during life. All cases were cured by excision of the fistula. In eleven cases he observed cysts, which were also cured by extirpation. The microscopical examination showed the cysts to possess a wall of epithelium, and that they developed in lymph follicles and lymph glands, and are formed by lymphadenoid tissue. The author also relates eight cases of so-called "branchiogenic cancers," operation upon which was of great difficulty, because they had very early formed adhesions with the great vessels and the vagus nerve. *Michael.*

EAR.

Hartmann.—*Demonstration by a Skiopticon of Specimens of the Ear, the Frontal Sinus, the Antrum of Highmore, and the Septum of the Nose.* Berliner Medicinische Gesellschaft, Meeting, Dec. 14, 1892.

HE showed the ductus naso-frontalis in relation to the introduction of the probe, the nasal wall of the antrum of Highmore which sometimes only consists of mucous membrane, and can easily be perforated through the nose. He also showed a specimen of an antrum divided into three cavities by osseous walls, a cystic degeneration of the sinus, and some malformations of the nasal septum. *Michael.*

Barr, T. (Glasgow).—*A Striking Case of Simulated Deafness.* "Arch. of Otol.," Oct., 1892.

A SERVANT-GIRL who had apparently become very suddenly totally deaf was treated by her family doctor with blisters over the mastoids, iodide of potassium, strychnine and pilocarpin for a fortnight without result. She acquired with singular rapidity a great proficiency in lip-reading. There was no hearing power for the tuning-fork, conversation, or any sound. The ears appeared perfectly normal. Her lip-reading was found to be perfectly at fault when the speaker's lips and face moved without the utterance of sound. Suspicion of simulation was then entertained. She was detected through her singing the identical song which had been sung in her neighbourhood earlier in the day, though she had admitted she had never known it before. On being charged with the deception, she "began to hear a little in one ear," and in three days completely recovered her hearing. *Dundas Grant.*

Mygind, Holger (Copenhagen).—*Deaf-Mutes in Denmark.* "Arch. of Otol.," Oct., 1892.

DR. MYGIND, profiting by the fact that the Government of Denmark has since 1817 concerned itself with the registration and education of the deaf-mutes in that country, has analysed in a most interesting and instructive manner the statistics obtained. It was only in 1879 that returns in the present complete form were inaugurated, and he confines himself to the date relative to the period between 1879 and 1890. Among

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points of interest are the fluctuation in the number of deaf-mutes from year to year, the greater number of male than female deaf-mutes (the early mortality of female deaf-mutes is stated later on). A very large increase in the number registered took place between 1870 and 1875, which could not be explained by any epidemic of measles, scarlatina, or typhoid, but by one of cerebro-spinal meningitis. Many interesting points in regard to the social relations of deaf-mutes are discussed. Not a single child born in the marriages of deaf-mutes was itself deaf and dumb. *Dundas Grant.*

Fougeray, Hamon de.—*Note on some Points in the Surgical Anatomy of the Tympanic Drum.* "Annales des Mal. du Larynx, etc.," Jan., 1893.

THE author gives an anatomical description of the tympanic membranum, the tendon of the tensor tympani muscle, and the neighbouring parts, and studies the topographical relation of these parts in the erect and prone positions. *Joal.*

Delstanche.—*Liquid Vaseline in the Treatment of Affections of the Middle Ear.* "Bull. de l'Acad. Roy. de Méd. de Belgique," Tome vi., No. 10.

AT the last meeting of the Society of Laryngology and Otology in Belgium Dr. Delstanche brought forward the question of the employment of liquid vaseline in catarrhal conditions of the middle ear. He again advocates the use of this agent, says that the pain in inflammation of the middle ear is instantly modified, and that the discharges can be got rid of. The syringe used is very much like the Eustachian catheter, and about four to five drachms of the warm liquid are injected. He gives notes of eighteen cases. *Hicguet.*

Lockwood (London).—*Gangrene of both Ears.* "Brit. Med. Journ.," Feb. 4, 1893.

THE patches of gangrene were symmetrical, and resembled the lesions of Raynaud's disease. There was no history of frost-bite, the disease showing in mild weather. The pupils were unequal, and did not react well to light, suggesting atrophic nerve lesion. Neither albumen nor blood pigment were found in the urine. The treatment suggested was varied—local application of belladonna, trinitrine tabloids internally, removal of scab and antiseptic plaster, and again small doses of opium. [One case observed in a syphilitic subject was cured by specific treatment.—ED.] *Wm. Robertson.*

Rouse, E. R. (Colney Hatch).—*Hæmatoma Auris.* "Lancet," Dec. 3, 1892.

