Milligan (Manchester).—*The Treatment of "Attic" Suppuration by Excision of the Auditory Ossicles.* "Brit. Med. Journ.," Dec. 12, 1891. Manchester Med. Soc., Nov. 4, 1891.

IN an analysis of 375 cases of ear disease, suppurative inflammation in the tympanic "attic" was found twelve times. The indications for the excision of the auditory ossicles were (1) chronic purulent disease of the tympanic attic, and (2) caries of the ossicles. Four cases were narrated in which the malleus and the remaining portions of the membrana tympani were excised. *Hunter Mackenzie.*

Tubby, A. H. (London).—*Treatment of Outstanding Ears.* "Brit. Med. Journ.," Dec. 5, 1891.

THE author operates thus:—"An elliptical piece of skin, with its long "axis vertical, is removed partly from the skin behind the auricle, and "partly from its posterior surface, the breadth of the removed portion "not exceeding one to one and a half inches, according to the size of the "ear and the extent of the deformity. Then completely divide the "cartilage of the concha at its most prominent part, taking care not to "buttonhole the skin. Two or three deep sutures are then passed "through the skin beneath the surface of the wound. When these are "tightened the auricle lies closely to the side of the head, without the "continued disfigurement of a doubled-over auricle." The author highly recommends this method. *Hunter Mackenzie.*

ASSOCIATION MEETINGS.

MEETING of the OTOLOGICAL SECTION of the Sixty-fourth Gathering of the ASSOCIATION of GERMAN NATURALISTS and PHYSICIANS.

("*Monats. für Ohrenheilk.*," Nov., 1891).

(Continued).

Dr. STACKE.—*Further communications on the Operative Exposure of the Cavities of the Middle-Ear after Separation of the Auricle.*

Stacke referred to his new method of operation for opening the accessory cavities of the tympanum, as brought before the International Congress at Berlin, and communicated his experience of it up to the present time, elucidating the process by means of preparations, drawings, and the exhibition of patients.

The operation is indicated in cases of incurable chronic middle-ear suppuration, especially when it affects the "attic" of the tympanum, and more particularly in cases of manifest caries and cholesteotoma in that cavity. As a rule the antrum is simultaneously affected even in the absence of symptoms (of antrum disease). In thirty out of thirty-three cases pus issued from the mastoid during the operation.

By separation of the auricle and vertical division and drawing forwards

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of the (cartilaginous) meatus the field of operation is even in its deepest parts laid so thoroughly open that it can be explored by direct daylight. The malleus and incus with the tympanic membrane—or what remains of it—are removed, the outer and lower wall of the "attic" is chiselled away, and the antrum, if found affected, is opened similarly, not only from without but also by removal of the whole of the posterior wall of the external meatus, so that one cavity is formed by the meatus and antrum right into the tympanum. This cavity is then covered by a flap of skin and periosteum from the meatus. The object of this transplantation is (1) to start the growing of healthy epidermis in the middle-ear wherewith to cover the exposed osseous cavity; (2) to construct a lasting skin-covered opening between the antrum and the meatus. The method, as it follows the outflow of pus from the tympanum, affords a sure and safe means of completely laying open the diseased cavities on a probe and of completely cleansing away the whole of the diseased tissues during one administration of anæsthetics.

The after-treatment has been simplified, but requires the greatest care in order that the cavities may not get filled up with granulations, which lead to the formation of bridges and niches retaining pus instead of a smooth epidermic covering. The average duration of treatment is about four months, which is less than that after simple opening of the mastoid. His results were as follows:—Out of thirty-three cases nineteen healed up, two were discharged for other treatment, two disappeared, nine remained still under treatment, and one died of diabetes mellitus independently of the operation. The hearing-power was occasionally improved, never made worse, and generally unaltered.

The advantages were the combination of safety with certainty and rapidity of cure, as compared with what is offered by the earlier operations.

Dr. LÖWE believed that he had got equally good results by the use of modified dental drilling machines with a peculiarly curved handle under illumination by the reflector. He thus made an opening through the epi-tympanic bone, selecting as his site the line of prolongation of the manubrium mallei forwards and upwards.

