OTOLOGY.

WE again offer our readers a retrospect of as much of the literature of otology as has been placed before them in the form of abstracts and other papers in the Journal for the past year. As before, we have given the references to the original sources as being of greater service than if we had referred to the abstracts in our Journal, which can easily be found in the index.

ANATOMICAL POINTS.—Otto Körner ("Arch. of Otol.," Oct., 1892) adds several more observations to his already well-known contributions to *the Anatomical Relations of the Parts about the Temporal Bone.* He finds that in dolicho-cephalic skulls the mastoids are much more often pneumatic than in the brachy-cephalic, and that in the former also the lateral sinus does not extend so deeply into the base of the petrous bone. *Mastoid Measurements*, carried out on four hundred crania by Coues ("Boston Med. and Surg. Journ.," Sept. 21, 1893), showed that thirteen had asymmetric mastoid processes. In one hundred and sixty-four there was either a small mastoid or a deep digastric fossa, and of these one hundred and thirty-six had a very deep lateral sinus, and therefore liable to injury in mastoid operations. *The Mastoid Antrum in Children* receives a formal academical description from A. Cheatle ("Lancet," Dec. 3, 1892). He suggests very pertinently that the application to it of the term "mastoid" is erroneous, as it is part of the petrous bone, and that a better name would be "tympanic receptaculum." We fully appreciate the correctness of his contention, and have proposed "petrous antrum" or "tympanic antrum" as more acceptable and equally appropriate (JOURNAL OF LARYNGOLOGY, Feb., 1893).

Craniometric Measurements by Randall (Pan-American Congress, 1893) are adduced to show that the cranial index gives little pointing to the anatomical relations of the structures around the petrous bone.

The *Comparative Anatomy of the Ossicles* shows, according to Horne (Amer. Otol. Soc., July 13, 1893), that the descriptions given by Gruber of the processus longus of the malleus, and by Helmholtz of the malleo-incudal joint in man, hold equally in many animals. Though the form of these bones varies, that of the incus is very constant.

PHYSIOLOGICAL POINTS.—*The Limit of Hearing for Low and High Tones in connection with Age* has been investigated by Cuperus. (Dissertation, Leyden, 1893.) He confirms Zwaardemaker's observation of the lowering of the upper limit proportionately with increase of age. As regards the lower limit, tested by Apunn's apparatus, he found a similar but much slighter shortening, the limit being from ten to twenty years, 10·10 vibrations; twenty to thirty, 10·54; thirty to forty, 10·85; forty to fifty, 11·00, fifty to sixty, 12·33; above sixty, 12·95. In a further communication on the *Continuous Tone-range, especially on the Physiological Upper and Lower Limits of Audition* ("Zeitschrift für Ohrenheilk.," Dec., 1892), Bezold found the average upper tone-limit at 2·03 of Galton's whistle, and the lower one at a tone having 17·04 vibrations per second.

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He found variations according to age of the same nature as Zwaardemaker, but much less in degree.

The Functional Examination of the Normal Ear has been practised by Siebenmann ("Arch. of Otol.," Jan., 1893), who has brought out some interesting facts. He found that Valsalvan inflation of the tympanum diminishes air-conduction and increases bone-conduction for the fork A, and raises the upper tone-limit, whereas aspiration (Toynbee's experiment) decreases both air- and bone-conduction, and lowers or leaves unaffected the upper tone-limit. Pressure on the stapes by means of a probe increased bone-conduction, and tamponment of both the labyrinthine fenestræ did not influence the perception of high tones.

A New Form of Osteo-Tympanal Acoumeter has been devised by Gradenigo ("Zeitschrift für Ohrenheilk.," Dec., 1892), consisting of a coil of wire connected with a faradic battery. Among other results, he has found that in all cases of middle-ear disease the osteo-tympanal conduction was diminished as tested by means of the minimal sound perceived.

The *Quantity of Tone*, meaning in addition to the intensity the minimal length of time it has to continue in order to be perceived by the patient, has been measured clinically by Dennert ("Arch. für Ohren.," Bd. 34, Heft 3).

