two cases in which he had tried it. He had also used the multiple comminuter with excellent effect. Rest was one of the most important factors in the treatment of acute laryngitis.

In closing the discussion Dr. BARTON said it was not claimed that intratracheal injections would cure tuberculosis, but relieved the distressing cough. He thought dispensary patients were the class in which it was hard to get favourable results, but he had patients who took this treatment, and were glad to come to his office every day for the relief it gave them. He had cured cases of trachitis and bronchitis that had resisted other treatment, and he thought that intratracheal injections were worthy of unprejudiced trial. *T. P. Berens.*

THE AUSTRIAN OTOLOGICAL SOCIETY.

Meeting, January 28th, 1896. ("Monatschrift für Ohrenheilkunde," Feb., 1896.)

Prof. GRUBER. *A Case of Coloboma of the Auricle. Successful Plastic Operation.*

The patient was a man, aged twenty-two, with a congenital fissure of the left auricle. It passed through the whole auricle from the helix forward, and so divided it into two parts, of which the lower one included the antitragus and the lobule, the upper one the remaining part of the auricle. The edges were covered with normal cutis, and the various parts were properly developed. The lobule was attached along its whole anterior border to the side of the face. The portion of the auricle above the fissure stood out from the side of the skull at an angle of seventy-five degrees, while the part below was at an angle of thirty degrees. The deformity was, therefore, more obvious when the patient was seen from the front. The edges of the split could be easily brought together, but the upper part remained in its original position. It was therefore necessary to close the fissure, and at the same time to fix the upper portion in a more normal position. The edges of the fissure were freshened and united by means of sutures. It was then seen that the skin of the posterior surface of the auricle retracted more than that of the anterior. Prof. Gruber first brought together the margins of the skin on the anterior surface, taking care to bring about perfect apposition so as to prevent an unsightly scar or any incompleteness in the union of the helix, and then afterwards treated the posterior surface. In order next to approximate the upper part of the auricle to the side of the head, he made two incisions behind it of about five centimètres in length, which were curved with a concavity forward, and with ends uniting at a narrow angle above and below. The portion of skin included by this was dissected off and removed. The edges of the bare place were then, after stoppage of the blood, brought together with fine stitches. Antiseptic dressing was then applied, and left undisturbed for eight days. The result was perfectly successful.

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Prof. URBANTSCHITSCH. *A Case of Otitic Temporo-Sphenoidal Abscess without Focal Symptoms.*

A girl, aged fourteen, had suffered for six months with suppuration from the left tympanum. In the middle of December she was attacked with headache and vomiting, and on the 24th of the month was unconscious for several hours. When seen on the 25th December the radical operation was at once performed. The antrum was found to be enlarged, and along with the attic was filled with detritus and cholesteatomatous masses. The incus was absent; the malleus was removed and found healthy. There was a small portion of dura mater uncovered over the tegmen tympani. There was considerable bleeding during the operation, probably from a branch of the middle meningeal artery, but it was checked by an iodoform gauze plug in ten minutes. The patient seemed much better after the operation. The wound pursued a favourable course and cerebral symptoms completely disappeared; but a week after the operation there was a slight frontal headache and a degree of drowsiness, although the child was otherwise perfectly well and replied to questions. On the 9th January death took place quite suddenly, and on *post-mortem* examination there was found an abscess of the size of a hen's egg in the lower temporo-sphenoidal lobe of the affected side. It had a thick capsule, indicating that it must have lasted from three to four months, and between it and the tegmen tympani there was an apparently normal layer of healthy brain. Around the abscess there was œdema, and this was probably the immediate cause of death.

Prof. URBANTSCHITSCH. *A Case presenting Focal Symptoms without Abscess.*

This was a woman, aged thirty-four, who had suffered from chronic suppurative otitis of the left ear for three years. During December, 1895, she had had attacks of occipital pain, stiffness of the neck, giddiness, faintness, and occasional mental confusion. When the patient came to the polyclinic on the 2nd January for operation there were evidences of meningitis, and a temperature of forty degrees Centigrade. The antrum was opened, and along with the attic was found to be full of cholesteatoma, while the roof had a perforation through which the dura mater was exposed. The ossicles were extracted and found to be healthy. Flap transplantation was carried out according to the Thiersch-Siebenmann method. The patient went on very well to the 6th January, when the temperature rose from 39 degrees to 40·6 degrees; there was then increasing conjugate deviation of both eyes: the head was turned towards the left, and any attempt to rotate it towards the other side was extremely painful, while it was only with great difficulty that a slight movement of both eyes towards the right side could be accomplished; consciousness appeared to be intact. Later in the day there came on complete aphasia with monophasia, and after it monolalia. She could only pronounce one word, "dableiben," and later a single syllable—for example, "blei—blei—blei." Next day there appeared paresis of both extremities of the right side, with contracture and heightened reflexes, along with anæsthesia and analgesia. The extremities of the left side

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appeared, on the other hand, to be hyper-algesic. In spite of the possibility of there being an abscess in the left temporo-sphenoidal lobe, Prof. Urbantschitsch decided not to carry out any further operative interference in view of the pronounced meningeal symptoms and the depressed condition of the patient. Death took place two days later, and there was found chronic internal pachy-meningitis, and purulent pachy- and lepto-meningitis. The inner surface of the dura mater over the left hemisphere was covered with a thick fibrino-purulent false membrane. The meninges at the base, round the chiasma and further back over the pons and medulla, as also on the convexity of the left hemisphere along some of the sulci, were infiltrated with a sero-purulent exudation. There was no cerebral abscess.

