Schmiegelow, E.—*Intubation of the Larynx in Cases of Acute and Chronic Stenosis.* "Hospitals Tidende," 1891, No. 51.

THE author has performed intubation in four cases of croup, the result being three deaths (in a child, aged eight, from acute paralysis of the heart; in a child, aged nine months, from the process descending, and in one, aged eleven months, from pneumonia), and one recovery in a child, aged three. He also performed intubation in eight cases of chronic stenosis, of which six were cases where there was difficulty in removing the tracheotomy tube, while one case was that of stenosis of the trachea, from tracheotomy performed in childhood, in a man, aged twenty-seven, and one case was aphonia spastica. He considers intubation indicated, (1) in cases of acute stenosis, due to œdema of the larynx; (2) in cases of acute stenosis from diphtheria, when there is no time for tracheotomy; or (3) when consent to this operation cannot be obtained; (4) in cases of paralysis of the abductors, or spasm of the adductors; (5) in cases of foreign bodies of the larynx, when there is no time for tracheotomy; (6) in cases of acute stenosis from thyroiditis; and (7) in all cases of chronic stenosis. He also thinks that intubation might be performed in every case of acute stenosis from diphtheria. *Holger Mygind.*

Wassermann, Melville (Paris).—*Answer to Tauber's (Warschau) Paper on Extirpation of the Larynx.* "Langenbeck's Archiv," Band 41; "Centralbl. für Chir.," 1892, No. 24.

POLEMICAL article. *Michael.*

Wolf, Julius (Berlin).—*On a Case of Total Extirpation of the Larynx.* "Berl. Klin. Woch.," 1892, No. 21.

SEE report of the meeting of the Berliner Medicinische Gesellschaft, of January 13th, 1892. *Michael.*

Clegg, W. S.—*Tracheotomy in an Infant four days old.* "Brit. Med. Journ.," Jan. 9, 1892.

THE obstruction to breathing was found due to a large nævoid mass under the tongue, lifting this up and pressing it backwards so as to obstruct respiration. The child survived two days. The author makes some important observations on operating at such an early age.

William Robertson.

EAR.

Cousins, J. W. (Portsmouth).—*Improved Method of Examining the Auditory Canal and Membrana Tympani.* "Brit. Med. Journ." (illustrated), Jan. 16, 1892.

THE improvement referred to rests in the reflector being fitted to the aural speculum along with a convex lens, also fitted to speculum, the latter to aid further clearness, and a head-rest for patient. A questionable addition of apparatus, especially where operation requires to be carried on at the same time. *William Robertson.*

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Nothers, J. J. (Düsseldorf).—*Traumatic Perforations of the Membrana Tympani.* "Zeitschrift für Ohrenheilk.," April, 1892.

OUT of eight thousand nine hundred patients suffering from disease of the ears, forty-two had traumatic rupture of the membrane. Direct perforation (instrument, ear-scoop, match, &c.) occurred in eight of these; ndirect (slap, nineteen times; discharge of fire-arms, seven times; fall, five times; politzerization, twice) in thirty-three. The situation of the rupture was, in the direct cases, in the posterior part. In the indirect it varied, and affected the portion of the membrane which was thinned by previous disease, if any. In previously normal drums the indirect ruptures occurred far most frequently in the anterior half. This is probably due to the greater tension of the portion in front of the manubrium. The ruptures in this region gape more than those in the posterior segment. Inflammatory reaction occurred in all the direct ruptures, but only in twelve of the other thirty-four. In six of these inflammatory cases water or oil had been instilled. The hearing power was lowered in all cases except one, and in general returned to a great extent. In only eighteen was the final result observed, and in thirteen of these the hearing was completely restored. Before healing, the defect in hearing was chiefly confined to the lower tones in the scale, air-conduction was diminished, bone-conduction increased, showing lesion of the conducting apparatus (increased tension from contraction of the tensor tympani unopposed by the fibres of the membrane), and preservation of the labyrinth. [This paper indicates the hopefulness of such cases in the absence of *nimis diligentiæ*.—ED.] *Dundas Grant.*

Clark, E. S.—*A Case of Injury to the Ear by a Stroke of Lightning, with Perforation of the Membrana Tympani.* "Archiv. of Otol.," Vol. XXI., No. 1.