Bonnier has studied the *Mechanism of Deglutition and opening of the Eustachian Tubes* in a patient who had lost the palate and a considerable amount of the framework of the nose (Paris Society of Laryngol., Otol., and Rhinol., Dec. 7, 1892). The tubes opened during deglutition in spite of the absence of the peri-staphyline muscles and palatine aponeurosis.

The Fatty Layer in the Lateral Wall of the Eustachian Tube has been investigated by Ostmann ("Arch. für Ohren.," Bd. 34, Heft 3), who looks upon it as protecting the ear from the sounds of the patient's own voice—thereby preventing autophony—and also from the invasion of micrococci from the naso-pharynx.

AURICLE.—Knapp ("Arch. of Otol.," Oct., 1892) describes an interesting case of *Rudimentary and displaced Auricle, with defective development of the side of the Face.* It resembles Mr. Heaton's case in the JOURNAL OF LARYNGOLOGY for April, 1892.

A case of *Gangrene of both Ears* is narrated by Lockwood ("Brit. Med. Journ.," Feb. 4, 1893), which resembled one of Raynaud's disease.

Hæmatoma Auris is discussed by Rouse ("Lancet," Dec. 3, 1892), who finds it most frequent in acute mania and the maniacal stage of general paralysis. He considers violence of some sort essential to its production. Wynne describes a change in senile ears ("Trans. of Path. Soc.," 1892), consisting of a breaking up of the cartilage, and considers that in some insane people an analogous change takes place.

Epithelioma of both External Ears is described as occurring in one case by Sumpter ("Lancet," April 18, 1893), but Snow (*ibid.*, April 25) considers that on one of the ears the disease was simply eczema.

Squamous Epithelioma of the Auricle occurred in a case under Crawford ("Brit. Med. Journ.," Mar. 18, 1893), commencing in the

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typical way as a wart, and involving the greater part of the auricle in fourteen months. It was removed by the knife, leaving the unaffected portions. Dench ("Arch. of Otol.," Vol. xxii., No. 2) has also reported a case, and expresses the opinion that malignant disease of the external ear is more amenable to surgical interference than the same affection in other regions of the body. Meyer treated a case of epithelioma of the ear by *Excision and Skin-grafting*, after Thiersch's method, with good result ("Med. Rec.," Jan. 14, 1893).

In a case in which the epithelioma adhered to the cartilage, Orme Green ("Arch. of Otol.," July, 1893) performed amputation. A *Cavernous Angioma of the Auricle* called for amputation after ligation of the external carotid. *An Ulcerated Tuberculous Affection of the Lobe of the Left Ear with Anæsthesia of the same side of the Face, complicated with Scabies*, reported by Ellis ("Lancet," Feb. 25, 1893), strongly suggests the idea of its being a manifestation of leprosy.

The Treatment of Eczema of the Ear, according to Chatellier (Soc. of Laryng., Otol., etc., of Paris, April 7, 1893), is best carried out in the moist form by means of sublimate lotion, drying, and dusting with iodol; in the dry form by similar washing and drying, but with an application of iodol in lanolin or paraffin oil. Hermet preferred nitrate of silver after syringing with warm water, and Ménière strong solution of carbolic acid in glycerine.

Max Thorner (Pan-American Congress, 1893) draws attention to *Pathological Conditions following Piercing of the Lobules of the Ear.* He has observed erysipelas, cleavage, enlargement of the perforation, eczema, fibro-chondroma, fibroma, keloid.

External Meatus.—*An Aural Reflex of Unusual Character due to Impacted Cerumen*, consisting in an annoying cough and spells of inability to swallow food, is described by Theobald (American Otological Society; "Med. Record," July 29, 1893). *Aural Reflexes* excited in three different situations are described by Bonnier (Soc. of Laryng., Otol., etc., of Paris, Feb. 3, 1893). 1. On touching the membrane a short cough with irritation at the level of the glottis. 2. A spot external and posterior to the membrane, a cough of bronchial character (both these belonging to the vagus). 3. Near the outer orifice of the meatus a hiccough or eructation (great auricular and phrenic). *An uncommon Form of Deafness*, in a case under the care of Williamson ("Lancet," Jan. 21, 1893), arose from the presence of the body of a blow-fly in the ear for eighteen months. In a case related by Bonnier (Soc. of Laryng., Otol., etc., of Paris, Feb. 3, 1893), a piece of glass tube had been in the ear for twenty-three years, and was imbedded in cerumen, and in one by Conners ("Med. News," Aug. 26, 1893) a white bean had been retained for thirty-nine.

