opposite the meatus of the ear in question the tuning-fork is not heard at all. The patient suffers from continuous roaring in the ear, sometimes from vertigo. The membrane is often distinctly thickened. The deafness may be variable. The mobilization of the stapes modifies certain pathological conditions, which resist every other treatment; with careful asepsis the operation is uncomplicated.

LABIT. *Ménière's Vertigo.*

This affection arises generally from sudden exudation or hæmorrhage of the labyrinth, and the author has thought that the benefits of subcutaneous injections of pilocarpine, seen in pleuritic or pleural effusion, may be extended to this affection. He quotes three cases of Ménière's vertigo successfully treated by this means.

LUC. *Large Openings of the Cavity of the Middle Ear as a Medical Treatment of Certain Rebellious Otorrhœas.*

From six cases of rebellious suppuration of the middle ear, treated in this manner, the author concludes that all suppuration, a little old, of the attic, indicates almost certainly the existence of a simultaneous lesion of the antrum, and the latter cavity ought to be opened. Of his six cases only one had facial paralysis consecutive to the operation.

THOMAS. *Note on the Treatment of Internal Otitis.*

The author believes in the preponderating *rôle* of syphilis in unilateral or double labyrinthitis. Anti-syphilitic treatment is therefore indicated. He relates two cases in which this has been successful.

GELLÉ. *Auricular Inhibitions.*

Dr. Gellé recalls the evident power of excitation of the acoustic nerve (music, rhythm, cadence, etc.); from this he deduces a comparable inhibitory action; he shows it in the physiological exercise of hearing, and he demonstrates the action on movements, sentiments, and the intellect in pathological cases. The subject naturally divides itself into general inhibitions of auditory origin, and auditory inhibitions of general origin. To this he adds the inhibitory action of one ear on the other, and gives a series of examples of each kind. In the test of hearing by two successive sounds, the first violent, the second following immediately, but feeble, although perceptible by the subject, Dr. Gellé shows that there is an interval sometimes quite considerable between the first and the second perception, and he does not think that this shows an effect of fatigue, but rather an act of inhibition.

WEISSMANN. Some points of treatment consecutive to Stacke's operation.

BERLIN LARYNGOLOGICAL SOCIETY.

Meeting, April 27th, 1894.

Reported by Dr. EDMUND MEYER.

SCHADEWALDT demonstrated a patient in whom some time ago (see meeting of February) two tubercular ulcers had been cured by the rubbing in of creolin. A recent ulcer on the right false cord also had been healed after rubbing creolin.

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A. ROSENBERG held that the ulcer was not healed, as granulations were present, but no cicatrix.

LUBLINSKI did not believe that the cure resulted from the creolin treatment, because lenticular ulcers of the false cords healed without any treatment.

LUBLINSKI showed a papilloma from the arcus pharyngo-palatinus, and one from the posterior surface of the base of the uvula.

ALEXANDER showed a patient with otitis media, resulting from sniffing water up the nose.

ROSENBERG showed a patient with ozæna, in whom the entrance to the sphenoidal sinus could be seen by anterior rhinoscopy.

HERZFELD was not convinced that it was really the entrance to the sphenoidal sinus that one saw.

LANDGRAF showed the microscopic sections of a pachydermia verrucosa of the posterior wall of the larynx, which had appeared in the laryngoscopic picture as a circumscribed red thickening.

KATZENSTEIN: Further communication on the innervation of crico-thyroid muscle. (See "Virchow's Archiv," Band 136, Heft 1.)

Meeting, June 8th, 1894.

LANDGRAF informed the Society of the formation of a South-German Laryngological Society.

FLATAU showed (1) a young girl with empyema and caries of the sphenoidal sinus and disease of the ethmoid cells, which presented the appearance of a rhinitis acuta fœtida, and was cured by treatment of the empyema. (2) A sixty-year-old woman, who had been treated for nasal polypi fourteen years ago. For three years—following influenza—headache and attacks of giddiness. Examination four months ago showed bilateral disease of the ethmoid cells, and empyema of the left sphenoidal sinus. Improvement in the symptoms had followed removal of the middle turbinated. (3) Demonstration of a modified Grünwald's forceps for resection of the anterior wall of the sphenoidal sinus.