HÆMATOMA occurs most frequently in acute mania and the maniacal stage of general paralysis—at times in those chronic manias with recurrent attacks. Dr. Rouse believes that violence of some sort is the usual cause—it may be merely a slight rub or knock. He considers it a very unfavourable element in prognosis, especially if bilateral. It is more common in sane people than is generally supposed. He has not been able to detect atheroma of the arteries. The insane ear is commoner among the higher than the lower class of patients. [Dr. Wynne describes in the "Transactions of the Pathological Society" for 1892, p. 141, a patchy breaking up of the cartilage in aged ears, with invasion

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of processes of perichondrium containing vessels. He holds that a similar change is present in the insane, the hæmatoma resulting from the rupture of these vessels.] *Dundas Grant.*

Knapp, H. (New York).—*A Marked Case of Rudimentary and Displaced Auricle, with Defective Development of the Side of the Face.* "Arch. of Otol.," Oct., 1892.

THE right auricle was abnormally near the front, and consisted in its upper part of a hard, bent ridge; in its lower of a soft, fibrous mass directed forwards. Behind it, at the place where the auricle ought to have been, was a shallow depression. The right half of the face was markedly smaller than the left. The temporal, malar, palatal, and superior maxillary bones, and the right half of the inferior maxillary, must have been atrophic. References to the literature are given. [Mr. Heaton's paper in the JOURNAL OF LARYNGOLOGY, April, 1892, is of interest in connection with such cases.] *Dundas Grant.*

Körner, Otto (Frankfort).—*A Study of some Topographical Relations of the Temporal Bone.* "Arch. of Otol.," Oct., 1892.

THE right jugular fossa is larger and deeper than the left, hence defects in the floor of the tympanum are more frequent in the right than the left ear. Körner still maintains—in spite of Schülzke's opposing observations—that deep extension of the lateral sinus into the base of the petrous bone, as well as greater depth of the middle fossa, is more common in brachy-cephalic (index under 1·30) than in dolicho-cephalic skulls (index over 1·30), the thickness of the outer wall of the sinus being greater in the latter. Defects in the tegmen tympani are more frequent (14·16 per cent.) in the brachy-cephalic than the dolicho-cephalic (1·4 per cent.). The thickness of the wall between the carotid and middle ear varies at its thinnest part from 1·0 to 7, 8 millimètres, and averages 3·25. In case of extreme thinness or dehiscence the carotid might be easily wounded from the external meatus. The facial canal is distant from the middle of the posterior margin of the tympanic sulcus from 1·5 to 4·3 millimètres, averaging 3·08, and mostly lies somewhat farther outwards (usually 1·0 to 2·0, at the most 3·7). Above the middle of the posterior margin the canal is so bent that the aditus ad antrum can be there opened without the nerve being touched. The structure of the mastoid process in fifty-four skulls is tabulated as follows :—

	Dolicho-cephalic.		Brachy-cephalic.
Pneumatic	24	.....	11
Compact	0	.....	6
Diploic	0	.....	2
Pneumatic and compact ...	2	.....	1
Pneumatic and diploic	6	.....	2

This shows pneumatic mastoids in 75 per cent. of the dolicho-cephalic skulls, the other 25 per cent. being partially pneumatic, whereas in the brachy-cephalic only about 50 per cent. are pneumatic, and about 30 per cent. compact. This is interesting in connection with the observation that the lateral sinus is usually well separated from the external canal in pneumatic mastoids. *Dundas Grant.*

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Schleicher.—*Observations on Cerebral Abscesses from Ear Disease.* "Ann. de la Soc. de Méd. d'Anvers," Nov., 1891.

THE patient had suffered from otorrhœa and cerebral disease, and the diagnosis of subdural abscess in the middle fossa was made. Schwartz's operation was employed, followed by aggravation of symptoms. There was external strabismus of the right side, right paraplegia, hemiplegia, and loss of sensation on the left side, clonic spasms, swallowing difficult, etc. The skull was opened over the second convolution according to Chauvel's method. Abundant sero-purulent fluid was found. There was temporary improvement, but death took place on the sixth day. *Post-mortem* examination showed evidence of diffuse cerebral abscess.