A case of *Aural Exostosis*, causing purulent retention in the deep parts of the ear, removed with the electric snare, is narrated by Barr ("Brit. Med. Journ.," July 2, 1892).

Removal of the Cartilaginous Meatus for Epithelioma was practised by Orme Green ("Arch. of Otol.," July, 1893), but recurrence took place. A *Sarcoma of the Meatus* was completely eradicated by him after one

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recurrence. *Hæmorrhage from the Meatus* was, in one of his cases, traced to a small angioma on the inner side of the tragus.

MIDDLE EAR.—In *Pure Catarrh of the Eustachian Tube*, Siebenmann ("Arch. of Otol.," Jan., 1893) found, in addition to the other well-known symptoms, elevation of the "lower tone-limit" even up to A—^{1}, and reduction of the "upper tone-limit." Inflation restored low tones, but left the upper tone-limit as before. He attributed this to hyperæmia *e vacuo* of the portion of the membrana basilaris nearest to the fenestra rotunda—the shortest fibres.

The *Diagnosis between Middle-Ear and Labyrinthine Deafness* can be made, according to Jankau ("Arch. für Ohren." Bd. 34, Heft 3), by a kind of transauricular auscultation. By means of diagnostic tubes in the patient's and the observer's ears the sound of a vibrating tuning-fork on the vertex of the former is conveyed to the latter, louder from the side affected with middle-ear disease, less loud from that with labyrinthine.

A *Foreign Body in the Tympanum* took a very remarkable course in a case described by Greene ("New York Med. Journ.," March 25, 1893). It entered the tympanum, and left only a thin streak behind the manubrium. Three weeks later, abscess formation took place, and pus discharged through a perforation. A piece of alder twig was removed by means of a fine syringe introduced into the opening.

Vibratory Massage of the Middle Ear by Means of the Telephone, acted on by an interrupted current, has been tried by Wilson ("New York Med. Journ.," Feb. 25, 1893) in five cases. Some diminution of tinnitus occurred in three, but no increase of hearing power in any.

Eustachian Synechiæ—adhesions between the pharyngeal extremity of the tube and the walls of the naso-pharynx—are attributed by Robertson to inflammation, adhesion, and retraction of the pharyngeal tonsil. He breaks them down by means of the finger-nail.

The Influence of Disease of the Nose and Naso-Pharynx on Disease of the Ear was treated of by Robertson (Brit. Med. Assoc., Aug., 1893), who illustrated it by cases of nasal diaphragm, suppuration of the antrum of Highmore, interstitial and purulent ethmoiditis, and suppuration in the sphenoidal sinus. In *Some Observations bearing on the Treatment of Nasal and Middle-Ear Affections*, Tuttle ("Boston Med. and Surg. Journ.," April 13, 1893) suggests as a test for perforation of the membrane the use of politzerization after the insertion of some oil—benzoinol—into the ear, the oil being expelled if a perforation is present. Dr. Barr, in discussing *Treatment of the Nose and Throat as a source of Middle-Ear Disease*, urges great caution in the use of the nasal douche ("Lancet," Dec. 17, 1892), and Sir William Dalby goes so far as to proscribe it altogether. *Internal Massage* of the nasal and pharyngeal mucous membrane is stated by Laker (Verhandl. des Deutsche Otol. Gesellschaft, Frankfort, April 16, 1892) to have been followed by improvement in chronic catarrh of the middle ear. *The Causes giving rise to Inflammations of the Ear or Neighbouring Parts after Operations upon the Nose or Naso-Pharynx*, according to Bresgen ("Wien. Med. Woch.," 1892, Nos. 45, 46 and 47), are propagation by the surface or by lymph

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channels, especially if blowing the nose be improperly performed. He recommends pyoktanin in the after-treatment. *Otitis Media following Amputation of the Uvula* occurred in a case observed by Braislin ("New York Med. Journ," Mar. 4, 1893), but was probably of a tuberculous nature. Injections of from four to five drachms of warm *liquid vaseline* are recommended by Delstanche ("Bull. de l'Acad. Roy. de Méd. de Belgique," Tome vi., No. 10) in catarrhal conditions of the middle ear. Lake ("Lancet," May 27, 1893) draws attention to the occurrence of *Localized Inflammation of the Posterior Superior Quadrant of the Tympanic Cavity.*

Angioma of the Tympanum was present in a case under Orme Green ("Arch. of Otol.," July, 1893).