Prof. SCHWARTZE considered Löwe's operation as one to be discarded, and Stacke's much to be preferred, as Löwe acknowledged that facial paralysis had occurred in his operation, whereas in Stacke's it was quite prevented.

Dr. KRETSCHMANN dwelt upon the necessity for careful hæmostasis and good illumination during the operation. In case of defective daylight, he advocated a small electric light that could be held close to the part. His operation for simultaneous opening of the antrum differs somewhat from Stacke's. His incisions in skin and soft parts are the same. He cuts off the meatus, makes an incision in the posterior wall parallel to the long axis of the meatus as far as the membrane, and from there along the margin of the latter, upwards and downwards, to the upper and lower walls of the meatus. Next comes opening of the antrum, and removal of the partition between it and the meatus, and of the osseous portion of the outer tympanic wall. The upper of the two flaps (in the osseous meatus) is stitched to the antero-superior margin of the wound in the soft parts,

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and the lower flap to the antero-inferior margin. A flap is then made from the posterior margin of the wound, and is laid on the posterior wall of the funnel-shaped osseous cavity which has been formed. The skin wounds are then stitched. The dressing need only be changed every four or five days. The opening admits of the observation of the tegmen tympani, the antrum, and the wall of the labyrinth.

Prof. SCHWARTZE stated that he had operated after Stacke's method for nine months, and that out of twenty cases in only one had facial paralysis come on. Four of the cases had completely recovered. The time required for healing was shorter than with the ordinary leaden nail operation, but the difficulty of the proceeding was greater, and required much skilled assistance, good illumination, and practice on the cadaver.

Prof. WALL suggested the employment of Reverdin's method of transplantation of skin.

Dr. REINHARD. *Contribution to the Excision of the Malleus and Incus.*

Dr. Reinhard referred to the frequency of "attic" suppuration and to its symptoms, especially the characteristic appearances of the tympanic membrane :—(1) Total absence of the membrane up to the handle of the malleus, which appeared like a rusty tack free in the lumen of the tympanum. (2) Perforations in the membrane of Shrapnell, close to, behind, or above the short process of the malleus. (3) Granulations growing out of these, which, with their rapid re-growth, are almost pathognomonic of caries of the malleus and attic suppuration. He then dwelt on the peculiar seriousness attaching to suppuration in the attic, on account of the unfavourable conditions for the escape of pus and the immediate proximity of the brain, which is only separated from the focus of suppuration by a thin, and often dehiscent, plate of bone. In these cases, often quite intractable under other treatment, he advises removal of the malleus and incus according to Schwartze's method.

Out of thirty cases he had had sixteen cures (lasting, so far, at least half a year). In those cases which had not yet healed, he attributed the non-success to extension of the disease to the neighbouring cavities of the mastoid process or to the antrum, small cholesteatomatous foci in these parts being often the obstacles to healing.

After the operation the part is irrigated with a 2 to 3 per cent. carbolic lotion, and after eight or ten days, if no cicatrization has taken place, carbolic syringing is practised daily by means of Schwartze's antrum canula. Healing set in, in the sixteen cases, in from ten days to two and a half months.

He prefers Schwartze's method to Stacke's, as being less severe, safer, and simpler, giving less frequent occasion to vertigo, facial paralysis, or severe hæmorrhage. In his thirty cases none of these troubles arose. The hearing-power was improved in 50 per cent., and in 50 per cent. remained as before. The operation is not, however, intended to improve the hearing, but to preserve health and life.

Dr. STACKE did not go the length of saying that the previous removal of the ossicles was a plan to be abandoned, but he thought private

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patients would refuse to have a second operation, and by his plan the whole was done at one time. He considered the removal of the incus through the meatus was not altogether free from danger, and in case of the manubrium being broken off, the head of the malleus would have to be removed from behind.

Prof. SCHWARTZE said that all proper care should be taken to obviate the dangers attaching to these operations, and although attacks of vertigo and facial paralysis had been known to result, no case of death from them had been reported. *Dundas Grant.*

(To be continued.)

