BRITISH MEDICAL ASSOCIATION.

Annual Meeting, London, August, 1895.

SECTION OF OTOLOGY.

THE presidential address was delivered by Sir WILLIAM DALBY. In the course of his remarks he referred to the progress made in otology since the last meeting, and to the great importance of the discussion before them on the proper treatment of nerve deafness.

He showed a very interesting case of *Objective Tinnitus in a Young Lady*, where a distinct harsh sound, synchronous with the pulse, was easily heard on auscultation, not altered by pressure or movement of the head, but losing a beat once in ten.

Dr. DUNDAS GRANT then opened the discussion on the *Treatment of the Various Forms of Nerve Deafness.* He first insisted on the necessity of a proper differentiation, and showed some tables tabulating the forms of this disease under the various heads, namely, diseases of the labyrinth, diseases of the auditory nerve, and disease of the auditory centre. He referred to the various forms of treatment at our disposal, and stated that in certain cases pilocarpin had been used with good effect, especially in recent exudations. Galvanism had been found of great service in functional deafness, and some improvement had followed its use in deafness due to noises, as boiler-maker's deafness, etc He considered that pilocarpin might be used with advantage in labyrinthine congestion, or in early cases of acquired syphilis. It was contra-indicated in anæmia and advanced tertiary disease. He has used it or jaborandi, with satisfactory results, in deafness accompanying mumps. In conclusion he drew attention to the following points :—

1st. The necessity of careful diagnosis in cases of nerve deafness.

2nd. The value of the pilocarpin treatment in fresh exudation into the labyrinth.

3rd. The frequency of middle-ear disease giving rise to Ménière's symptoms ; and, lastly, the importance of recognizing the frequency of functional changes in the auditory faculty.

Dr. LEWIS JONES stated that he had certainly seen some improvement in cases of deafness and tinnitus follow treatment by the battery. He thought that we should soon be able to decide what cases were suitable for this form of treatment.

Dr. MACNAUGHTON JONES, in a paper on *Some Etiological Considerations in the Treatment of Nerve Deafness*, referred to the fact that a long residence in India will sometimes cause nerve deafness. He had tried pilocarpin ; in his hands it had utterly failed, and he had not found galvanism of any good.

Dr. BARR spoke on the importance of recognizing the *Frequency of Middle-Ear Disease accompanying Nerve Deafness.* He had not found

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pilocarpin of any use ; in some cases he had found temporary improvement in the tinnitus, when present, follow the use of tones removed as far as possible in pitch from the sound in the ear.

Mr. G. W. FIELD stated that he certainly had had some good results from pilocarpin, and believed that, if the cases were properly chosen, treatment would prove satisfactory.

Sir WILLIAM DALBY referred to the necessity of caution in the administration of quinine where there was any tendency to deafness.

Drs. E. LAW, MILLIGAN, WARDEN and Mr. E. H. BENNETT also spoke on the subject.

Dr. W. MILLIGAN (Manchester) read a paper on *Tuberculous Disease of the Middle Ear.* The object of the paper was to point out that primary tuberculosis of the tympanic mucous membrane was a far more common affection than was usually supposed. In some inoculation experiments he had made on guinea-pigs with pus from a series of mastoid operations eighty per cent. had proved tuberculous. The paper was illustrated by drawings, dissections and microscopical specimens. He pointed out the importance of the early recognition of the tubercle in these cases, as regards operative interference, and the necessity of clearing out all the diseased tissue.

Sir WILLIAM DALBY referred to the extreme value of this paper, and mentioned how often one finds in cases of advanced phthisis pale, painless ulceration of the membrana tympani.

Dr. T. BARR read a paper on *The Treatment of Intractable Middle-Ear Suppuration by Operation through the Mastoid.* In his hands the globular dental burr had proved a far more serviceable instrument than the chisel and gouge, the clean surface left by the burr enabling the operator to estimate the direction and depth.

Dr. BRONNER (Bradford), in some notes on *Five Cases of Attic Disease treated by modified Stacke's Operation*, insisted on the importance of thoroughly exploring the attic and mastoid cells.

On the second day of the meeting—

Prof. MACEWEN (Glasgow) opened a discussion on *Cerebral Complications in relation to Middle-Ear Disease.* He drew the attention of the meeting to three points. Firstly, as to some fallacies in localization ; secondly, the necessity of early recognition of tuberculous disease of the middle ear ; and, thirdly, the importance of bacteriology in aural surgery. It was impossible to depend on the presence or absence of bone conduction in differentiating between cerebral and cerebellar abscess. The great point was to thoroughly remove all foci of pyogenic infection. He reminded the meeting that tubercular disease of the middle ear might reach an advanced stage without any perforation of the membrana tympani. He drew attention to the vast importance of careful antisepsis in aural operations. In conclusion he brought forward the following propositions :—(1) That the extension of infective disease from the middle ear to the brain and its membranes was preventible ; (2) that when disease was established in the middle ear it should be thoroughly eradicated ;

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(3) that when brain trouble had been set up it was necessary to remove not alone the infected part, but also the path by which infection had travelled.

