medical instruction, showing how its field is enlarging, and how the study of otology should take a leading position in it.

He then commented upon the causes which had prevented, until quite recently, the creation of new branches of study, and spoke specially of the hostility shown towards otology. He proceeded to confute the contention that the sphere of otology was a restricted one, and that the results of treatment in diseases of the ear were less successful than in other organs. He then proceeded to sketch the rise and development of the various *cliniques* in otology which have been established in different scientific centres in Europe and America. He then spoke of the frequency of ear disease, saying that in his *clinique* he treated on an average six hundred cases annually, of whom about one-third were children below nine years of age. He then touched on the serious consequences which might follow neglect of treatment in ear disease, and mentioned the progress made of recent years in the medical and surgical treatment of ear cases. The lecturer finished by insisting on the importance of specialism in the science of medicine, and upon the vitality which such a method confers on medicine as a whole. *V. Grazzi.*

ASSOCIATION MEETINGS.

THIRD LIVLANDIC AERZTETAG.

Meeting, Sept. 10, 1891.

VOSS. *On Adenoid Vegetations.* Nothing new. *Michael.*

GESELLSCHAFT DER AERZTE IN BUDAPEST.

Meetings, Feb. 27 and March 3, 1892.

CONTINUATION OF THE DISCUSSION ON DIPHTHERIA.

HÖGYES believed that there are different forms of diphtheria, and that therefore the effects of the medicaments cannot be compared.

SZALARDY said that the mortality of the disease has diminished, as statistics prove. He treats it by sublimate.

MARCEL GLASER referred to a patent medicine, consisting of kali-chloride of iron and mercury, by which he has obtained good results.

ZURLLINGER recommended brushing with sublimate with a soft brush.

FLESH treats with cyanide of mercury internally; locally with chloroform water.

Prof. ARPAD BOKAI referred to a patent medicine called "anti-diphtheriticon," consisting of oleum cadini and other different medicaments; it is dangerous, and of no use.

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Prof. JOHANN BOKAY made some concluding remarks.

Dr. TIGERMANN proposed that a permanent committee should be instituted to inquire into the different methods for treatment of diphtheria. *Michael.*

YEREIN ST. PETERSBURGER AERZTE.

Meeting, Nov. 26, 1891.

DISCUSSION ON DIPHTHERIA.

MASING gave the history of the disease. Loeffler's discovery of the bacillus was the first real progress in our knowledge for two thousand years. Strübing's paper proved that the diphtheria scarlatinosa is not true diphtheria, and is produced by streptococci. Here the bacilli are not found. He recommends brushing with carbolic acid and tincture of iodine.

LUNIN gave the therapeutic results, which he has obtained in the different treatments, very extensively. There are no great advantages in the methods which he applied.

MOSSIN reported his experiences with different methods of treatment, and concludes that the treatment with carbolic acid has its advantages and disadvantages.

SERKS also applies Masing's methods, but does not believe that their therapeutic effects are so certain as the author believes. *Michael.*

YORK ACADEMY OF MEDICINE.

Meeting, Feb. 11, 1892.

Discussion on Diphtheria.—Report in "The American Practitioner and News," March 12, 1892.

DR. WINTERS read a paper on *The Best Apparatus and Best Disinfectant for Use in the Mouth and Nose.* He advocates irrigation through the nose with a ten per cent. solution of peroxide of hydrogen by means of a Davidson's syringe. One pint of solution ought to be used at each washing. The inhalation of sulphurous acid gas, and of steam medicated by adding one ounce of spirits of turpentine and two drachms of oil of eucalyptus to a pint of water, are also advocated.

Dr. CHAPIN read a paper on *Quarantine and Disinfection in Limited Apartments.* Sunlight and air are rightly insisted on as the two most powerful disinfectants at our command.

Dr. HOLT spoke of *Feeding in Diphtheria, and Methods of Forced Feeding.* Milk, good broth, gruel, and wine whey are to be relied on. Stimulants and predigested food may be given at intervals of less than two hours' duration, but about two hours may be regarded as a suitable time to elapse between meals. Forced feeding is best carried out by means of a stomach tube passed through the mouth or nose, and peptonized milk is the best food. The operation should be repeated once in four hours.