Among other *Cases of Foreign Body* was one narrated by Wherry ("Lancet," June 3, 1893) of a *Blue-bottle and Maggots*, the latter having apparently developed during the fifteen minutes that the insect was in the ear. *A Foreign Body in the Ear for Twenty-one Years*—namely, a pea—was removed in a dried and shrivelled condition by E. J. Pritchard ("Lancet," June 10, 1893). Frederick Cox (JOURNAL OF LARYNGOLOGY, Feb., 1893) reported a case of *Otitis Externa due to an Unusual Foreign Body*, viz., a number of bristles similar to those of a tooth-brush.

SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.—Schmiegelow ("Arch. of Otol.," Oct., 1892) refers to the part played by the external attic in chronic ear disease. It may be the only part affected. The treatment first called for is local injection by means of a tympanic canula, or enlargement of the opening and cauterization. This cures many cases, but in some the excision of the membrane and ossicles is required, and if this fails it is usually on account of caries of the walls of the attic or cholesteatoma in the mastoid antrum or cells necessitating Stacke's operation. Meyjes ("Nederland Tigdschr. v. Geneeskunde," 1893, Deel 1) strongly advises excision of ossicles before resorting to such operations as Stacke's. Field, in his Harveian Lectures, has given a thorough review of the *Pathology and Treatment of Suppurative Disease of the Ear* ("Brit. Med. Journ.," Dec. 3, 17, 1892), including the bacteriological aspects of the subject. *Suppurative Median Otitis with Multiple Nuclei of Suppuration from Staphylococci* is described by X. ("Ann. de la Soc. Medico-Chirurg. de Liège," Sep., 1892), the concomitant affection being osteo-myelitis of the tibiæ. *The Treatment of Middle-Ear Disease*, in both acute and chronic forms, has been well summarized and illustrated by Parkin ("Sheffield Med. Journ.," Vol. i., Part 3). *A New Tympanic Syringe* of very convenient form, fed from a lofty reservoir, was shown by Milligan in the otological section of the British Medical Association at Newcastle. The *Treatment of Chronic Suppuration of the Middle Ear* is fully discussed by Prof. Politzer in a clinical lecture ("Lancet," Aug. 19, 1893), in which he gives cautions in the use of perchloride lotions, and methods for the prevention of the formation of cholesteatoma. *Aspiration of Pus* by means of Siegel's suction speculum is practised by Courtade (Soc. of Laryng., Otol., etc., of Paris, April, 1893). It has already been recommended by Gruber.

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OPERATIONS IN THE EAR.—*Removal of the Drumhead and Ossicles in Diseases of the Middle Ear* was practised by Melville Black ("Med. News," April 15, 1893) in five cases. In two with suppuration the disease was cured, but in the "dry" cases little benefit was obtained. *Partial Myringectomy* (postero-superior quadrant) and *Removal of the Incus and Stapes*, or of the incus and crura of the stapes, is recommended by Burnett for tinnitus and aural vertigo in chronic catarrhal otitis media ("Med. News," May 13, 1893). *Otoscleronectomy and Otonecronectomy* are praised by Sexton ("Med. Rec.," Feb. 18, 1893). He attaches little value to operations for the mobilization or removal of the stapes. *Excision of the Auditory Ossicles* for chronic suppuration was recommended by Milligan (Brit. Med. Assoc. meeting at Newcastle, Aug., 1893), particularly in cases of attic suppuration and perforation of Shrapnell's membrane. He quoted Ludewig's statistics in favour of the operation. Arbuthnot Lane considered antrectomy preferable. In a paper on the *Difficulty of Operating in the Depths of the Ear Canal* (American Otol. Soc., "Med. Record," July 29, 1893), Barclay recommends a very short speculum of his design made with handles of different shapes—spoon handle, incomplete ring, and tailors' thimble—and instruments of bayonet-shape, but so made that the point is directly in a line with the handle.