Dr. LUC (Paris) read the notes of a case of cerebellar abscess with destruction of the petrous portion of the temporal bone and large cholesteatoma in the antrum.

In the discussion on the paper—

Mr. MARMADUKE SHEILD pointed out how necessary it was to remove all foci of disease, and the importance of using antiseptic precautions in dealing with granulations.

Drs. T. BARR, DUNDAS GRANT, MCBRIDE, and PRITCHARD also spoke as to the importance of early treatment of middle-ear tuberculosis.

Prof. MACEWEN, in reply, stated that, even in advanced cases of cerebral disease, it was the duty of the surgeon to give the patient the chance by operation. It was important to keep up thorough drainage, and he had found the dry dressing more satisfactory than syringing out with antiseptics.

On the third day of the meeting—

Mr. CARMALT JONES opened a discussion on *Turbinotomy in connection with Tinnitus Aurium*. He had found good results in some cases as regards the tinnitus, where he had removed the hypertrophied inferior turbinate. He considered it acted as a foreign body, keeping up Eustachian catarrh.

Drs. MACNAUGHTON JONES, BRONNER, WARDEN, and URBAN PRITCHARD believed that the galvano-cautery and other forms of simple local treatment would prove quite as effectual in relieving the tinnitus as turbinotomy, without the risk of hæmorrhage, which there undoubtedly was after that operation.

Dr. HEMINGTON PEGLER showed a number of microscopical sections of various degrees of turbinal hypertrophy.

Prof. GUYE (Amsterdam) gave an account of *A not yet described form of Rotatory Sensation in Labyrinthine Disease*, the objects appearing to turn from right to left, as the hands of a clock, or as a wheel turning. When the rotating sensation was slight there was an involuntary movement in the same direction; when severe, in the opposite direction.

Dr. BRONNER said that he believed the vertigo was of vascular origin, and agreed with the French authorities that it was more cerebellar than aural.

Drs. URBAN PRITCHARD and T. BARR referred to the functions of the semicircular canals in rotatory sensations.

Dr. MACNAUGHTON JONES read a paper on *Some Forms of Ménière's Disease*, with the treatment, and mentioned a case of typical Ménière's disease, and one of marked hyperæsthesia acustica.

Mr. CRESSWELL showed a *Dummy for illustrating and teaching Diseases of the Naso-Pharynx*, and demonstrated a *Case of Objective Pulsating Tinnitus audible on auscultation*.

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Mr. LAKE, F.R.C.S., read a paper on the *Anatomical Relations of the Membrana Tympani, and their Pathological Importance.* He showed a large number of specimens, proving the connection of the membrana propria with the surrounding fibrous structures and the periosteum.

Dr. WARD COUSINS showed some *Improvement in Artificial Drums* The cases suitable for these drums and the condition of the middle ear, where the hearing was improved, were discussed by Drs. EDWARD LAW, MACNAUGHTON JONES, Mr. CRESSWELL BABER and Mr. ST. GEORGE REID. In the opinion of the section the cotton-wool drums were more satisfactory in treatment than those of Dr. Ward Cousins.

Prof. GUYE mentioned a *Case of well-marked Deafness*, where, after trying many different forms of artificial drums, the patient, after a little instruction, was able to arrange a cotton-wool drum for himself, enabling him to appreciate ordinary conversation.

Sir WILLIAM DALBY mentioned the fact that in some cases the membrane was reproduced, and one case where it was reproduced three times.

A hearty vote of thanks to the President (Sir William Dalby) and the honorary secretary closed the section.

FRENCH SOCIETY OF OTOLOGY, RHINOLOGY, AND LARYNGOLOGY.

Meeting, May 1st, 1895.

On Acute Ulcerative Lacunar Tonsillitis. By Dr. E. J. MOURE, Lecturer in the Faculty of Bordeaux. (*Continued from p.* 620.)

III. *Etiology and Pathogenesis.*—The affection which we are now studying appears to have been more frequent in spring and autumn, and, if we may depend on our own observations, it is observed particularly in young people between twenty and thirty years of age. I have never met with it in children, although there is no reason that they should be exempt, nor have I seen it in adults over forty years of age. The comparative rarity after this age may be explained naturally by the fibrous transformation that the tissue of the tonsils undergoes at this period, which renders them less liable to acute inflammation. It will be observed later on that several of my cases occurred in students of medicine in their second or third year. This is certainly a pure coincidence unless we admit that their sojourn in the hospital or in the midst of more or less infectious agencies may become the source of this local process, which is evidently, by preference, found in subjects who are somewhat debilitated or fatigued after the slightest exposure to cold. Thus it happens that occasionally we have found it accompanying the eruption of a wisdom tooth when that process was accomplished with difficulty. In other cases it is after excessive

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