nests of epithelial cells, many of which included "pearl bodies." It was considered that the process of degeneration had not extended over more than from three to four months. The author remarks, "There seems "little doubt that an injury of the vocal cord sustained during a paroxysm "of coughing occasioned the benignant growth which later suffered degeneration." The author also remarks that the moral to be derived is that "safety only lies in the earliest possible removal of all tumours, whether benign or malignant." [This case will be read with interest in the light of a recent controversy anent the degeneration of benign into malignant neoplasms.—W. M.] *W. Milligan.*

Stolper.—*Dyspnœa in Chronic Pneumonia and Purulent Bronchitis.* Schlesische Gesellschaft für vaterländische Cultur in Breslau. Meeting, Dec. 8, 1893.

EXHIBITION of specimens from a patient, forty-three years old, who died with marked dyspnœa in chronic pneumonia and purulent bronchitis. There were chronic syphilitic manifestations in the nose, liver and testicles. In the stomach were found five true gummous ulcers situated near the cardiac orifice in the greater curvature. In the *trachea a very severe stenosis*, situated so deeply that it was not possible to see it during life. *Michael.*

EARS.

McFarlane, Murray (Toronto). — *The Phonograph for Deafness.* "Canada Lancet," May, 1892.

SPECIALLY prepared wax cylinders are used in which depressions have been made at intervals by means of a stylus, the result of each depression being a sound shock of varying intensity according to the depth of the mark made and the number of revolutions made by the cylinder. Thus the sound is intrinsic and not derived from outside sources. It acts by focussing the rhythmic sound-shocks upon the membrana tympani; acting as a massage to the aural conducting apparatus, breaking down recent adhesions. The author quotes several instances in which the use of the phonograph afforded considerable relief. The investigation is, however, still in the experimental stage. *George W. Major.*

Abbot, G. E.—*Ear Cotton* (*Salmon coloured*). "Med. Rec.," June 23, 1894.

THE author has had made for him by Messrs. Dennison & Co., New York, some salmon-coloured absorbent cotton, which he says is so nearly the colour of the auricle that it is difficult to perceive it in the ear. In cases in which cotton-wool has to be worn so as to protect an exposed mucous membrane, and as a means of absorbing putrid discharges, the author recommends this particular cotton, which he says "comforts the patient who knows that she is not attracting repulsive pity from the public." *W. Milligan.*

Jackson, Hughlings (London).—*Cerebral Paroxysms* (*Epileptic Seizures*), *with an Auditory Warning. In slight Seizures the special Imperfections called "Word-Deafness"* (*Wernicke*) *and "Word-Blindness"* (*Kussmaul*); *Inability to Speak and Spectral Words* (*Auditory and Visual*). "Lancet" ("Neurological Fragments"), Aug. 4, 1894, page 252.

A CASE of epilepsy with auditory aura. In the slighter attacks, although able to hear and see, he lost understanding of words, whether spoken or written, was unable to utter words intelligible to himself, and frequently had before his mind a kind of "spectral" conversation, from which he could towards the end of the attack clearly pick out and recall some gibberish "words," such as "cluanly," "luantez," "owlu," etc. For the present Dr. Jackson refrains from an attempt to analyze the symptomatology of this complicated case. [The abstractor has observed the occurrence of such "spectral" meaningless words during nitrous oxide anæsthesia.] *Dundas Grant.*

Burnett, C. H.—*Three Cases of Chronic Tinnitus Aurium and Tympanic Vertigo relieved by Removal of the Incus.* "Med. News," April 28, 1894.

THE first case was one of sclerotic catarrh, and both incudes were removed; the vertigo was completely cured and the tinnitus much lessened, and the hearing was markedly improved in one ear. The remaining cases were of the so-called "traumatic otitis." In the first of these unsteadiness of gait was present in addition. This was cured by removal of the incus from the injured side, and the other symptoms were much improved. The second presented the same symptoms as the first, and was entirely cured. The author has removed the membrane and malleus in seven cases for vertigo with one failure (a case of traumatic otitis media), and in eleven cases the incus has been removed. Of these, once the stapes, and once its crura were removed likewise. Ten were cured, and one, a neurotic subject, was unrelieved. *R. Lake.*

Hammond, L. J.—*Three Cases of Attic Suppuration in which Operation was followed by Facial Paralysis* (*Bell's Palsy*). "Med. News," May 26, 1894.

THE author records the three cases in the hope of learning from others how far it is possible to avoid this complication, which, he remarks, owing to the anatomy of the parts, is unquestionably a condition likely to occur. In the three cases the patients had had careful local treatment applied for considerable periods before operation was resorted to.

In the first case the patient, a male, aged thirty-two, had had left-sided suppuration from the left middle ear for upwards of twenty years. The upper part of the left membrane was destroyed, and the probe passed readily into the "atticus." The remains of the membrane, the malleus (of which only a portion of the body remained) and the incus were removed. The cavity of the middle ear was then carefully curetted, and a portion of the upper posterior roof of the canal chiselled away. Thirty-six hours after the operation a marked paralysis was noted upon the left side of the face, involving the eyelids and the brow. The paralysis subsided in six weeks, and suppuration had entirely ceased in eight weeks.