Stacke's Operation is advanced by Dr. Felix Cohn (Pan-Amer. Cong., 1893) as a safe and justifiable operation in chronic aural catarrh as helping to prevent the regrowth of the membrane.

Otosclerectomy for chronic dry catarrh received some support from Dr. Lawrence Turnbull, who was strongly in favour of excision of ossicles in the suppurative cases (Pan-Amer. Cong., 1893).

STAPEDECTOMY.—In *Remarks on Two Cases of Excision of the Stapes* ("Boston Med. and Surg. Journ.," April 13, 1893), Jack found considerable power of hearing after the operation. It has been further studied by Clarence Blake and by F. L. Jack (American Otol. Soc., July, 1893). They have arrived at the conclusion that it is not practicable in chronic dry catarrh, as the crura are more likely to be fractured than the foot-plate to be removed. Blake thinks mobilization would give equally good results in the post-suppurative cases. He is guided by the results of an "exploratory tympanotomy," and tries first the effects of synechotomy, tenotomy, crucial incision, and artificial drum. Jack states that some cases of tinnitus and aural vertigo are relieved, but the results are not very promising. He has practised the operation in forty-eight cases.

MASTOID DISEASES AND OPERATIONS.—*Percussion of the Mastoid Process* practised by Lücke on various bones of the body ("Centralbl. für Chirurg.," 1876, and "Archiv für Klin. Chirurg.," 1877) has been carried out by Koerner and Wild ("Zeitschr. für Ohrenheilk," Dec., 1892), comparative dulness indicating disease of the bone, not necessarily solidification of its cavities.

Transillumination of the Mastoid Cells, as a means of diagnosis of internal suppurative mastoiditis, is recommended by Caldwell

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("New York Med. Journ.," July 15, 1893). A small electric lamp, partially covered with thin rubber tubing, is fitted into the meatus.

Two cases of *Osteoma of the Mastoid* are narrated by Orme Green ("Arch. of Otol.," July, 1893). *The Length of Time that ordinary Antiseptic Treatment should be tried* in cases of chronic middle-ear suppuration, as such, before resorting to surgical clearance of the antrum and tympanum, has been formulated by Victor Horsley as one year (Brit. Med. Assoc., Aug., 1893). *Stacke's Operation* is described by Milligan as successful in two cases of chronic suppurative middle-ear disease, in which he employed it ("Brit. Med. Journ.," April 8, 1893), and Robertson (Brit. Med. Assoc., Aug. 1893) recommends it in chronic cases, while preferring Schwartze's for the acute. The subject receives very thorough consideration in his paper. Prof. Macewen (*ibid.*) agreed with Schwartze's recommendations. He thought further that it was advisable to operate even when there was evidence of the presence of septic meningitis. The *Facial Nerve* is to be avoided by not operating too low, and by watching for twitching of the facial muscles, or by introducing a bent probe into the aditus ad antrum (Macewen, Horsley, Robertson, *ibid.*). In case of its destruction by disease Horsley (*ibid.*) thought there was scope for nerve-grafting. *The "Secondary-suture" in Mastoid Operations* is recommended by Gruber ("Monats. für Ohrenheilk.," Dec., 1892), and consists of a stitch going so deeply as to include the periosteum, when it is considered desirable to hasten the closure of the mastoid wound after having kept it open by plugging or otherwise.

The *Markedly Counter-Irritant Effects of the usual Mastoid Operation* are considered by Buck (Amer. Otol. Soc., July 13, 1893) to be very important elements in their beneficial action in cases of post-otitic intra-cranial mischief. He believes that most good results in those cases in which the mastoid wound takes what would be generally considered a rather unsatisfactory course.

Death from Exhaustion and Hæmorrhage occurred in a case described by Dr. Knapp (Amer. Otol. Soc., July 13, 1893), of a feeble child with extensive caries and necrosis of the temporal bone, in spite of mastoid operation. In another case, in spite of apparent wounding of the lateral sinus, and serious cerebral and pulmonary symptoms, complete recovery took place.