Hicguet.

Schmiegelow, E. (Copenhagen).—*Contribution to the Surgical Treatment of Ear Diseases.* "Arch. of Otol.," Oct, 1892.

THE relation of the "attic" to Shrapnell's membrane, and its division into an outer and an inner part, are described. The outer portion is often the seat of suppuration apart from the rest of the tympanum. It is very rarely affected in acute otitis (scarcely 1·6 per cent.), but very commonly in the chronic forms (13·5 per cent.). In the latter cases the course is exceedingly slow until the sudden occurrence of endocranial or pyæmic complications. They are often associated with the formation of cholesteatomata. The treatment must therefore be energetic. Ordinary injections are useless. Injection through the perforation by means of Hartmann's or Schwartze's tympanic canula, enlargement of the opening by means of the galvano-cautery and application of nitrate of silver fused on wire, constituted the treatment in fifty-four cases. In twelve the result was unknown, in sixteen there was a cure, in eleven improvement, and in fifteen no benefit. Excision of the membrane and ossicles, particularly the malleus and incus, was required in twenty cases. In fourteen the malleus was carious, and the incus was similarly diseased in all the cases in which it was removed. There was a cure in nine cases, improvement in eight, no effect in two, and no known result in one. The hearing was improved in ten, unaltered in six, and slightly diminished in three. When suppuration still persisted it was usually on account of caries of the walls of the attic or cholesteatoma in the mastoid antrum or cells. He then employed Wolf's and Küster's operations, but now prefers Stacke's proceeding, which he has carried out eight times. *Dundas Grant.*

Pepper, A. J.—*Two Cases of Mastoid Disease.* "The Clinical Journal," Feb. 1, 1893.

TWO typical cases of mastoid disease following chronic suppurative middle-ear disease are narrated. The importance of earlier recourse to surgical interference in such cases is insisted upon. Two definite conditions which should at once determine an operation are:—(1) Where there is long-continued aching pain, with tenderness over the mastoid, even in the absence of suppuration or œdema external to it (in most of these cases there is distinct tenderness upon *percussion*). (2) When a mastoid abscess has burst, or has been opened, exploration can do no

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harm, and in the majority of cases evidence will be obtained which will lead to farther operating, for in the greater number of cases abscess over the mastoid means destructive disease within. *W. Milligan.*

ASSOCIATION MEETINGS.

PARIS SOCIETY OF LARYNGOLOGY, OTOLOGY, AND RHINOLOGY.

December 7, 1892.

Empyema of the Frontal Sinuses—Trephining—Cure by first intention. By Dr. VALUDE.

The patient, aged twenty-three, presented a small soft tumour of the size of a small nut at the upper portion of the internal angle of the orbit, under the orbital arch. It was fixed, non-pulsatile, and the skin covering it was normal. There had been for months constant and violent frontal pain, and a discharge of muco-pus from the nose.

An exploratory incision confirmed the diagnosis of empyema of the frontal sinus and subcutaneous abscess, and the introduction of a probe enabled the author to penetrate to the bottom of the ethmoid cells and to find a long osseous substance.

The latest works upon the treatment of the condition (Guillemain in the "Archives d'Ophtalmologie," 1891, and the thesis of Derchen, 1892) consider that empyema of the frontal sinus can only be treated in three ways.

1. By antiseptic tamponing (*bourrage*) of the cavities of the sinus.
2. By orbital drainage.
3. By drainage through the fronto-nasal canal.

The first method may give rise to great pain, and cause retention of matter. Both the other methods may yield results, but only after a long time, even months as Guillemain says. The fronto-nasal canal is so very narrow (two to three millimètres in the dry state) that one may ask what good drainage can do in a small space fifteen millimètres long, and what can be accomplished by irrigation of a sinus full of septa and anfractuosities. Orbital drainage offers no less difficulties. It is easier to infect the sinuses by a drainage tube put into communication with the exterior than to disinfect by defective irrigations.

The author made a V-shaped incision at the internal and superior angle of the orbit, one branch of the V following the superior orbital ridge, the other the back of the nose. The abscess was then exposed and a trephine about 1½ centimètres in diameter was applied at the angle formed by the orbital ridge and back of the nose. On opening the mucous membrane a quantity of viscous pus was extruded from the upper part of the sinus. A canulated sound introduced into the cavity showed that a large

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