IN this case the patient, a man aged thirty-four, while riding in a buggy with his wife and child, was struck by lightning upon the left side of the head, the current passing down the ear, along the neck and breast to the right arm, and so out into the metal work of the buggy. Ever since the accident he had been troubled with deafness and tinnitus. On examination, nine months after the accident, the hearing power was found to be c/100. Auricle and external meatus normal. Membrana tympani congested and thickened. In the lower segment of the membrane a perforation, 1·5 millimètres in diameter, was found, the edges thicker and more congested than the surrounding parts. After careful cleansing, dry boracic powder was applied. After a course of a few weeks' treatment, the perforation became completely cicatrized and the hearing much improved. In this case the author says that the drumhead may have been ruptured by (1) the direct stroke of lightning; (2) the actual cauterization of the entire surface of the external meatus and drumhead, followed by suppuration, this afterwards penetrating into the middle ear.

W. Milligan.

Dench, E. B. (New York).—*Some Suggestions concerning the Prognosis and Treatment of Chronic Non-Suppurative Inflammation of the Middle Ear.* "Arch. of Otol.," April, 1892.

DENCH impresses the necessity of endeavouring to prevent exacerbations even in cases in which we can offer no hope of improvement, especially

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by hygienic care and naso-pharyngeal medication. He attaches great prognostic value to the results of Rinne's experiment practised with five tuning-forks, each differing by one octave from the one above and below it (*vide* JOURNAL OF LARYNGOLOGY for March, 1892, p. 126), not merely before, but also immediately after inflation of the middle ear. The duration of the disease and the age of the patient also influence the prognosis, but in elderly people allowance has to be made for physiological "presbykousis," viz., the condition met with in people beyond middle life, in which the functional activity of the auditory nerve is to an extent impaired, particularly in reference to the perception of sound by bone-conduction. Bone-conduction in such subjects is not relatively increased in middle-ear catarrh to such an extent as in youth, and we are cautioned therefore against too readily making a diagnosis of nerve-deafness and neglecting treatment of the conducting apparatus. In general, the diagnosis of secondary involvement of the internal ear depends upon complete failure to perceive certain notes of the scale, and also upon an "absolute shortening of bone-conduction."

In regard to treatment, Dench recommends thorough adoption of the appropriate treatment in case of the gouty or rheumatic diathesis, and, in the absence of these, pilocarpin, especially if there is the least evidence of involvement of the receptive apparatus. Applications to the naso- and oro-pharynx, surgical removal of obstructive lesions, such as enlarged pharyngeal or faucial tonsils, deformities of the septum and hypertrophic rhinitis, inflation per tubam with air or medicated vapour, astringent application to the mouth or whole length of the tube, Eustachian bougies, systematic exercise by means of a conversation tube, are all to be tried. If these fail, Dench advises surgical procedure—myringotomy and irrigation, synechotomy, tenotomy of the tensor, permanent retention of the perforation. If simple myringotomy does not improve the hearing, there is no question in his mind as to the advisability of removing the membrana, malleus, and incus. With a movable stapes as little membrane as possible should be excised when extracting malleus and incus, and a union between the membrane and the head of the stapes should be encouraged. When the motions of the stapes are not free its mobilization should be attempted. The removal of the stapes may in the future become practicable. He specially recalls Cholewa's statement that surgical interference upon one ear frequently benefits the ear of the opposite side, and that operation on the worse ear may therefore have an important application. In conclusion, the writer trusts that his readers will not consider that the preparation of this paper has consisted in a collation from literature of every conceivable form of treatment of the disease under consideration. "With scarcely an exception, I have made "a thorough trial of all the means suggested here, and my opinions are "based on the results obtained. With reference to surgical interference, "I can truly say that in no case have I ever seen a bad result follow any "of the operations, either immediately or subsequently, and in nearly all "there has been a certain amount of improvement, either in diminishing "the tinnitus or improving the hearing." [An analysis of a number of cases treated by these active measures, with details as to duration,

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result of previous treatment, and the immediate and permanent effect of intra-tympanic surgical interference, would have been far more convincing than these statements, differing, as they do, from the conclusions arrived at by other observers of repute, and we would urge great caution on the part of those who may be sanguine enough to anticipate similar results.]

