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May 4th, 1897.

(Abstracted from "Med. Record," May 22nd, 1897.)

Goutiness in its Relation to Diseases of the Ear. Dr. A. H. BUCK.

The literature of the subject was thoroughly dealt with, the one omission being S. Mackenzie's paper on subjective noises, and the author acquiesces with Garrod and others in considering eczema of the ear in adults as most frequently of gouty origin. Typical cases are given. The third case—one of a granulating tympanic membrane—is considered by the writer to have had a gouty origin. In the fourth case a chalky mass was found occluding one meatus; the explanation offered is that this was really a mass of urates which had ruptured its envelope of skin, and so become a foreign body in the canal. The fifth case was an obstinate eczema, which was complicated, first with furuncles, and lastly developed into a veritable mastoiditis. The sixth case was a case of median otitis in an arthritic patient, and the last also one of eczema. The cases mostly were benefited by constitutional treatment.

The discussion was opened by Dr. J. O. TANSLEY (New York). He did not consider eczema in children of gouty origin, but recognized as due to a gouty tendency a bright red spot in the upper part of the membrane, which was not due to the congestion of the mucosa, but to that of the articulation of the ossicles.

Dr. DENCH (New York) had seen one case of true hyperostosis of the canal due to eczema. He had obtained good results from local application of *cantharidis acetani.*

The Differential Diagnosis between Diseases of the Sound-Conducting and Sound-Perceiving Apparatus. Dr. E. B. DENCH (New York).

Obstruction to or interference with the conductive apparatus always gave rise to the same signs—quantitative audition it might be called. Quantitative audition was estimated by musical tones. In difficulty with the conductive apparatus the lower tones of the scale were first lost. In perceptive difficulty the lower tones were not lost. In conductive difficulty high notes were good; in perceptive difficulty they were not. In mixed cases, in which impairment was extreme, air conduction was better than by bone, except for the very lowest notes.

Dr. THEOBALD (Baltimore) had experienced much perplexity from the varying results at the vertex and on the mastoid.

Dr. ALDERTON (Brooklyn) had noticed the same trouble, and was best pleased with the central incisors as a point to test from.

Dr. C. J. BLAKE (Boston) attributed the differences in different parts of the vertex to the varying thickness of the skull.

Ear Complications of Influenza.

Dr. W. P. EAGLETON (Newark, New Jersey) read a short paper on this subject, giving statistics of the proportion of cases of ear disease to

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those of influenza, and pointing out the differences in tractability between those following influenza and those of other origin.

Mastoid Disease.

Dr. BACON reported twenty-seven cases of mastoid disease. He gave the following points as indications for operation: high temperature, tenderness, bulging of Shrapnel's membrane. When mastoid symptoms developed in chronic cases, there should be no delay. In acute cases he advocated leeches, followed by Leiter coil and free incision of the membrane; if the symptoms persisted he would open the mastoid at once.

Dr. W. R. JOHNSON (Paterson, New Jersey) did not approve of Politzerization after incision of the drum.

Dr. DENCH. Infection of the raw surface might prevent the temperature falling after operation. He had never seen harm result from Politzerization after incision.

Dr. TANSLEY uses salt solution for irrigation.

Dr. BUCK referred to cases where pneumonia and endocarditis coexisted with mastoiditis and kept up the temperature.

Dr. BACON, in reply, said he only Politzerized when a free opening was present.

Thrombosis of Lateral Sinus with Mastoid Abscess.

Dr. ALDERTON (Brooklyn, New York) read notes of a case and showed the specimen. When the wall of the sinus was opened, horrible pus welled up. The case was left for twenty-four hours, then the sinus was slit up and curetted; there was temporary improvement, but the patient sank twenty-four hours later from metastatic pneumonia. *Post mortem* the antrum and attic were full of cheesy pus, but the tympanic membrane was not congested. He wished to emphasize the importance of gaining free access to these cavities, and also the value of ligation of the jugular to shut off extension of the sepsis.

Drs. DENCH and BACON would not always ligature the jugular.

Dr. ALDERTON said he would if there was much disease of the sinus wall.

Pilocarpin in Deafness.

Dr. BACON read a paper on the permanent benefit derived from this drug in a case of extreme deafness. Removal of the ossicles further improved this case. The best results were obtained in syphilitic cases, and sufficient length of time should be allowed in the trial.

Dr. TANSLEY considered administration of the drug by the mouth as sufficient.

Deviated Septum.

Dr. TANSLEY described a new operation. (Details not given.)

Simulation of Labyrinthine Disease.

Dr. ROBERT C. MYLES (New York) read a paper on the synechial bands of the Eustachian tube and fossa of Rosenmüller, producing symptoms simulating labyrinthine disease, relieved by breaking up the adhesions with the finger, with immediate relief of the symptoms.

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New Aural Speculum.

Dr. J. E. H. NICHOLS exhibited this instrument, which left both hands free. *Lake.*

VEREIN FREIBURGER AERZTE.

Meeting of 29th January, 1897.

(From the "Münch. Med. Woch.," 25th May, 1897.)

Herr KLEIN read a paper on *Tracheotomy and Intubation in Diphtheritic Stenosis of the Air Passages.*

Commencing with a short history of the origin and development of intubation, he next demonstrated O'Dwyer's instrumentarium and method of using same. From his own observations during six months in the Kaiser and Kaiserin Friedrich Kinderkrankenhaus, as well as from the results obtained through the whole hospital, it was evident that since the introduction of serumtherapy the number of intubations had materially increased, and the results had been very satisfactory. Next he dealt minutely with the indications for tracheotomy and intubation, and discussed the advantages and disadvantages of the latter. Intubation, he maintained, ought to be employed in private practice.

DISCUSSION.

Herr VON SCHAMISSO had tried intubation in the surgical clinic, but had given it up on account of the great technical difficulties and the unsatisfactory results obtained. He drew special attention to the delicacy of a child's larynx, the swollen condition of the pharynx, etc., in diphtheria, the danger of the tube getting blocked, the great strain put on the attendants, the necessity of always having at hand a doctor capable of intubating in case the tube either fell out or was pulled out by the child, the terror of the child each time intubation had to be repeated, and the difficulty of feeding. In his three cases ulcers formed, which ultimately necessitated tracheotomy.

Herr KILLIAN spoke strongly against intubation being employed in private practice.

Herr E. BLOCK. *Operative Treatment of Otitis Media Suppurativa.*

Operation must be resorted to (1) when conservative methods have failed to produce healing; (2) when the suppuration has become the source of dangerous complications. The latter condition generally arises in connection with acute cases. Chronic cases lasting for years always depend on disease of the bone, caries, formation of sequestra, or cholesteatoma, or combinations of these. Cholesteatoma, the most deadly of all ear diseases, should always be an indication for radical operative treatment, except where there is a wide opening through the posterior wall of the meatus.

The principal complications of middle-ear suppurations are phlebitis of sinus, etc., with pyæmia, fatal hæmorrhages from the carotid, pachy-

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