In the second case the patient, a female, aged twenty, had had right-sided suppurative middle-ear disease for fourteen years. The "attic"

was found full of granulation tissue, and the head of the malleus carious. The membrane, malleus and incus were removed. The entire cavity was carefully curetted. Facial paralysis appeared upon the third day after the operation, and continued for about seven weeks. The discharge ceased entirely by the end of the tenth week.

In the third case the patient, a female, aged thirty-four, had had suppuration from the left ear for thirteen years. The probe passed easily up into the attic, and cleansing brought down large quantities of necrotic tissue, black and very fœtid. She complained of severe vertigo and tinnitus. The malleus was removed, as also the remaining portions of the membrane. The incus could not be found. In addition, a portion of the posterior part of the roof of the canal was chiselled away. Paralysis was noticed in this case before the patient had recovered from the anæsthetic. In this case treatment has somewhat improved the paralytic condition, but up to the time of reporting had by no means cured it.

W. Milligan.

Buck, A. H.—*A Case of Acute Inflammation of the Middle Ear, terminating in Purulent Periphlebitis of the Lateral Sinus—Operation—Recovery.* "Med. Rec.," June 30, 1894.

THE patient, a strong and healthy man, aged fifty-four, consulted the author for the relief of pain in the left ear. For several days previously he had been suffering from a cold in the head, brought on by exposure. The membrana tympani was found, especially in its upper half, markedly congested. There was also accompanying naso-pharyngeal catarrh. The following day the pain was found to have been hardly relieved at all by any of the remedies prescribed. As the middle ear was seen to be full of secretion, a long crescentic incision was made in the posterior half of the membrane, affording a free outlet to the pent-up blood-stained serum. The paracentesis afforded a certain amount of relief, but on account of the rapid healing, and the consequent return of pain, it had to be repeated several times.

A few days after this, tenderness was complained of behind the ear, and leeches were ordered. As only slight relief followed, a Wilde's incision was made, followed by the introduction of a seton. After the seton had been in place for four or five days the patient had a sharp chill, which the author considered due to retention of pus in the seton-channel. The patient's condition not having improved at all, it was decided after consultation to open the mastoid antrum, and so to establish free drainage. This was accordingly done, but only a very small quantity of pus was found in the antrum. For some time relief followed, but pain returned upon the slightest retention of pus in or around the antral tube. Increased redness and swelling of the integuments covering the lower part of the mastoid process led the author to suspect the presence of pus in the apical cells of the mastoid process. The bone covering the outer and posterior parts of the mastoid process was accordingly chiselled away, but no pus or appreciable softening of the bone was found until the immediate wall of the channel for the lateral sinus was reached. At this point fully half an inch from the outer

surface of the mastoid process, the bone appeared to have undergone a certain degree of softening, and odourless creamy pus welled up as soon as the chisel cut through the surrounding softened wall of bone. The outer wall of the vein was found to be granulating but not softened. The patient was now taken charge of by Dr. Lange, who proceeded to expose the downward track of pus along the jugular vein. The jugular vein, from its situation in the sigmoid groove, down to a point one inch below the tip of the mastoid process, was exposed, and was found to be thrombosed. Enough of the squamous portion of the temporal bone was also removed so as to afford free access to the outer part of the vertical portion of the lateral sinus. After having very freely exposed the lateral sinus, the coats of which were found much inflamed, a drainage tube was laid in the wound and dressings applied. The patient made a good recovery.

The author remarks that "*the persistence of deep-seated pain behind the mastoid process, continuing after the antrum has been opened into and thoroughly drained, is sufficient warrant for making an opening into the sigmoid groove for the lateral sinus; and it is not advisable to wait until the patient has chills, or until the body temperature rises to an appreciable degree before resorting to operative interference in this direction.*" *W. Milligan.*

NOTE.

INVITATION ISSUED by Dr. SENDZIAK with a view to COLLECTIVE INVESTIGATION concerning the RADICAL TREATMENT of MALIGNANT TUMOURS of the LARYNX.

Dear Sir,—On 31st December, 1893, twenty years elapsed since Billroth for the first time performed the total extirpation of the larynx on account of cancer.

During this time about two hundred total and nearly one hundred partial extirpations of the larynx, likewise a fair number of laryngo-fissures and endo-laryngeal operations, on account of malignant tumours (carcinoma-sarcoma), were performed.

It might seem that these numbers must give a sufficient proof of the efficacy of one or the other operative method.

It is not so, however. Yet till now there are different opinions as to this question. Some regard extirpation of the larynx as the only one rational therapeutic treatment of this disorder; the others, however, absolutely deny its right of citizenship.

At any rate, the cause of this difference of opinion consists in a want of exact statistics—at least, up to late (since the last statistic about four years elapsed).

It would be then of great interest to know how often at present these operations (laryngectomy, laryngo-fissure, etc.) have been performed, and what results they give.