Autopsies in Two Cases of Complicated Middle-Ear Disease, one of subdural and cerebellar abscess and septic pleuro-pneumonia, the other of sinus phlebitis and meningitis, are reported by Sutphen (Amer. Otol. Soc., July, 1893), and Gruening (*ibid.*) relates one of *Fatal Thrombosis of the Lateral Sinus.*

Pepper ("Clin. Journ.," Feb. 1, 1893) insists on earlier recourse to operation in mastoid disease following chronic suppurative middle-ear disease, and this particularly when there is long-continued mastoid pain or when a mastoid abscess has burst.

CHOLESTEATOMA.—*Cholesteatoma of the Mastoid Cells* is described with a typical case by Marmaduke Sheild ("Lancet," May 13, 1893). He gives the generally accepted explanation. It is also treated of by

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Friedenwald ("Med. News," Mar. 11, 1893), the diagnosis depending on the appearance of the masses in the meatus or middle ear, or the removal of flakes when the ear is syringed.

DANGEROUS SEQUELÆ OF CHRONIC SUPPURATIVE CATARRH OF THE MIDDLE EAR.—A case of *Thrombosis of the Lateral Sinus* under Adams ("Arch. of Otol.," Vol. xxii., No. 2), complicated with subtentorial suppuration, illustrates some of the difficulties in diagnosis. In a case of *Pyæmia resulting from Disease of the Middle Ear* ("Lancet," Jan. 21, 1893), under Scott and Lane, the mastoid was opened, a subdural abscess evacuated, the internal jugular tied in the neck, the inflamed wall of the thrombosed lateral sinus cut away, and the clot drawn out. Good recovery took place. In a similar case Pritchard and Cheatle ("Lancet," March 4, 1893) had also a good result. The girl, aged eighteen, had been ill for eight days, and had had no sign of ear disease since the cessation of an otorrhœa in childhood. The cheesy contents of the antrum indicated an old-standing latent disease. Parkin ("Lancet," March 17, 1892) narrated two other cases of *Aural Pyæmia treated by Operation* on similar lines. In a child aged eleven months there were no rigors, but numerous fits, and a swelling behind the left mastoid was found, when opened, to communicate through the mastoid foramen with the groove for the lateral sinus. In a paper on the *Symptoms and Treatment of Septic Infection of the Lateral Sinus*, Arbuthnot Lane ("Brit. Med. Journ.," 1893, Vol. ii., p. 561) held that the condition was always due to the extension of an inflammatory process from an abscess between the bone and dura mater through the wall of the sinus, a subdural—or, better, extradural—abscess, the early recognition and evacuation of which is of primary importance. After antrectomy he insisted in all cases of septic sinus phlebitis on ligature of the internal jugular vein and clearing out of the extradural abscess, removing as much as possible of the proximal portion of the clot, then the whole of the distal portion, or, if there be no thrombosis, slitting up the sinus beyond the limits of the abscess wall and plugging it with gauze and iodoform. He paid a tribute to Mr. Victor Horsley for having originated this plan of treatment. Prof. Macewen (Brit. Med. Assoc., Aug., 1893) preferred to lay the sinus open, turn out its contents, separate the outer wall and involute it upon the inner wall, retaining it in this position with iodoform, boracic acid, and iodoform gauze, rather than ligature the internal jugular. Prof. Horsley, on the other hand (*ibid.*) preferred the ligature, and pointed to the brilliant results obtained by Ballance and Lane. A successful case of *Ligature of the Internal Jugular Vein and Trephining of the Lateral Sinus in an Ear Case, where the Symptoms of Pyæmia were well marked*, by Clutton ("Brit. Med. Journ.,"April 19, 1892), and one of *Aural Pyæmia successfully treated by removing Putrid Thrombus of the Jugular Vein and Lateral Sinus*, by Rushton Parker ("Brit. Med. Journ.," May 21, 1892), are well worthy of study.

The Extension of Diseases of the Tympanum along the Carotid Canal into the Cranial Cavity is studied by Koerner ("Zeitsch. für Ohrenheilk.," Dec., 1892), and numerous references to important cases are given.

