chromic acid, strongly styptic, and not poisonous. I apply it to tonsils that are unsuitable for cutting; also after using the galvano-cautery, or scraping out suppurating granulations.

AUSTRIAN OTOLOGICAL SOCIETY.

June 28, 1898.

Monatschrift für Ohrenheilkunde, July, 1898.

President: Professor URBANSCHITSCH. *Secretary:* Dr. KAUFMANN.

Dr. ALT showed *a Dog from which he had recently removed the Cortex of both Temporal Lobes.*

It was quite deaf.

Dr. HAMMERSCHLAG said experience proved such deafness to be transient.

Professor GRUBER. (1) *Sections of a Papilloma of the External Meatus.*

It sprang by a broad base from the posterior wall, and was removed by the knife.

(2) *Caries with Cholesteatoma of Left Temporal Bone; Radical Operation; Death from an Old Abscess of the Cerebellum*

A man of thirty had suffered from otorrhœa since he was six. In his eighth year he had a mastoid abscess, which burst externally, but soon healed. Otorrhœa and deafness continued, but his health was good till a few weeks before admission, when he began to suffer from headache and dizziness. On admission his temperature was 103° F., and he had a violent rigor. No mastoid tenderness or enlarged glands. Meatus reduced to a slit by swelling of the posterior wall; granulations visible in the deeper part. On operating, the mastoid cells, antrum and attic, were found full of inspissated exudation and cholesteatomatous masses. The typical radical operation was performed, and all diseased bone removed. No communication with the interior of the skull could be made out. After some temporary improvement headache and somnolence became marked, facial paralysis appeared, and the patient died on the ninth day.

Post-mortem.—A chronic abscess as big as a hen's egg was found in the left hemisphere of the cerebellum, surrounded by a zone of recent inflammation. On the posterior surface of the pyramid, between the opening of the aquæductus vestibuli and the sigmoid sinus, was a patch of inflamed dura as big as a sixpence. The bone, however, was not perforated, but a thin band of inflamed

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connective tissue stretched backwards under the dura towards the sigmoid sinus, and along this band the infection seemed to have travelled. The tegmen tympani was intact. Noteworthy is the prolonged absence of symptoms and signs in this case, and also a tendency the patient showed to incline his head strongly to the diseased side, supporting it with his hand.

Dr. PANZER mentioned Gradenigo's work, and said he laid stress upon progressive somnolence in cerebellar abscess. He also pointed out that disease of the tegmen tympani caused abscess of the temporal lobe; while disease of the mastoid, or sinus, was more likely to cause cerebellar abscess.

Professor POLITZER. (1) *A Temporal Bone in which there were a Series of Air Cells beginning beneath the Cochlea and extending to the Apex of the Petrous Portion.*

They communicated with a canal in the floor of the tympanum, in close relation to the jugular vein and carotid artery.

(2) *A New Ear-trumpet.*

In this, instead of a complete funnel being used as a sound-collector, only half a funnel is used, constructed on the model of the horse's or ass's ear. It conducts well, and disturbing accessory noises are almost absent.

Dr. W. SINGER. (1) *A Case of Phlegmonous Peri-chondritis following the Radical Operation.*

Swelling of the auricle and meatus came on six weeks after the operation, and there was free suppuration. Dr. Panzer showed a similar case last year, in which the auricle was greatly shrunken. His case also came on six weeks after the radical operation. Grunert attributes this unfortunate accident to the undue extension of the horizontal incision through the membranous meatus, so that it extends into the auricle. This view is contrary to the experience of the Vienna Poliklinik, where the practice has been to divide the auricle freely.

(2) A peasant of fifty-three, in whom masses of *Dry Cholesteatoma* had been removed from the antrum and mastoid cells.

There was a carious opening in the tegmen tympani as large as a hazel-nut, and the dura mater could be seen pulsating.

Dr. BING described a *Modification of the Small End of the Ear-trumpet.*

The end is made larger, and is fitted against the auricle at the point where it joins the meatus. A second branch of the same tube may be applied to the mastoid.

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Professor URBANSCHITSCH showed *Specimens illustrating the Influence of High and Low Musical Notes upon the Handwriting.*

Deep notes seem to produce a feeling of muscular relaxation; the letters become larger, and the character of the writing somewhat uncertain, and tending to fall below the line. High notes seem to produce increased muscular tension; the writing becomes small and jerky, and often tends to rise above the line. These are only preliminary observations; Urbanschitsch draws no general conclusions.

AMERICAN LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

(*Continued.*)

STRAIGHT, HOWARD S., M.D. (Cleveland, Ohio).—*Hæmorrhage of the Larynx*, with cases.

Case 1: In February, 1898, an Englishman, aged thirty-seven years, was referred to me for examination of the throat. Fourteen years before he had had a marked expectoration of blood that lasted two or three days; it then ceased. For a few months following, he expectorated at times small quantities of blood. At this time his general health was in no respect affected. Seven years before coming under observation he had a recurrence of the hæmorrhage, and during the next four years he had hæmorrhages at intervals varying from a few weeks to a few months. For three years before he had been much worse. In December, 1895, after taking a severe cold, he had had a very profuse hæmorrhage lasting for a number of days. For three weeks before his visit to me he had an almost constant slight hæmorrhage, being able to raise small masses of blood at almost any time by clearing his throat, especially on rising. He had never suffered in any way from catarrhal troubles of the upper air passages or larynx. His hæmorrhages occurred without having any special reference to having a cold at time of bleeding. A general examination revealed nothing abnormal. He had slight hypertrophic rhinitis only. An examination of his larynx revealed a general engorgement of the bloodvessels of the larynx, the epiglottis, and base of the tongue. No bleeding-point could be detected, although he had expectorated quite a little blood within a few hours before his visit to me, nor could I detect any bleeding-point within the next two months, although he had a number of slight hæmorrhages.

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