so as to free the infundibulum as much as possible, then blowing by means of a Politzer's bag up the nostril of the affected side, while the other nostril is pressed, and the patient utters vigorously the sound 'ee.' In order to protect the tympanic membranes against the force of the impact of air on their inner surface, I advise the patient to close both external auditory meatuses by pushing in the tragus, and thus placing a resistent buffer of air on the outer surface of each membrane. Moll advises the clearance of the cavities by performing the act of inspiration while pinching both nostrils. I practise washing out the frontal sinus by means of Hartmann's cannula introduced up the infundibulum, with parolein containing a trace of menthol, and in several cases, in which one might reasonably have anticipated the necessity of performing the external operation, this method of treatment has produced the required result. Though before the removal of a portion of the middle turbinated body this can, of course, only be accomplished in about 50 per cent. of cases, after this removal the percentage is very much higher. Before introducing the cannula it is advisable to test, with a flexible probe bent in different directions, the position and inclination of the infundibular passage.

"The radical operation is, of course, invaluable and indispensable in a certain number of cases, but its proportion is, I believe, smaller than has hitherto been supposed; and with the more careful and progressive study of intranasal methods, for which I beg to utter the strongest plea, I believe that this proportion will become smaller still—a result which I consider infinitely creditable to the science of rhinology."

AUSTRIAN OTOLOGICAL SOCIETY.

May 30, 1899.

President: Professor GRÜBER.

I. Professor POLITZER. *Case of Abscess round the Sigmoid Sinus without Suppuration of the Mastoid.*

A girl of fifteen was taken ill two weeks before admission with acute otitis and mastoiditis. Discharge ceased in five days, but returned two days before admission, accompanied by fever and mastoid pain.

On operating, the mastoid was found diploëtic and much inflamed, but not suppurating. Temporary improvement followed the operation, but on the second day there were rigors, high fever,

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and double optic neuritis, followed by spastic paresis of the legs, tenderness over the lumbar spines, increased reflexes and hyperæsthesia of the skin of the legs. Lumbar puncture yielded 50 c.c. of clear liquid under considerable pressure. Cultures negative. During the next ten days the fever became pyæmic in type, and a reddened, painful swelling formed along the left sterno-mastoid. The sinus was accordingly exposed, and a small quantity of thin, fœtid pus was found surrounding it. After some improvement, the temperature again rose, coincident with the reappearance of a diffuse, boggy swelling along the left internal jugular. This swelling first showed itself before the second operation, but disappeared entirely after it.

The diagnosis was sinus thrombosis, extending into the jugular. This was confirmed by the fact that there were hæmorrhages into both retinæ and the formation of new vessels. Politzer has found abscess round the sinus to be frequent after influenza of late years. Whenever fever continues after opening a mastoid abscess, the sinus ought to be exposed.

II. Dr. KAUFMANN. *Case in which it was necessary to open the Mastoid in order to extract a Foreign Body from the Meatus.*

While removing part of the mastoid cortex, in order to obtain sufficient access, the cells were found to be suppurating in numerous places. They were freely opened, and part of the posterior wall of the bony meatus was also removed. The mastoid suppuration was unsuspected, as there were no signs of it.

Professor GRÜBER remarked that he had recommended and repeatedly practised with success the operation described.

III. Dr. MARX. *A Girl of Seventeen with a large Heart-shaped Perforation of the Membrana Tympani, through which the Carotid Artery could be seen* as a bluish-gray area, pulsating strongly and showing a double punctiform reflection. The pulsation was synchronous with the pulse, and ceased during compression of the carotid.

The part felt soft and membranous to the touch, and was surrounded by smooth, bony edges. There was no history of caries, so that the defect of the lower and anterior tympanic wall must be considered congenital. No exactly similar case had been recorded.

Dr. GOMPERZ related the case of a girl of eighteen who had suffered since childhood from otorrhœa, with destruction of the membrane. He removed from the inner wall of the tympanum a cholesteatomatous mass as big as a bean, leaving a deep notch in the lower half of the wall. Had the process not been arrested, the jugular bulb must have been exposed.

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IV. Professor GRÜBER. *A Model of a Frost-bitten Auricle*, showing all the stages from livid discoloration to gangrene.

V. Dr. GOMPERZ. *A Temporal Bone from a Case of Leukæmia*, with encapsuled exudation in the posterior part of the mastoid antrum, which was shut off from the attic by a double vertical fold of mucous membrane. The fluid was yellow and viscid, and contained crystals of cholesterin and fat-cells, with yellow pigment, the result, no doubt, of fatty degeneration of inflammatory products.

Dr. BING made some remarks on concretions in the meatus, and described a concretion which consisted of a nucleus of cotton-wool surrounded by a crust composed of fatty acids in combination with lime-salts and a little magnesia.

Dr. GOMPERZ. *Notes on New Remedies.*

Argonin (casein-silver) is a very fine grayish-white powder, very useful as an insufflation in eczema of the meatus.

Orthoform only acts as an anæsthetic when applied to raw surfaces where the nerve-endings are exposed. It acts slowly, but the effect continues for from five to twenty-four hours. It is useful for painful wounds, as after the radical operation, tonsillotomy, removal of adenoids, etc. WILLIAM LAMB.

(*Monatschrift für Ohrenheilkunde, June*, 1899.)

HUNGARIAN OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

President: HERR v. NAVRATIL.

I. The PRESIDENT. *Carcinoma of Larynx.*

Hoarseness of ten years' duration. An ulcerated, uneven mass as big as a walnut involved the left false and true cords. It was sharply marked off from the surrounding tissue, and there was no enlargement of glands. Preliminary tracheotomy, followed by partial resection of the larynx, was proposed.

Herr ZWILLINGER agreed, and pointed out that such growths were often more extensive than was suspected from laryngoscopic examination.

Herr BAUMGARTEN asked why the whole operation should not be done at once—English fashion.

Herr MORELLI noticed that the growth had reached the centre of the posterior wall, and thought they must be prepared for total laryngectomy.

Herr NAVRATIL, in reply, said he hoped to find partial excision

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