HERZFELD showed a boy, five years old, with multiple xanthoma of skin, pharynx, and tongue.

ROSENBERG demonstrated (1) a spray for oily substances. (2) A man, twenty-six years old, with a subglottic membrane between the vocal cords, at the anterior end, probably congenital. (3) The drawing of the larynx of a twelve-year-old boy, with double congenital membranes, one between the epiglottis and ary-epiglottic folds, occupying the half of the glottis; the second between the vocal cords reaching farther back.

SCHEINMANN reported that the child he had shown at the February meeting with sarcoma of the naso-pharynx had died, and the *post-mortem* had confirmed the diagnosis.

FLATAU reported that his patient, shown at the same meeting, with epithelioma of the nasal mucous membrane, had returned with a recurrent growth, which could not be operated on.

DEMME brought forward a boy with an affection of the palate, tongue, and lips, which he considered was acute pemphigus.

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SCHÖTZ and LANDGRAF could not agree with the diagnosis, but thought it was aphthæ or foot and mouth disease. Pemphigus presented large blisters and pieces of epithelium peeling off, under which there appeared always a bleeding mucous membrane.

UNSHELEN demonstrated in Heymann's department (1) a patient with papilloma of the point of the uvula; (2) a case of fracture of the larynx consequent on a fall on the axle of a carriage.

DISCUSSION ON HERZFELD'S PAPER ON EMPYEMA OF THE SPHENOIDAL SINUS.

FLATAU had seen twenty-six cases of empyema of the sphenoidal sinus in two years. Only once had he seen it in connection with ozæna. Polypi seldom accompany it, but are more frequent when the ethmoid cells are affected. Perforation and formation of fistula are rare; still, without perforation, meningitis and sinus thrombosis can arise. In one case death occurred, with symptoms of meningitis, two days after the operation for empyema of the sphenoidal sinus. The author supposed that the meningitis was already there (latent), and only became manifest after the operation. Complications with disease of the other nasal sinuses, especially of the posterior ethmoidal cells, was common. The etiology was in many cases doubtful; in others the empyema followed the acute fevers such as typhoid, influenza, erysipelas, and scarlatina.

ROSENBERG: In most cases the etiology remained doubtful. In some cases ozæna seemed to be the cause, but never syphilis or scrofula. Polypi were rather rare, and the secondary polypi mostly small. The ages of the patients varied from nineteen to thirty-five years. The distance from the spina nasalis anterior to the anterior wall of the sphenoidal sinus was from 6 to 7·5 centimètres (average 6·8 centimètres), and to the posterior wall of same from 7 to 10 centimetres (average 8·5 centimètres). The amount of space on the two sides could vary greatly—for example, the septum could be so twisted that a probe passed through the right side of the nose entered the left sinus. (Demonstration.) Subjective sensations of the patient were burning in nose, pain at root of nose, over the eye, and in the temporal region, shooting pains in the head, and a feeling of stuffiness. The swelling of the septum at the level of the anterior wall of the sphenoidal sinus, described by Herzfeld, had only once been observed by the speaker. In one case with severe pain in the head no pus was to be seen, but, after removal of the hypertrophied middle turbinated, pus flowed down from above it, and the pain in the head immediately disappeared.

SCHWABACH agreed, with regard to the etiology, with Rosenberg—in many cases it was quite unknown. The speaker described the following case. The patient, a man of eighteen years, was brought into hospital with symptoms of septicæmia. Eight days before that, he was said to have had a pneumonia and an otitis media suppurativa. Examination in hospital showed infiltration of the lower lobe of the left lung: otitis media sinistra e perforatione membranæ tympani, and otitis media

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dextra incipiens. The *post-mortem* showed aspiration pneumonia (left), thrombosis of the left popliteal artery, embolus of the left pulmonary artery, pus in the tympanum, in the antrum mastoideum, in the antrum of Highmore, and in the sphenoidal sinus. In the pus was a pure cultivation of streptococcus. Schwabach held the otitis to be primary and the cause of the rest, as he maintains that a septicæmia may arise from an otitis media, even without any sinus thrombosis. In a second case, brought into hospital comatose, and who died in two hours, the *post-mortem* showed meningitis suppurativa, and empyema of all the accessory sinuses except the frontal. No caries. The speaker considered the disease of the accessary sinuses primary.