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

(*Report in "Medical News," October* 10, 1891.)

Dr. GLASGOW (St. Louis) read a paper on *A Case of Foreign Body in the Trachea.* The foreign body was a toy balloon with a whistle attached, which was removed through the windpipe.

Dr. CLINTON WAGNER (New York) related particulars of *A Case of Thyrotomy in a Child eighteen months old.* The reason for the operation was a small papilloma near the posterior end of the left cord. The case recovered, and out of ten thyrotomies performed by Dr. Wagner, six died and four recovered.

Dr. MULHALL (St. Louis) advocated the finger-nail to remove small superficial papillomata of the vocal cords.

Dr. HARRISON ALLEN read a paper on *The Tonsil in Health and Disease.* He holds the operation of amputation of the tonsils as unscientific and unnecessary. In many cases he alleges that the tonsillar enlargement subsides if the adenoid tissue in the naso-pharynx is reduced to a healthy condition. He advocates cutting across any adhesions that stretch across the surface of the tonsil and obstruct the openings of the crypts of the gland. Astringent applications are subsequently made by means of a probe pushed into the crypt.

Dr. WRIGHT (Brooklyn) believed that the tonsils cause irritation and dam up the secretions, and thus lead to pharyngeal disease.

Dr. ROE (Rochester) advocated the evacuation of the abscess by closed scissors, to be opened when in the tonsil.

Dr. RICE (New York) read a paper entitled *The Troublesome Symptoms caused by Enlargement of the Epiglottis, and the advisability of reducing the size of this Cartilage by Operative Measures.* When the epiglottis is the seat of a chronic morbid process and is of abnormal size, due to injuries or the excessive use of tobacco or alcohol, or if congenital enlargement be present, it may be lessened by operative measures. Long-bladed scissors or cutting forceps were used to effect this under cocaine. He does not like Mackenzie's epiglottitome or the galvano-cautery.

Dr. WAGNER has removed the whole epiglottis for carcinoma, with no ill effects.

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In the discussion on *The Result of Treatment of the Upper Air Passages in producing Permanent Relief in Asthma*, Dr. BOSWORTH distinguished three factors in every attack :—

1. The peculiar neurosis.
2. Some external, perhaps atmospheric excitant.
3. Frequently some local condition in the nose that entails unusual susceptibility to certain irritants. In a large proportion of cases a restoration of the normal respiratory function, by removing obstruction in the nose, etc., confers immunity.

Drs. MULHALL and ASCH showed new instruments.

Dr. WRIGHT (Brooklyn) spoke on *Nasal Papillomata.* They occur, as a rule, upon the septum, in conformity with the observation that the muco-cutaneous junctions are the favourite sites for epithelial proliferations.

Dr. JARVIS cauterizes the base of the growth with chromic acid after removal.

Dr. SHURLY (Detroit) read a paper entitled *A Study of a Case of Nasal Tuberculosis.* The subject was a monkey with profuse nasal discharge containing bacilli, and it is very interesting to note that it remained strictly a local disease, as was discovered *post-mortem.*

Dr. KNIGHT (New York) read a paper on *Cysts of the Middle Turbinated Bone.* These are due, the author thinks, to (1) rarefying osteitis ; (2) hypertrophic rhinitis—the latter more commonly than the former. None of the cases are under twenty years of age, and the cyst is caused by outgrowth from the middle turbinated bone, which curls on itself and forms a closed cavity, lined with ciliated epithelium and containing mucus or muco-pus. Operative treatment is simple—the cyst must be extirpated and treated antiseptically.

Dr. BOSWORTH (New York) read a paper on *The Various Forms of Ethmoid Disease*, and distinguishes five varieties :—

1. Extra-cellular myxomatous degeneration, without purulent discharge.
2. Extra-cellular myxomatous degeneration with purulent discharge.
3. Purulent ethmoiditis with nasal polypi.
4. Intra-cellular myxomatous degeneration without pus.
5. Intra-cellular myxomatous degeneration with pus.

