  $1\frac{1}{2}$  in. behind M. × level with upper border.  
 T.S.L. =  $1\frac{1}{2}$  behind M. × 2 in. above it.  
 M.A. =  $\frac{1}{2}$  in. above level of and behind m ; depth  $\frac{3}{8}$  in. to  $\frac{1}{2}$  in.  
 C. = 2 in. behind M. × 1 in. below R.B.L.

EXPLANATION OF MARKING.

- |        |                                 |        |                        |
|--------|---------------------------------|--------|------------------------|
| L.S.   | Lateral sinus.                  | M.     | Centre of bony meatus. |
| T.S.L. | Temporo-sphenoidal lobe.        | M.A.   | Mastoid antrum.        |
| C.     | Cerebellum.                     | R.B.L. | Reid's base line.      |
| m.     | Superior margin of bony meatus. |        |                        |

*Dundas Grant.*

**Mongardi, Romeo.**—*Contribution to the Cure of Ménière's Disease.* "Bolletino delle Mal. dell' Orecchio, della Gola e del Naso," Feb., 1892.

THE author, after referring to several clinical cases of patients who presented the more common symptom of Ménière's disease, declares that he obtained excellent results, especially for stopping the vertigo, with the following formulæ :—

- ℞—Potas. bromid., ℥ix., in pulv., 12 div. S. as directed.  
 ℞—Ferri valer., gr. xv. ; opii pulv., gr. iv. ; pulv. et ext. cascaræ sagrad., q.s. ut fiant. Pil 12. S. as directed.

Mongardi suggests that a powder dissolved in half a tumbler of water, and a pill, should be taken three times a day between meals. After ten days he recommends that the dose should be diminished, one powder and one pill being taken morning and evening. He prefers this cure to that made with quinine, because, he says, it acts more rapidly, and has the advantage of improving the acoustic conditions, and of causing the vertigo and the recurrent symptoms to disappear from the first day of the cure.

*V. Grazzi.*

**Lange** (Copenhagen).—*Can the Microphone be Used with Advantage in the Construction of an Apparatus for Improving the Hearing?* "Deut. Med. Woch.," April 14, 1892.

THE author considers that the principle of the microphone cannot be employed for this purpose. No microphone is in the strict sense portable. The instrument is a transmitter not an intensifier of sound. He constructed a microphone that was not affected by movement, and fitted with a pocket battery. For people with normal hearing it answered well, but for the deaf it was quite useless.

*Dundas Grant.*

**Jankau, L.** (Zurich).—*A New Method for the Differential Diagnosis of Labyrinth and Middle Ear Disease.* "Deutsche Med. Woch." March 10, 1892.

TWO otoscopes (diagnostic tubes) are inserted into the patient's and the observer's ears. A vibrating tuning-fork is placed on the patient's head.

If the fork is better heard (by the observer) through the tube connected with the patient's *worse* ear, the affection is tympanic ; if better through the one connected with the *better* ear, labyrinthine. *Dundas Grant.*

**Krzywicki, Dr. von** (Berlin).—*Contribution to the Question of the Value of the Tuning-Fork in Differential Diagnosis.* "Berl. Klin. Woch.," March 21, 1892.

A MAN, aged forty-two, who had never complained about his hearing, received a blow on the left parietal region, which appeared to occasion considerable cerebral concussion, brief unconsciousness, vomiting, slowing of pulse, aphasia, and right-sided deafness. There was opacity and slight indrawing of the right membrane, and a plug of wax in the left meatus. The tuning-fork on the skull was heard in the right ear only, and Rinne's experiment showed, on the right side, complete insensibility for bone and air-conduction. [We cannot reconcile the *fact* of complete insensibility to bone-conduction on the right side with the previous *fact* of the tuning-fork on the skull being heard in the right ear only. This, along with absence of hearing by air-conduction, is surely a negative Rinne.—ED.] Apart from the tuning-fork evidence the physician would readily have diagnosed the condition as the result of laceration of the auditory cortical centre (for the right ear) in the left temporo-sphenoidal lobe. The tuning-fork ought then to have been heard in the left ear, and not in the right, for two reasons—the ceruminous plug and the affection of the right-side centre — but it was not.

The author finds great difficulty in explaining this, but allows that he had objective evidence of chronic catarrh of the right ear. [Might it not be possible that the deafness in the right ear had long existed, but was unnoticed till the blow led to the sudden impaction of the cerumen in the left ear, whereupon complete bilateral deafness came on, and the right-side affection was attributed to the injury?—ED.] *Dundas Grant.*

**Scheibe, Arno** (Munich).—*A Case of Deaf-Mutism with Auditory Atrophy, and Anomalies of Development in the Membranous Labyrinth of both Ears.* "Arch. of Otol.," Jan., 1892.