Dundas Grant.

Blake, Clarence J. (Boston).—*Mechanical Treatment of Tension Anomalies.* "Arch. of Otol.," April, 1892.

IN certain cases (recognizable chiefly in trained musicians) Blake has attributed the symptoms to a relaxed condition of the tympanic apparatus —tensor tympani, malleo-incudal capsular ligaments, etc. The chief symptom was loss of appreciation of the higher tones, such as the upper partials—harmonics—which impart *timbre* to the voice or instrumental sound in all the scale, and the fundamental tones themselves when high in the scale. A violinist, for instance, found that his violin sounded dull to his left ear, and a lady singer got flat on F and F sharp in her upper register. In both patients the outward excursion of the membrane as a whole under Valsalva was exaggerated, and in the lady there was also local relaxation of the posterior segment. Inflation removed the symptom for the moment, and a more permanent effect was produced by the introduction of a strip of india-rubber, three millimètres wide and twelve millimètres long, so placed that the middle of the strip pressed on the processus brevis, while the extremities hitched upon the anterior and posterior walls of the meatus respectively. In a case of circulatory tinnitus, with relaxation, Blake gave relief by the use of the india-rubber strip. He attributes this to counteracting the injurious effect of relaxation of the sound-transmitting apparatus upon the transmission of sound from within outwards. [This communication ought to awaken interest in an abnormality which deserves more attention than it has hitherto received.—ED.] *Dundas Grant.*

Scheibe, Arno (Munich).—*On the Pathogenesis of Serous Transudation into the Middle Ear in Eustachian Closure.* "Zeitschrift für Ohrenheilkunde," April, 1892.

THE negative pressure in the middle ear resulting from closure of the Eustachian tube, leads to the simple indrawing of the membrane with its characteristic features. A continuance of the condition is followed by dilatation of the blood-vessels and exudation of serum, along with a few corpuscles. The appearance of fluid in the tympanum may then be recognized. Scheibe examined the fluid in seven cases, with the following antiseptic precautions :—The meatus was syringed out three or four times with a four per cent. solution of carbolic acid, which was left therein for about five minutes. It was then thoroughly dried out with sterile wool through a sterilized speculum. Under such circumstances there was in no case a cultivation obtained, except in one instance in which horny epithelium from the meatus was introduced. Showing the efficacy of the cultivation arrangements, control inoculations of other bacteria gave positive results. From such cases are to be carefully distinguished those

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of acute, sub-acute, and purulent otitis, in which micro-organisms abound. *Dundas Grant.*

Gradle, H. (Chicago).—*On the Significance of the Odour of the Discharge in the Treatment of Chronic Suppurative Otitis; with Comments on Treatment.* "Arch. of Otol.," April, 1892.

GRADLE offers the following conclusions as the result of his experience:—

As long as the pus of otorrhœa smells fœtid, the treatment employed has exerted no curative influence on the disease; and conversely,

The first sign of curative influence of any treatment upon the course of an otorrhœa is its effect upon the odour of the discharge.

He holds that only stagnant pus is fœtid, and that complete cleansing ought to remove the fœtor in uncomplicated cases. Should thorough syringing per meatum, inflation per tubam, and boric and salicylic insufflation not be followed by removal of the fœtor within two days, something more has to be done. He then washes out the tympanum by means of Hartmann's canula, a hypodermic needle tube, or less frequently by Eustachian injections. The removal of pus and cholesteatomatous fragments by the intra-tympanic syringe is often followed by disappearance of fœtor—the harbinger of cure. Polypi and granulations *may* disappear without surgical interference if the odour is capable of being kept down by irrigation and antiseptic insufflations. Similar conditions would justify non-interference with exostoses and caries of the walls or ossicles. In cases of caries the fœtor may sometimes be successfully combated by the instillation of a five per cent. solution of concentrated hydrochloric acid for about fifteen minutes on several consecutive days. Where watery fluids fail to enter all the crevices, alcohol or alcohol with ether may succeed, and an alcoholic ethereal solution of iodoform (with a little salicylic acid) may deodorize pus not otherwise reached. This may be injected by means of a tympanic canula, the pain being relieved by the previous application of cocaine. He finds this more efficacious if the meatus is afterwards filled with antiseptic glycerine and plugged with cotton. He would not consent to any resection of carious ossicles until both hydrochloric acid and iodoform solution, followed by carbolated glycerine, had been thoroughly tried. In case of fistulæ in Shrapnell's membrane, crusts must be removed, the opening enlarged if necessary, and a fine canula introduced for cleansing purposes. The iodoform solution and antiseptic glycerine are useful in these cases. If all these means fail in reducing the fœtor the mastoid cells are most probably at fault.