The second variety is a late stage of the first, and the fifth a late stage of the fourth. The cause of the third variety is nasal polypi, that of the others is not to be determined.

Diagnosis is based on carefully tracing the source of pus discharge. The diffuse myxomatous degeneration so frequently seen covering the middle turbinated bone should, in the majority (if not in all) cases, be accepted as evidence of a diseased condition of the mucous membrane lining the ethmoid cells. The treatment of all forms consists in uncovering the ethmoid cells by removing the curved cap of the middle turbinated body by means of the snare, and subsequently breaking up and destroying, as far as possible, the trabeculæ by means of the electric burr or the curette.

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Dr. CASSELBERRY (Chicago) read a paper on *The Radical Treatment of Nasal Myxomata.* They are said to grow from free borders or edges usually, especially on the free edge of the middle turbinated bone. Part of the bone ought to be removed with the polypus by means of curved scissors or punch forceps. The site of the growth can be touched with the cautery.

Dr. SOLIS-COHEN (Philadelphia) considered *The Symptoms and Pathological Changes in the Upper Air Passages in Influenza.* The prominent changes are lymphoid infiltration of the soft parts, causing more or less œdematous swelling of the soft tissues. A curious case was mentioned, viz., that of an old gentleman suffering from epithelioma of the palate; the patch of malignant disease sloughed during an attack of influenza, and perfect recovery ensued. [The epidemic of influenza, at present attacking people in Bristol and district, is giving rise to an unusual amount of sore throat with inflammatory redness and swelling, and a similar state of things in the larynx, causing very rapid loss of voice and in some cases dyspnœa.—*Rep.*]

Dr. ASCH (New York) reported *A Case of Epithelioma of the Larynx.* The symptoms began with hoarseness and pain, and in a few months cough and dyspnœa, the characteristic appearances of carcinoma showing themselves.

A few drops of a two per cent. solution of cocaine were injected in the line of the incision, and tracheotomy painlessly performed without a general anæsthetic. Extirpation of the larynx was afterwards performed. The patiently subsequently died of an attack of dyspnœa.

Dr. MACKENZIE (Baltimore) presented a communication entitled *The Laryngo-Tracheal Neoplasms of Tuberculosis.* He recognizes the following varieties:—

1. Papillary hyperplasia.

2. Papillary warty growths having nothing to distinguish them clinically from ordinary papillomata. These may be removed, but should not be operated on unless they mechanically hinder breathing.

A solitary form of tubercular tumour first described by the author.

B. J. Baron.

LARYNGOLOGISCHE GESELLSCHAFT IN BERLIN MEETINGS,

Oct. 20—*Nov.* 26, 1891.

KATZENSTEIN.—*Median Position of the Vocal Bands.*

Polemical article directed against the views of Wagner (Halle).

P. HEYMANN.—*Laryngeal Œdema following the Use of Potassium Iodide.*

A patient, twenty-seven years old, treated for syphilis with iodide, got some days after the omission of the medicament a laryngeal œdema with stridor. Eight days later the affection disappeared.

LUBLINSKI had observed a laryngeal œdema in a patient, thirty-six years old, after the use of one spoonful of a five per cent. solution of iodide

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of potash. By giving the medicament in milk, with the addition of belladonna, the œdema is prevented.

ROSENBERG had observed this form of intoxication twice.

LEWIN had never seen laryngeal œdema following the use of iodide of potash.

SCHEINMANN.—*Condylomata lata in the Larynx.*

Demonstration of a case cured by inunction, and locally by chromic acid.

LANDGRAF had, in one case, proved the nature of the affection by extirpation of a piece and microscopical examination.

SCHEIER.—*Case of Perverse Action of the Vocal Bands.*

A patient, forty-three years old, had often had attacks of suffocation, which frequently were so strong that tracheotomy was imminent. Such attacks were often repeated. The laryngoscope showed juxtaposition of the vocal bands. Only the glottis respiratoria remained open. No treatment had effect. The affection cured itself.