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Cases of *Intra-Cranial Abscess* are narrated by Jones ("Liverpool Med. Chir. Journ.," Jan., 1893), who lays down the rule that until the so-called mastoid antrum, the attic of the tympanum, the anterior surface of the petrous bone, and (in cases of suspected cerebellar abscess) the sulcus lateralis have been thoroughly explored for pus, it should not be assumed that a temporo-sphenoidal or cerebellar abscess exists, or at least no operation should be undertaken to relieve the last two conditions which does not in its preliminary part satisfactorily dispose of the others. One of *Diffuse Cerebral Abscess and Meningitis* is given by Schleicher ("Ann. de la Soc. Méd. d'Anvers," Nov., 1891). There was right external strabismus, right hemiplegia, loss of sensation on the left side, clonic spasms, difficulty in swallowing.

A case in which high temperature, rigors, and other pyæmic symptoms occurred in otitis media, all disappearing on the supervention of a copious discharge from the ear, is described by Blomfield ("Lancet," Aug. 19, 1893).

Caries of the Entire Pyramid of the temporal bone, followed by complete healing after removal, took place in a case under Max Thorner ("Cincinnati Lancet Clinic," June 10, 1893).

LABYRINTHINE DISEASE.—*Syphilitic Internal Otitis* is divided by Charazac ("Journ. of Laryng. and Ophthalm.," Oct., 1892) into two classes—the "isolated" apart from any other lesion of the auditory apparatus, the "propagated," secondary to middle-ear disease. *Aural Syphilis* ("New York Med. Journ.," Oct. 7, 1893) is treated of by Max Toeplitz, and a typical case occurring at the commencement of the second stage is narrated.

The Labyrinth in a Case of Luchæmic Deafness is described by Wagenhäuser ("Arch. fur Ohren.," Bd. 34, Heft 3).

A Peculiar Affection of the Labyrinthine Capsule, characterized *post-mortem* by circumscribed bony growths in and around the fenetra ovalis, is accredited by Prof. Politzer (Pan-Amer. Cong., 1893) with producing some of the intractable forms of progressive deafness often attributed to dry sclerotic catarrh.

AUDITORY NERVE.—The *Clinical Evidences of Affections of the Auditory Nerve* as distinguished from those of the labyrinth are, according to Gradenigo ("Zeitschrift für Ohrenheilkunde"), diminished perception, chiefly of the tones in the middle of the range, and an extreme degree of functional fatigability of the nerve.

Auditory Nerve-deafness treated with Pilocarpin, in a case under Cresswell Baber ("Brit. Med. Journ.," Feb. 25, 1893), was improved in spite of the co-existence of middle-ear disease. It was found useless by Metcalfe (Brit. Med. Assoc., Aug., 1893) in old-standing syphilitic cases, in those resulting from meningitis, in progressive sclerosis of the middle ear. In chronic middle-ear catarrh with co-existing internal deafness slight temporary improvement was observed, but speedy relapse took place, and the continuation of the treatment was of no benefit. He had more satisfaction from intra-tubal injections.

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FUNCTIONAL DEAFNESS.—Among *Strange Incidents in Practice* Dalby described ("Lancet," Feb. 4, 1893) a case of sudden bilateral loss of hearing from emotional shock. In another case hysterical deafness occurred, the patient having previously been "blind" for a number of weeks. Analogous to these was a case of neurotic loss of speech.

SIMULATED DEAFNESS.—Dr. Barr ("Arch. of Otol.," Oct., 1892) describes a case in which the patient professed to understand by watching the lips, but she was unable to do so unless the sounds were uttered. She was detected through her singing a song which she had just heard for the first time.

VERTIGO.—A discussion on vertigo took place in the Medical Society of Virginia. ("Med. Record," Oct. 8, 1892.) Dr. Brady considered the gastric form the most common. Dr. Bedford Brown insisted on the necessity for examination of the urine for albumen, casts and sugar whenever the tendency to vertigo is marked and persistent, adding that he had never seen a case of chronic nephritis or diabetes mellitus without more or less vertigo. Dr. Joseph White believed that all cases of so-called "nasal vertigo" were really aural vertigo. C. H. Burnett (American Otol. Soc.—"Med. Record," July 29, 1893) disputes the claim of Ménière to the honour of having aural vertigo named after him. He ascribes it to middle-ear disease, and advises surgical treatment—the removal of the incus.