In all cases of fœtid otorrhœa rendered odourless by treatment, Gradle would promise a cure. In cases of odourless otorrhœa he is more doubtful, such as some non-fœtid cases of Shrapnellian perforation and of tuberculosis. Finally, an otorrhœa may be intractable until naso-pharyngeal disease is cured. *Dundas Grant.*

Schmiegelow, E.—*Contribution to the Surgical Treatment of Suppuration of the Middle Ear, especially in regard to Suppuration of the Tympanic Attic.* "Ugeskrift for Laeger," 1892, Nos. 22-24.

THIS article gives first a survey of our present knowledge of the suppurative inflammations of the tympanic attic (recessus epitympanicus)

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showing themselves by perforation of the membrane of Shrapnell. As to the frequency of this class of middle-ear disease, Schmiegelow states that he has found perforation of the membrane of Shrapnell in six out of 384, *i.e.*, 1·6 per cent. of acute suppurative inflammations of the middle ear, and in 54 out of 929, *i.e.*, in 5·8 per cent. of chronic suppurative inflammation. Dividing, however, the latter group of cases into two, viz., those concerning private patients, and those concerning outdoor patients of a hospital, the percentage is respectively 13·5 and 2·6, a circumstance which is easily explained by the fact that private patients are examined more minutely and observed for a longer period. In 75 per cent. of the cases observed by Schmiegelow air did not pass from the Eustachian tube through the perforation of the membrane of Shrapnell. The author next mentions the different methods of treatment, all of which have the object of producing free exit of the pus from the attic. He quotes twenty cases where excision of the drumhead, with subsequent removal of the malleus or the incus, or both, was performed, the result being in nine cases complete recovery, in eight amelioration, while in two cases the operation was without influence, and in one the result was unknown. In the cases where recovery took place, this happened from three weeks to ten months after the operation. The condition of the removed ossicula was as follows :—The malleus was fourteen times the seat of caries, while it was healthy in two cases, and in two other cases the case book did not mention the state. In one case the manubrium only was removed on account of its fracture during the operation. The incus was removed altogether in four cases, and was found in all these to be the seat of caries. In three of these cases it was removed together with the malleus ; in one case it was the only ossiculum removed. *Holger Mygind.*

Scheibe, Arno (Munich).—*On the Exciting Causes (bacterial) of Bone Disease in the Mastoid Process in the course of Acute Genuine (primary) Middle Ear Inflammation, and especially the Diplococcus Pneumoniæ.* "Zeitschrift für Ohrenheilk.," April, 1892.

SIXTEEN cases of primary acute median otitis, unconnected with measles, scarlatina, or diphtheria, and complicated with mastoid bone disease, were bacterioscopically investigated. In nine of these the diplococcus pneumoniæ was found, in five the streptococcus pyogenes albus (one with staphylococcus), in one staphylococcus, and in one undetermined cocci without capsules. The frequency of the occurrence of the diplococcus pneumoniæ (9 out of 16 = 56 per cent.), as compared with its relative infrequency in cases uncomplicated with disease of the mastoid bone, is remarkable. In thirteen cases not thus complicated, it was found in two (2 out of 13 = 15 per cent.) The other micrococci were found with nearly equal frequency in both the complicated and uncomplicated cases. He considers that there is, therefore, a causal relation between the diplococcus and mastoid complications. *Dundas Grant.*

Guye, Prof. (Amsterdam).—*Two Cases of Bezold's Form of Perforation of the Mastoid Antrum.* "Zeitschrift für Ohrenheilk.," April, 1892.