MUSEHOLD.—*Case of Morbus Basedowii cured by Operation upon the Nose.*

In a patient, forty-five years old, a morbus Basedowii, with all symptoms, was cured by galvano-caustic treatment of the swollen turbinateds.

SCHEINMANN had cured the same disease in a girl seventeen years old by the removal of adenoid vegetations.

KREZYWICKI.—*Case of Multiple Sclerosis with Vibration of the Vocal Bands.*

After phonation at the beginning of respiration, the vocal bands move two or three times to the middle line. *Michael.*

THE "NURSING RECORD" SCHEMES OF INSURANCE AND SICK FUND FOR NURSES.

WE are asked by the editor of the "Nursing Record" to notice two schemes, for the benefit of nurses, entered into by the proprietors of that journal and the Prudential Assurance Company, and the Sickness and Accident Assurance Association of Edinburgh. Of the former company, we may only remark that it is the largest industrial company in the kingdom. Of the latter, we may say that we know nothing, although it is said to have "an authorized capital of £225,000," and to have "paid already nearly £40,000 in claims." We will also remark that, while insurance is a very desirable thing, the advantages of which should be fully brought home to nurses and persons of small or precarious incomes, "sick-pay" schemes have invariably been unsuccessful. We have obtained the criticism of a competent and well-known insurance expert upon these schemes, which we think it our duty to reproduce in full, and the editor of the "Nursing Record" will doubtless give us credit, not for condemning honest endeavours to obtain such a desirable end as a workable scheme of insurance for nurses, but for honest criticism of the means of obtaining this end.

"RECORD" SCHEME.—No. 1.

A PROVISION FOR NURSES IN OLD AGE AND SICKNESS.

In setting forth the annuity scheme the "Record" starts with the deduction that the "Prudential" fund is the safest, because it is the

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largest, and then follows a copy of the scales of rates for the purchase of deferred annuities published by that company, and two further tables combining annuity and life premiums. We are rather disappointed not to be directed to the special advantages claimed for nurses. We think this a point which should be most clearly expressed; to what end is the fact of their being contributors to the "Record"? and why the threepence to the editor for a form of application, which, we apprehend, would be hastily supplied by the Prudential Company on receipt of a post-card, or at the slightest intimation to any agent?

The "sick-pay" scheme appears to be the result of an arrangement with the Sickness and Accident Assurance Association, Limited, of Edinburgh, and here again we fail to find any statement or indication of special terms to nurses.

Assurance against sickness necessitates the embodiment of so many stringent conditions, and so much provision against ulterior motives and possibilities, that it has hitherto proved an extremely difficult problem to set forth a scheme at once safe to the promoters and acceptable to the public. The Prudential and other large societies have long since discarded this class of business for very good reasons, and it is a remarkable and important fact that a very large majority of the friendly societies assuring against sickness are brought out absolutely insolvent on actuarial investigation, so that we do not yet find ourselves in a position to give any encouragement to sickness assurance on the one hand or the other.

With regard to both these schemes, the "Record" certainly states in an explicit manner that they are strictly provident and business arrangements, and that no claim whatever is made to charity or philanthropy.

NEW PREPARATIONS.

Sedox.

THIS material, which is prepared from pure vegetable fibre, has been submitted to careful tests by us, and we can say of it that it is as efficient and clean a surgical dressing as we are acquainted with. Taking up fifteen times its own weight, it possesses remarkable absorbent powers. It can be readily medicated with any of the ordinary antiseptics. For cleanliness, efficiency, and absorbent properties, it is without doubt unrivalled by any of the other absorbent wools.

Balcomb's Books and Clinical Diagrams.

A SERIES of gummed diagrams, perforated at the margins for ease of detachment, is here presented, which cannot fail to be of great use as accessories to the ordinary clinical note records. These diagrams represent accurate reproductions of the ordinary anatomical appearances of the larynx, fauces, and naso-pharynx. They have also the merit of exceeding cheapness. We can highly recommend them for the purpose for which they are intended

NOTE.

SIR WILLIAM DALBY, having completed his term of twenty years as Aural Surgeon to St. George's Hospital, is now retiring from the post.

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