The Varieties of Vertigo are detailed by Miles ("Med. Rec.," Feb. 18, 1893), as from intra-cranial disease, ocular troubles, disease of blood-vessels (arterio-sclerosis), diseased conditions of blood, irritation reflected to the labyrinth or brain.

MISCELLANEOUS ABNORMALITIES OF HEARING. — *Monaural Diplacusis*, according to Gradenigo ("Zeitschrift für Ohrenheilk.," Dec., 1892), is always harmonic—*i.e.*, the false sound is an overtone of the true one. The cases described were of middle-ear disease.

DEAF-MUTISM.—The *Preventibility of Deaf-mutism* in many cases is dwelt on by Hobby (Pan-American Congress, 1893), in view of the fact that not more than fourteen—and probably only ten—per cent. are congenital. The principal cause is to be sought in various forms of meningitis in the early months of life. Maloney (*ibid.*) draws attention to some good results obtained by means of *otacoustic treatment*, a system of "aural massage" by sounds conveyed through a suitably prepared tube.

The Pathology of Deaf-mutism is treated of in a very interesting manner by Love ("Arch. of Otol.," July, 1893), founding on the examination of one hundred and seventy-five pupils in the Institution for the Deaf and Dumb at Glasgow. Congenital cases showed a larger percentage of extreme deafness than the acquired ones. Measles was more frequently a cause than scarlet fever. Holger Mygind ("Arch. of Otol.," July, 1893) approaches the subject from another point of view, the examination of the *Temporal Bones of Deaf-mutes* belonging to the pathological museum of the Copenhagen University. In an article on *Deaf-mutes in Denmark* ("Arch. of Otol.," Oct., 1892), he brings forward many interesting points.

https://doi.org/10.1017/S175514630015423X Published online by Cambridge University Press

A remarkable increase could be traced to an epidemic of cerebro-spinal meningitis.

AURAL SYMPTOMS IN GENERAL DISEASES.—Among the *Nervous Sequelæ of Influenza* Gowers signalizes hyperacusis, aural neuralgia, nerve-deafness and tinnitus. ("Lancet," July 8, 1893). In one case he observed the tinnitus taking the form of tunes, and therefore central in origin.

THE INFLUENCE OF DISEASE OF THE EAR ON THE MENTAL AND PHYSICAL DEVELOPMENT OF THE CHILD, while sufficiently obvious, has received considerable attention from Schneider ("Med. News," April 8, 1893). Among other observations, he quotes those of Gellé, who found that out of twenty "bad" pupils only six could hear a watch tick at half a mètre, whereas, of the "good" ones, all could hear it well.

Dundas Grant.

ASSOCIATION MEETINGS.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

Ordinary Meeting, October 11th, 1893.

FELIX SEMON, M.D., F.R.C.P., *Vice-President*, in the Chair.
E. CLIFFORD BEALE, M.B., and SCANES SPICER, M.D., *Secretaries.*

Present—Seventeen Members and two Visitors.

The following gentlemen were elected Members of the Society:—

CHARLES ROTHERHAM WALKER, M.D., Leytonstone.
DENNIS EMBLETON, M.R.C.S., Bournemouth.
HENRY DAVIS, M.R.C.S., London.
VINCENT DORMER HARRIS, M.D., F.R.C.P., London.
WILLIAM ARTHUR AIKIN, M.D., London.

The following candidates were proposed for election:—

PATRICK WATSON WILLIAMS, M.D., Bristol.
WALTER GEORGE SPENCER, M.B., F.R.C.S., London.
WILLIAM HALE WHITE, M.D., F.R.C.P., London.

The minutes of the previous meeting were read and confirmed.

EXHIBITION OF PATHOLOGICAL SPECIMENS, MACROSCOPIC AND MICROSCOPIC, ILLUSTRATING MALIGNANT DISEASE OF THE LARYNX.

Mr. BUTLIN showed the following specimens, brought by the kind permission of the authorities from the museum of St. Bartholomew's Hospital.

1. Recurrent epithelioma (intrinsic) which had grown through and around the tracheotomy wound. From a man aged forty-three; thyrotomy three months before death; very rapid recurrence.

https://doi.org/10.1017/S175514630015423X Published online by Cambridge University Press