Prof. URBANTSCHITSCH. *Revolver Shot in the External Meatus.*

The projectile was removed by means of operation requiring the chiselling away of a portion of the posterior wall of the meatus. The bullet had passed along the meatus without wounding it into the tympanic cavity, where it flattened itself out against the promontory. The patient was perfectly deaf in this ear. After the removal of the projectile, the promontory was found to be pressed inwards without being broken through. On the second day after the operation, when everything was otherwise favourable, there came on facial paresis, which, within a week, eventuated in complete paralysis. Prof. Urbantschitsch attributed this to pressure on the exposed nerve, and applied the induced current: but this produced no improvement in a week, and he then practised mechanical stimulation of the facial nerve by rapid percussion of the paralyzed muscles, which he had in a previous case found to be of value. Each time it produced a distinct increase of the muscular action, and it was continued in combination, with the use of the induced current. Almost complete recovery took place after six weeks' treatment.

Prof. URBANTSCHITSCH. *A Sequestrum formed by the Complete Cochlea.*

This was removed from the right ear of a woman, and, after its extrusion, the tuning-fork placed on the vertex was heard more loudly in the affected than in the other ear. Three months later the patient began to be doubtful about the subjective localization of the sound, and after another month she heard it more on the sound side than on the affected—a condition which has continued ever since.

Prof. Urbantschitsch remarked that this case might be looked upon as a confirmation of Ewald's opinion, that the trunk of the auditory nerve, after the removal of the peripheral end organ, was still capable of receiving auditory impressions; and that, in this case, it was only several months later, as the result of consecutive atrophy of the nerve, that this capability had disappeared. He thought that the lateralization of the sound in the ear which had lost the cochlea was to be attributed to the uncertainty attaching to the observation. Ewald's view could only be confirmed by preservation of the hearing faculty in a case of bilateral extrusion of the cochlea. Hitherto he had only come across a description of one case—that of Dr. Max; but in it there was bilateral complete deafness.

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Prof. GRUBER was of opinion that a partial loss of the labyrinth did not bring about total deafness, and he related three cases observed in his practice illustrating this. He thought that there still remained something to be learned about the functions of the different parts of the labyrinth

Dr. MAX adhered to the views at present dominating.

Dr. BING thought that the terminal nerve operating in the semi-circular canals reacted to certain stimuli as a co-ordination organ, but to others as a sound-perceiving one.

Dr. POLLAK showed an extruded cochlea, which he had removed by syringing from the right ear of a patient with chronic purulent otitis media. He lay for several months unconscious and hemiplegic in a medical ward, and after his discharge from there suffered for a considerable time from vertigo and uncertainty of gait. Hearing tests revealed complete deafness of the right ear for all sorts of tones, both by air and bone conduction. The fork on the vertex was lateralized in the left ear—the sound one. Disturbances of co-ordination were for the moment absent, but with his eyes closed the patient could not stand upon one leg. Electrical investigation of the ear with the anode on the left fore-arm, and the cathode on the right tragus, with a current of five milli-ampères, produced on cathodal closure a buzzing sound in the affected ear. Dr. Pollak was therefore of the opinion that the trunk of the auditory nerve is capable of conveying sensations of hearing when it is stimulated by means of an electrical current.

Dr. POLLAK. ***Carbolized Gelatine Amygdalæ Aurium* (*Aural Ovoids*).**

He had had some of these prepared after Prof. Gruber's pattern, but containing ten per cent. of carbolic acid. He used them chiefly in circumscribed external otitis, and found that they very rapidly relieved the pain, and in about seventy per cent. of the cases aborted the morbid process. Impressed by these favourable results, he made use of them in the early stages of acute median otitis, and found that the sedative and abortive effect of these carbol gelatine bougies was much prompter than that of the ten to twenty per cent. glycerine of carbolic acid recommended by Hewetson. *Dundas Grant (Trans. and Abs.).*

VIENNA SOCIETY OF LARYNGOLOGISTS.

Meeting, June 7th, 1895.

[The report of this meeting is contained in the JOURNAL, January, 1896, of which the following is the concluding portion, for which we are indebted to the "Ann. des Mal. de l'Oreille," April, 1896.]

CHIARI remarked, *àpropos* of Panzer's communication, that he had had scissors constructed similar to those described for extirpation of the turbinateds. He ordinarily used the galvano-cautery for hypertrophied turbinateds, but in very narrow nares he often simply incised with scissors. It was frequently necessary to use the cold snare and gouge; with scissors there is frequently great hæmorrhage, requiring tamponing.

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