SCHEINMANN remarked on the difficulty of diagnosis. The symptomatology was not yet sufficiently clear. He demanded that the flow of pus from the sinus should actually be seen. The etiology also was generally uncertain.

SCHÖTZ agreed with the last speaker.

HERZFELD remarked that Michel first drew attention to disease of the accessory sinuses in ozæna. He himself had never seen cure of ozæna, but had seen great improvement following the treatment of the accessory sinuses in cases of ozæna. He had seen the swelling, that he described, five times in six cases. Lastly, he demonstrated a sphenoidal bone that was completely solid, possessing no sinus.

Meeting, July 6th, 1894.

TREITEL demonstrated a case of primary lupus of the soft palate, in which three years ago glands in the neck, and two years ago adenoid vegetations had been removed. The development on the palate, uvula, left lateral fold, and left tonsil followed within a year. Contrary to Fraenkel, who would rather regard the case as tuberculous, because there were no nodules visible, Treitel asserted that he had seen nodules.

FLATAU reported a case in which repeated attempts to close a defect in the soft palate, resulting from syphilis, had been quite useless, but the perforation caused no disturbance.

FRAENKEL pointed out that perforations situated below the swelling formed by the constrictor pharyngis and levator veli palati, even when of considerable size, remained without symptoms, whilst quite small defects above this line caused disturbances. It was impossible to say when staphylorrhaphy was likely to cure.

TREITEL reported another case of perforation in the same position, which had been cured by a course at Aix.

DEMME presented a child with large ulcerations before and behind the ear, and at the angle of the eye; the left side of the nose filled with secretion and bleeding granulations; on the hard palate a crater-shaped ulcer, which had started three weeks ago, and grown rapidly. He considered the ulcers were due to lupus; tubercle bacilli had not been discovered.

HERZFELD had seen the child about three weeks ago. At that time a painless swelling arose on the hard palate, which broke down after two or

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three days. He considered that the method of origin was characteristic of syphilis.

FRAENKEL pointed to the necrosis of the superior maxilla as being in favour of syphilis.

DEMME considered the flabby, easily-bleeding granulations undoubtedly lupous.

SCHEINMANN demonstrated a trephine for the antrum of Highmore.

FLATAU preferred hammer and chisel for opening the antrum.

HERZFELD preferred to use the dental drill, but in opening through the canine fossa used hammer and chisel.

HEYMANN demonstrated specimens from a case, shown last year, in which diagnosis was not certain as between lupus and syphilis. Patient died of meningitis tuberculosa. *Post-mortem* showed syphilis of the larynx; cicatrices in the lungs probably syphilitic, and tuberculosis of the tongue.

REVIEWS.

Schmidt, Prof. Moritz.—*Die Krankheiten der oberen Luftwege.* ("Diseases of the Upper Air Tracts.") With 132 figures in the text, and 7 plates. Berlin: Julius Springer, 1894.

IN this handsome and closely-printed volume of over seven hundred pages we have a succinct account of rhinology and laryngology based on the author's large experience, extending over a period of upwards of thirty years. The book is primarily intended for the general practitioner, whom the author reproaches for his lack of interest in the specialties, and for his readiness to regard patients' complaints as "nervous." He thinks that the practitioner should master the special diagnosis at least sufficiently to prevent his treating a patient with a laryngeal growth, or antral suppuration, by sending him to a health resort.

The most striking feature of the work is the arrangement of the matter. Instead of following the plan hitherto adopted of grouping together the diseases of the different regions, the author has taken each affection and followed it throughout the whole upper air tract. In this way a more complete picture of the disease is presented, and repetition is avoided. The artificial classification to which we have been accustomed will always be welcome, however, when there is a difficulty in diagnosis.

In the chapter on anatomy, each fact is made the basis of remarks, which are of great practical importance. The relations of the tonsils to the large vessels of the neck are clearly described and figured. The origin of the pulsation on the posterior wall of the pharynx is also discussed. The chief feature of this chapter is the unusually full description of the innervation of the upper respiratory tract.

A section on embryology follows. In addition to hare-lip, cleft-palate, tracheocele, &c., reference is made to various uncommon rhinoscopic and

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