THIS consists in perforation through the median aspect of the mastoid process, and escape of pus into the deeper parts of the neck between the

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layers of fascia in different directions—as, for example, into the retro-pharyngeal connective tissue. Bezold produced this experimentally on the cadaver ("Deutsche Med. Woch.," 1881, No. 28), and Moos ("Zeit. für Ohrenheilk.," 1890, page 47), Kiesselbach (*ibid.*, 1891, page 114), Gorham Bacon (*ibid.*, 1891, page 63), Politzer (Text-book), Hartmann (Text-book), Cholewa ("Deutsche Med. Woch.," 1888, No. 49), and Kirchner (Text-book), described cases.

Professor Guye brings forward several cases. In one there was extensive swelling under the mastoid process, and Guye observed that when he pressed this swelling pus welled up through a bony fistula in the posterior wall of the meatus. A counter opening was made at the anterior border of the sterno-mastoid, and with drainage healing took place. In a second case, after long delay (during which the patient was under treatment by a quack), the mastoid was opened, a swelling underneath was found to communicate with it, as also did a retro-pharyngeal abscess which formed later on.

Bezold's recommendation to open the antrum, break through the median wall and push a drainage-tube into the deep abscess, does not find favour with Guye, who prefers, having opened the antrum, to wait for the abscess in its development to indicate for itself the best position for a counter opening. [Many of those who are not familiar with this form of burrowing of pus will recollect cases, put down probably as cervical cellulitis, for which it offers the only ready explanation.—ED.]

Dundas Grant.

Milligan (Manchester).—*Meningitis following Chronic Suppurative Middle-Ear Disease.* "Brit. Med. Journ.," Jan. 2, 1892.

IN this case, a boy, aged seven years, there was otorrhœa from infancy, and, when examined, aural polypus with necrosis of posterior meatal wall with a sinus leading into mastoid cells; pain over mastoid; temperature 102, with severe cerebral symptoms. The rule to operate first on the mastoid was followed, and pus found and evacuated. Death followed in ten hours. Confirmed by *post-mortem* as due to meningitis, the brain was seen floating on pus. Reference was made to the various channels by which infection can be carried from the middle ear and neighbourhood to the brain, and pointing out in this case that the channel was along the sheath of the auditory nerve. *William Robertson.*

Moos, S. (Heidelberg).—*Histological Examination of the Temporal Bones of a Girl who died of Meningitis after being Deaf for Three Years through Scarlet Fever.* "Zeitschrift für Ohrenheilk.," April, 1892.

THE child, aged twelve years, had otorrhœa with deafness and unsteadiness of gait, and occasional pain ever after the scarlet fever. The meningitis affected both base and convexity of the brain with hydrocephalus internus. There were disseminated tubercles in the lungs, spleen and kidneys.

In both bones the tegmen tympani was thickened, the malleus and incus absent (the stapes dislocated in one), the membranes were almost entirely destroyed, and there was epidermoid extension from the lower border of the perforation to the inner wall of the tympanum.

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The following were the changes attributable to the scarlatinal otitis :—the destruction of the membrane, and the exfoliation and dislocation of ossicles, spots of necrosis, degeneration of intrinsic muscles, epidermoid and atrophic changes in the mucous membrane. Also the following lesions in the labyrinth : osseous neoplasia in the cochlea, especially the first convolution, with destruction of the ductus cochlearis, and destruction of the spiral ganglion, fibrous and osseous changes in the semicircular canals.

Connected with the fatal disease were : fresh purulent inflammation in the niches of the fenestræ, recent necrosis in the facial canal and the borders of the fenestra ovalis, the bilateral necrosis of the osseous capsule of the cochlea, inflammatory changes in the vestibular apparatus, extensive destruction of the acoustic and part of the facial nerves from inflammatory and hæmorrhagic lesions. The bilateral necrosis extending from the internal auditory meatus to the outer wall of the labyrinth, produced the secondary disease of the middle ear.

Moos thinks the meningitis was probably secondary. He found micrococci in the nerve-bundles in the internal meatus, etc., but no tubercle-bacilli. This laborious paper is accompanied by some beautiful microscopical drawings. *Dundas Grant.*

Heineman, H. M. (New York).—*Abscess of the Brain following Otitis Media.* "Med. Rec.," April 23, 1892.