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Dr. JACOBI spoke upon *The Constitutional Treatment in Diphtheria.* He gives perchloride of mercury in large doses, *e.g.*, a child of six months old will take a quarter of a grain a day. Alcohol, digitalis, and camphor, by stomach or hypodermically, are recommended.

Dr. SEIBERT demonstrated his method of sub-membranous antiseptic injection. *B. J. Baron.*

NEW YORK ACADEMY OF MEDICINE.

Meeting February 18, 1892. ("Medical Record," March 12, 1892.)

CHAPPELL, W. F. (New York). *Superior Maxillary Neoplasm removed by Rouge's Operation.*

A child, after a fall, had pain on the right side of the nose. Two weeks later a small swelling appeared. The lower lip was a little puffed, the nose bled at intervals, and after a month Dr. Chappell found a tumour of the size of a hickory nut. It seemed to be continuous with the nasal bone, but really grew from the superior maxilla. It was a hard, bony mass of cancerous matter, and had since recurred in an extensive form.

ASCH, MORRIS. *A New Snare.*

No particulars except the statement of the possibility of enlarging and diminishing the loop while *in situ.*

PHILLIPS, WENDELL C. *Case of so-called Laryngeal Vertigo or Laryngeal Epilepsy.*

A typical case in a strong, middle-aged man subject to winter bronchial catarrh. One day, during a paroxysm of coughing, he suddenly fell on his back, and remained unconscious for a few seconds. Following this he had an attack almost every day—sometimes in bed. Examination of the air-passages revealed a generally hyperæmic condition. There was polypoid degeneration of the middle turbinated bones, and an exostosis of the septum. No signs of paralysis of the vocal cords. He was excitable, and had suffered severe mental strain from business worry. After ten days he completely recovered. The treatment was dietetic, a cathartic, bromide of sodium and five minim capsules of eucalyptus.

Dr. PHILLIPS objected to the use of the names "vertigo" and "epilepsy," and considered the term "laryngeal syncope" more appropriate.

Dr. DELAVAN favoured the term "laryngeal crisis."

Dr. FISCHER said a similar condition was met with in locomotor ataxia. He thought it was of cerebral origin—perhaps some affection of the laryngeal cortical centres.

Dr. ARMSTRONG considered it due to irritation of the vagus.

Dr. NEWCOMB related another case which yielded to local treatment of the throat.

STIMSON, C. W.—*Case of Stenosis of the Larynx following Fracture. Treated by Intubation.*

The patient had struck his throat on a projecting screw while falling. Suffocation impended, and laryngotomy was performed. The lumen of the larynx was much narrowed, chiefly owing to the distortion of the alæ of the thyroid cartilage. A small tube was introduced on January 24th, 1890,

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and when it was coughed out next day the insertion of a large one was effected. [Removal was not reported.]

ASCH, MORRIS J.—*On Hypertrophy of the Tonsils.*

The author enumerated as symptoms of hypertrophy of the tonsils, the mouth half open, the nostrils dilated, evidence of stupidity, snoring at night, tendency to otitis, quinsy and disorders of deglutition. He considers excision a dangerous operation. He would not operate simply because a tonsil was large, but would operate if it interfered with respiration, or caused frequent attacks of quinsy, or interfered with audition. He preferred Mackenzie's form of guillotine.

Dr. F. H. BOSWORTH attributed the symptoms described by Dr. Asch to enlargement of the pharyngeal tonsil. He considered an enlarged tonsil a disease, and as soon as a so-called enlarged tonsil caused symptoms he would remove it. He preferred the French tonsillotome to Mackenzie's, and objected to electro-puncture.

Dr. B. DELAVAN agreed in the main with Dr. Bosworth.

Dr. O. B. DOUGLAS thought some enlarged tonsils were simply congested, and he applied astringents and removed outside causes—such as nasal disease—before resorting to excision.