A DEAF-MUTE, aged forty-seven, died of phthisis. The innermost convolution at the base of both temporal lobes showed some cystoid degeneration. The auditory nerves showed no sign of atrophy. There were a few fibrous bands between the incus and membrane, and round the stapes, but the ossicles were quite mobile. Considerable losses of nerve-fibres were observed in the convolutions of the cochlea. Reissner's membrane was much bulged into the scala vestibuli, and was at its outer extremity attached, not to the stria vascularis, but at the upper extremity of the ligamentum spirale. Corti's membrane was in its "rolled-up" embryonal condition. Among other abnormalities was atrophy of Corti's organ in which hyaloid bodies were present. In the vestibule and ampullæ there was less complete atrophy of the nerves. There was a large amount of pigment in the labyrinth. The atrophy was chiefly confined to the nerves of the cochlea, sacculus, and posterior ampulla, viz., the branches of the posterior ramus of the auditory nerve. There seems an absence of the signs of old inflammation which are so usually found in cases of deaf-mutism. *Dundas Grant.*

**Moos, Prof. S.** (Heidelberg).—*Further Examinations of the Labyrinths of Six Petrous Bones from Children who had died of Diphtheria.* "Arch. of Otol.," Jan., 1892.

MICROCOCCI and streptococci were freely distributed. There were thromboses in small veins and arteries similar to those found in animals subjected to the subcutaneous injection of staphylococcus pyogenes. Invasion of micrococci produced corrosion of the periosteum and necrosis of the osseous capsule most frequently in the semi-circular canals and ampullæ, less so in the aqueductus vestibuli. The marrow cavities were also invaded, and colloid degeneration sometimes produced. Coagulation necrosis occurred in the labyrinthine ligaments, the membranous semi-circular canals collapsed, accumulations of lymphoid cells, and commencing ossification were observed in the vestibular peri- and endolymphatic spaces. The nerves suffered through hæmorrhages and through direct mycotic degeneration, and the structures in the cochlear duct were altered through hæmorrhage and coagulation necrosis. It was notable that there was no tendency to reactive inflammation—suppuration.

*Dundas Grant.*

**Herroun, E. F., and Yeo, Gerald.**—*On the Audibility of Single Sound Waves, and the Number of Vibrations necessary to Produce a Tone.* "Proceedings of Royal Society," Jan. 21, 1892.

THE lowest number given by Helmholtz as capable of producing a tone is forty-one, and the authors accept that, but they hold that a lower number of vibrations are *audible*, founding on experiments made with tuning-forks and a phonautograph. To obtain single vibrations of very short duration (equivalent to the individual vibrations producing very high notes) a disc siren was used. Single puffs of a duration of as little as one-thousandth of a second were distinctly audible, producing when isolated a dull, monotonous sound. They conclude that each individual wave of the series causing a tone stimulates the terminals of the auditory nerve.

*Dundas Grant.*

**Rossi, Prof. E. de.**—*Inaugural Address at the Opening of the Twentieth Session of Instruction in Otology in the Royal University of Rome.* "Boll. delle Mal. dell' Orecchio, della Gola e del Naso," Jan., 1892.

IN opening formally the new premises in the department of Otology in the Hospital, he said :—

"You will do well, gentlemen, to endeavour to demonstrate the connection between otology and general medicine."

He began by saying that it was the study of political economy which first suggested to Milne Edwards the idea of a *physiological division of labour*. This principle, revealed by the study of industries, is applicable to the whole field of biology, and to its several branches. Applying the conception of the natural evolution of the intellect to the evolution of medicine, it appears evident that only then will the latter be complete when the physician shall have made each one of its branches an object of careful study, and shall treat as a whole the structure, functions, and diseases of each separate organ.

The lecturer then passed in review the progressive development of

medical instruction, showing how its field is enlarging, and how the study of otology should take a leading position in it.

He then commented upon the causes which had prevented, until quite recently, the creation of new branches of study, and spoke specially of the hostility shown towards otology. He proceeded to confute the contention that the sphere of otology was a restricted one, and that the results of treatment in diseases of the ear were less successful than in other organs. He then proceeded to sketch the rise and development of the various *cliniques* in otology which have been established in different scientific centres in Europe and America. He then spoke of the frequency of ear disease, saying that in his *clinique* he treated on an average six hundred cases annually, of whom about one-third were children below nine years of age. He then touched on the serious consequences which might follow neglect of treatment in ear disease, and mentioned the progress made of recent years in the medical and surgical treatment of ear cases. The lecturer finished by insisting on the importance of specialism in the science of medicine, and upon the vitality which such a method confers on medicine as a whole. *V. Grassi.*

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## ASSOCIATION MEETINGS.

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### THIRD LIVLANDIC AERZTETAG.

*Meeting, Sept. 10, 1891.*

VCS. *On Adenoid Vegetations.* Nothing new. *Michael*

### GESELLSCHAFT DER AERZTE IN BUDAPEST.

*Meetings, Feb. 27 and March 3, 1892.*

#### CONTINUATION OF THE DISCUSSION ON DIPHTHERIA.

HÖGYES believed that there are different forms of diphtheria, and that therefore the effects of the medicaments cannot be compared.

SZALARDY said that the mortality of the disease has diminished, as statistics prove. He treats it by sublimate.

MARCEL GLASER referred to a patent medicine, consisting of kali-chloride of iron and mercury, by which he has obtained good results.

ZURLLINGER recommended brushing with sublimate with a soft brush.

FLESH treats with cyanide of mercury internally; locally with chloroform water.

Prof. ARPAD BOKAI referred to a patent medicine called "anti-diphthericon," consisting of oleum cadini and other different medicaments; it is dangerous, and of no use.