AN intemperate man, aged twenty-one, exposed to cold and privation, had recurrent otorrhœa since scarlet fever at eight years of age. A month before admission the ear began to discharge, and a week later the man had an epileptiform seizure. He continued delirious and violent. As there was only slight mastoid tenderness, normal temperature, and no indications for immediate operation, nothing was done beyond irrigation. He died suddenly two days after admission. There was found a large abscess between dura and pia mater, which had destroyed most of the cerebellum, but there was no evidence of caries of the temporal bone. The writer considers that "such a history of discharge from the ear, "either constant or intermittent, associated with the slightest cerebral "symptoms, even if not accompanied by an œdema of the mastoid region, "furnishes sufficient grounds for immediate operation." *Dundas Grant.*

Truckenbrod, C. (Hamburg).—*Cerebral Abscess after Otitis Media, healed by Operation.* "Arch. of Otol," April, 1892.

A MAN of fifty-four had a left median otitis of not long though somewhat doubtful duration. In about a month he became affected with violent temporal pain without vomiting, anæsthesia or visual disturbance. This was soon followed by slight paralysis of the right facial, aphasia, apathy anarithmia, dyslexia, and paresis of the right arm. His temperature was not higher than 100° or 101° ; his eyes—fundi, pupils, etc.—normal. The diagnosis between cerebral abscess, meningitis and epidural suppuration was in favour of cerebral abscess. Professor Schede was called in and proceeded to operate at once. He first opened the mastoid, where no disease beyond former ostitis was found. The tegmen, which was sound, was chiselled through, exposing the dura. This was divided and the

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brain laid bare. The brain was tense and did not pulsate. An exploratory needle was inserted, and some bright fluid and pus drawn off. The opening was enlarged and a tube was inserted. Recovery soon took place.

Two other similar cases are briefly narrated in which, unfortunately, the same successful results did not follow. The writer does not place before us the points in the nature of the cases or in the treatment to which he attributed the difference of the results. In one there escaped a great deal of cerebro-spinal fluid with the pus, the bone was replaced, and there is no mention of the mode of drainage employed after the introduction of iodoform into the abscess cavity. In the other it is stated there is narrated an interference with breathing, and an extension of the disease in one lobe of the cerebellum across the middle line. Such a disturbance with the vital function of respiration would, we take it, point to subtentorial, cerebellar mischief, and would seriously affect the prognosis.

Dundas Grant.

Church, Archibald (Chicago). *The Vertigo of Arterio-Sclerosis.* "Med. Rec.," June 11, 1892.

THE vertigo is often attributed to dietetic errors and to various stomach disorders. It can be occasioned by suddenly rising from a recumbent position, and is often accompanied by staggering and temporary aphasia, but not, in the writer's experience, by actual loss of consciousness. It is important to recognize the cause of the symptom early, as the condition may eventuate in cerebral hæmorrhage. It has to be diagnosed from Ménière's disease and aural vertigo. The treatment which was found to give the best results was iodide of potassium in doses of from thirty to ninety grains daily. The relief afforded by amyl nitrite and nitro-glycerin was only temporary, and did not compensate for the disagreeable effects of these drugs. *Dundas Grant.*

Miller, R. Shalders (London).—*Acquired Deaf-mutism.* "Lancet," June 4, 1892.

THE writer mentions two cases in which adults, supposed to be deaf-mutes, recovered a certain amount of hearing-power without treatment. He describes, also, the cases of two children in which the ordinary treatment for middle-ear inflammation effected an improvement, in one very great, in the other slight. He assumes that in these cases the deaf-mutism was acquired, but that in another case in which curative treatment was unavailing it was congenital. [The paper hardly proves the acquired as distinguished from the congenital nature of the affliction in these cases, but it proves the relative curability and encourages the practitioner in the thorough use of oto-therapeutical means before condemning patients to a life of deaf-mutism.] *Dundas Grant.*

Toeplitz, Max (New York).—*A Case of Primary Labyrinth Necrosis with Facial Paralysis.* "Arch. of Otol.," April, 1892.