Dr. BEVERLEY ROBINSON did not think that all enlarged tonsils ought to come out. He thought that the result could be effected by galvano-puncture in about half a dozen sittings.

Dr. KNIGHT stated the four conditions in which he would resort to galvano-puncture instead of excision: (1) where one could distinctly recognize vascular anomaly; (2) where the tonsil was deeply buried, flat, diffuse, perhaps adherent with the pillars, and could not be included readily in the tonsillotome; (3) in hæmophilia; (4) where the patient absolutely refused to be cut.

Dr. JACOBI attributed the stupidity referred to by other speakers to the connection between the glands in the pharynx and those within the cranium rather than to interference with respiration.

Dr. AGRAMONTE opposed wholesale tonsillotomy. He said one should always be prepared to meet hæmorrhage; have the cautery and other agents convenient. Before operating, feel for pulsation in the tonsil with the finger. *Dundas Grant.*

GESELLSCHAFT DER AERZTE DES CANTON ZURICH.

Meeting, Nov. 17, 1892.

SUCHANNEK. *Contribution to Rhino-Pathology.*

(1) *Fibroma pendulum Septi Narium.* Extirpation of a tumour of the size of a cherry in a patient twenty-eight years old.

(2) *Bilateral Congenital Osseous Choanal Stenosis.* A patient, eleven years old, could not respire by the nose since birth. The mouth was always open; he could not smell, and had nasal speech. By digital exploration the choanæ and the septum could be felt, but by rhinoscopy a diaphragm was seen on both sides. The diaphragms were perforated by a trocar, and the patient advised to use metal bougies every day to keep them open.

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(3) The author showed microscopic specimens of true erectile tissue of the septum narium, a trephining of the antrum of Highmore, microscopic specimens of nasal epithelium, and of ozæna.

ANDELFINGEN showed an inhaler. *Michael.*

REVIEWS.

Bing, Albert (Privatdocent für Ohrenheilkunde an der Wiener-Universität).—"Vorlesungen über Ohrenheilkunde." Mit 27 Holzschnitten und einer Doppeltafel. ("Lectures on Otology," by Dr. ALBERT BING, Teacher of Otology, recognized by the University of Vienna. With 27 woodcuts and two plates.)

THIS is a conscientious endeavour to write "a short book on otology" which shall contain all that is of practical importance ("das praktisch Wichtige") on the subject. In this the author has been unquestionably successful. At the same time this is to some extent achieved by the omission of the chapters on the anatomy and physiology of the ear, with which it is customary to commence all systematic works on otology. To some this will be an advantage, but to the many, whose academic anatomy and physiology have lost their freshness, a decided defect. We must, however, admit that the practical reader, whose time is of value, is very apt to skip such chapters, and hurry on to those in which clinical descriptions are given, and in the work before us there is no lack of anatomical and physiological detail whenever it is necessary for the proper understanding of the clinical features of any disease under consideration. Methods of examination come first, and in the chapters devoted to them the student will find those details enlarged upon which only a thoroughly experienced and practical teacher could appreciate, as far outweighing all considerations of economy in space or printing. The author professes to attach little value to the usual drawings of otoscopic appearances, and, in truth, in presence of his magnificent word-pictures it is difficult to refuse him our acquiescence. Nevertheless, the student is always thankful for the impression produced by a well-executed drawing or diagram in addition to that made by the fullest verbal explanation. Dr. Bing recommends vulcanite catheters in preference to those made of silver. We consider his description of Eustachian catheterization as the bes and truest we have read, and is, we believe, the one chiefly employed by all experienced specialists, namely, that one in which the cushion of the inner lip of the Eustachian orifice is taken as a guide—the "round the cushion" (Wulstumgehungs) method. The other recognized methods are also given for use in cases where that cushion is feebly marked. When auscultation leaves us in doubt as to the position of the catheter he advises posterior rhinoscopy as a means of verification. The classical Valsalva's and Toynbee's experiments are shortly, but very clearly, described. He rightly deprecates the habitual use of Valsalva's method of inflation, and dwells on the preponderating advantages of Politzeriza-

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