A CHILD of six and a half years had scarlatina with otitis in April, 1889. Nine weeks later she was found to have left facial paralysis, aural polypi, and caries of the promontory. Numerous polypi were removed, but

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continually recurred. In June, 1891, a sequestrum was felt in the meatus. On July 9th half the cochlea was removed, and on August 6th the other half. The polypi then disappeared. The electric examination gave hope of recovery from the facial paralysis. The tympanic cavity was soon covered with a delicate cicatrix. Toeplitz considers it a case of primary disease of the labyrinth. The youth of the patient made hearing tests uncertain, but she stated that she heard both the high and the low tuning-fork through air-conduction as well as bone-conduction, and that the tuning-fork on the *right* mastoid process was heard *in the left ear* only. *Dundas Grant.*

Uchermann, V. (Christiania).—*Anatomical Conditions found in a Case of Deaf-Mutism from Scarlatina.* "Zeitschrift für Ohrenheilk.," April, 1892.

THE subject died of tuberculosis at the age of eighteen. When two and a half years old he had scarlatina, which was followed by deaf-mutism. Dissection of the right ear revealed a normal condition of the meatus, membrane, and ossicles. The stapes was fixed, the membrana rotunda ossified, and the labyrinth almost untraceable from fibrous and osseous inflammatory changes. In the left ear there was much pus, the membrane was perforated, the ossicles all mobile, the membrana rotunda ossified, the labyrinth and auditory nerve apparently normal. The brain was normal, with the exception of shrinking of the left upper temporal and Broca's convolutions. The disease seems to have primarily affected the left middle ear and the right labyrinth. In most instances scarlatinal otitis arises by extension from the naso-pharynx, and the labyrinth is only secondarily involved. There are, however, cases in which deafness comes on in scarlatina without any apparent affection of the middle ear—normal or only slightly dimmed membrane, mobility of the malleus and "positive" Rinne. There may be invasion of micro-organisms into the labyrinth through blood- or lymph-channels or through the aquæductus cochleæ from the sub-arachnoid space, or even by intervention of the lymphatics into the endo-lymphatic space through the subdural space and aqueduct of the vestibule. The tendency to infiltration of the Haversian canals and medullary spaces, and to the formation of new bone from periosteal hyperplasia, is well marked in otitis, following scarlatina, measles, and cerebro-spinal meningitis. All "mycotic" infections are probably capable in the same way of leading to labyrinthine inflammation and deafness. Uchermann has found it follow varicella, rubeola, pneumonia, pertussis, and possibly acute eczema. The wasting of the hearing centres in the cerebral cortex he attributes to the atrophy of inactivity. The complete destruction of the right labyrinth in correspondence to the wasting of the left centre supports Munk's views as to the crossing of the acoustic nerve fibres. *Dundas Grant.*

Ferreri, Gherardo (Rome).—*Sull' uso della Fluoroglucina nella Decalcificazione del Labirinto.* ("On the use of Phoroglucin in the Decalcification of the Labyrinth.") Innocenzo Artero, Rome, 1892.

PHOROGLUCIN, a derivative of resorcin, was first recommended for decalcifying purposes by Haug, of Munich ("Centralblatt für Allgemeine

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Pathologie und Pathologische Anatomie," No. 5, 1891). Ferreri decalcifies the petrous bone in the following way. The bone is freed from the adhering soft parts and is plunged for fifteen minutes in Mingazzini's fixing liquid—perchloride of mercury, two parts; absolute alcohol, one part; acetic acid, one part—and next washed in distilled water. It is then placed in the decalcifying fluid at the temperature of the room, the fluid being renewed every week. In thirty or forty days the decalcification is complete. The decalcifying liquid is thus made :—A gramme of phoroglucin is dissolved with the aid of heat in a hundred grammes of distilled water and ten grammes of hydrochloric acid. When the solution is complete the fluid is moved away from the flame, and when it is cold is mixed with two hundred grammes of alcohol at 70°. The petrous bone having been decalcified is washed in alcohol at 70° until there is no longer an acid reaction, when it is placed in absolute alcohol. In two or three days it is put into a solution of celloidin of the consistency of ordinary collodion. It may with advantage have been previously placed in a mixture of ether and alcohol in equal proportions. In order that the celloidin may penetrate thoroughly, it is well that the preparation should lie in a wide-mouthed bottle for from eight to fourteen days, or even longer. The preparation can then be kept indefinitely in alcohol at 70°, and may be cut at convenience. *Dundas Grant.*

Allport, Frank (Minnesota.)—*Some new Ear Instruments, with Remarks on the Treatment of Chronic Purulent Inflammation of the Middle Ear.* "Med. Rec.," May 28, 1892.

THE "Mastoid Retracting Speculum" is very little different from Barth's mastoid retractor, with which we have been familiar for a considerable time. Its use is, of course, for holding apart the lips of the wound during the operation of opening the mastoid antrum. The "Round-pointed Ear Hook" is a fine probe with a rounded point, bent at right angles for about three millimètres. With it he searches—as we all do—for carious spots or necrosed bone. He finds it useful in the removal of the malleus or incus. Another instrument he recommends is a "Smooth Ear Curette," a smooth wire loop on a delicate handle, and he employs it for aiding in the clearing of the meatus and middle ear from foreign substances. *Dundas Grant.*

Dench, E. B. (New York).—*Two New Aural Instruments.* "Arch. of Otol.," April, 1892.

A SMALL wide-mouthed bottle containing a sponge (for saturation with a volatile fluid) has a stopper through which pass two tubes. One of these is connected with an inflating bulb and the other with a plug tip for the Eustachian catheter by means of flexible tubes. By turning the thumb-plate of the stopper the current of air may be directed either straight from one tube to the other, or through the bottle so as to pick up the medicated vapour. The other instrument is a Eustachian bougie. It consists of a silver Eustachian catheter, on the convex surface of which are several guides, through which passes the shaft of a bulbous bougie made of German silver. The proximal extremity is graduated, so that the length

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of bougie in the Eustachian tube can be gauged. There are bougies with various sized bulbs, and for them may be substituted cotton-wool holders by which medicated applications may be made inside the lumen of the Eustachian tube. *Dundas Grant.*

ASSOCIATION MEETINGS.

BRITISH MEDICAL ASSOCIATION.

Sixtieth Annual Meeting, Nottingham, 26th, 27th, 28th, and 29th July, 1892.

Section J.—LARYNGOLOGY.

President—R. A. HAYES, M.D., Dublin.

Vice-Presidents { DONALD STEWART, M.D., Nottingham. T. MARK HOVELL, F.R.C.S.Ed., London.

Hon. Secretaries { JOHN MACINTYRE, M.B., Glasgow. D. R. PATERSON, M.D., Cardiff.

THERE were two discussions, one demonstration, and fourteen papers; instruments were shown, and a large number of microscopic specimens and drawings exhibited. The following gentlemen, amongst others, took part in the work :—Messrs. Thomas Barr, Adolph Bronner, Lennox Browne, Mayo Collier, Richard Ellis, J. Dundas Grant, Prof. Gruber (Vienna), Wm. Hill, T. Mark Hovell, John M. Hunt, John Macintyre, H. A. Reeves, Wm. Robertson, Arthur Sandford, Prof. von Schrötter (Vienna), Scanes Spicer, Donald Stewart, Charles Warden, and Watson P. Williams.

Wednesday, July 27th.

The President thanked the members for the honour which had been conferred upon him, and said he looked upon his appointment as a recognition of the work done by his countrymen more than of any merit of his own. There was one point, however, to which he would like to call attention, viz., the present aspect of specialism in this department. With regard to the tendencies to local and particularly to surgical interference he was quite sure that a great deal of good work was being done, but it occurred to him that a word of warning from the presidential chair might be useful if not misunderstood, and he had a feeling that constitutional treatment might be overlooked were we not to guard against error. Further, it was possible that too severe local treatment might be injudicious in some cases, and was probably appealed to unnecessarily. He was quite sure the section would fully understand that he by no means wished to say anything against surgical procedure where it was necessary.

The Etiology, Pathology and Treatment of Nasal Neuroses, introduced by DONALD STEWART, M.D., and ADOLPH BRONNER, M.D.

Dr. STEWART said :—

First let me compare nasal neuroses to general neuroses. General neuroses are accepted on all hands. The neuroses treated by the

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