dilatation, part of the greater curvature cannot be seen. The indications and contra-indications are not as yet fully known. Five cases of successful gastroscopy are detailed, but in no instance was any pathological condition recognised during the examination.

(J. S. Fraser, Edinburgh, *trans.*)

AUSTRIAN OTOLOGICAL SOCIETY.

April 26, 1909; *Monats. f. Ohren., year* 43, *vol.* 8.

Professor v. Urbantschitsch *in the Chair.*

Abstract of the Proceedings.

Persistence of Vestibular Reaction under apparently Unfavourable Circumstances.

By Dr. E. Ruttin.

This related to a little girl, aged four and a half, who had had an attack of measles in 1908, otherwise there was nothing in her history of importance. For the fourteen days preceding her examination by Ruttin a discharge from the right ear had been noticed, also a swelling behind the right ear, and the right eye remained open. The condition of her hearing could not be ascertained on account of her age, but the response to the caloric test elicited a prompt nystagmus.

The radical operation was performed on March 30 and the wall of the labyrinth inspected under "tonogen," when the facial nerve was seen to be lying exposed in its horizontal part and surrounded with granulations. During the after-treatment two areas of necrosis were discovered, the one behind and above the horizontal canal and the other in front and low down close to the floor of the tympanic cavity; but in spite of these circumstances a prompt response was still obtainable to the caloric test. The case demonstrated that even with necrosis in its immediate neighbourhood the vestibular nerve may escape.

Specimen of an Unusual Sequestrum.

By R. Bárány.

This consisted in a piece of dead bone the result of tuberculous disease which the exhibitor had found during a radical

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operation, and in which was contained the stylo-mastoid foramen. No trace of any paralysis of the facial nerve had existed before the operation. The sequestrum also included the whole of the apex of the mastoid process and the lower and anterior wall of the meatus as well. It was embedded in granulations, and only at one point in the course of the Fallopian canal was still united to healthy bone. The facial nerve was quite unaffected. Thus even extensive necrosis of bone need not necessarily mean destruction of function of the nerves in its immediate vicinity, as indeed was also shown by the case which Ruttin had quoted. Heine had published a case in the previous year in which, four weeks before the removal of a sequestrum representing the whole of the labyrinth, a reaction to the caloric test was obtained, from which result he (Heine) contended that this response could be evoked even with the labyrinth destroyed. Bárány, however, submitted in the light of these cases that the vestibular nerve may still functionate although surrounded with an extensive necrotic area of bone.

ALEXANDER had seen a large number of cases of this description where sequestra of the labyrinth had not depreciated the hearing, or cholesteatomata surrounding the facial nerve had not led to any paresis. Also in his researches as to leukæmia he had found in two cases severe hæmorrhage into the Fallopian canal, whilst the function of this nerve remained intact. He had even found the nerve-sheath infiltrated with pus without any further effect on the nerve itself. The facial nerve, he considered, is able more than any other to withstand adverse influences, whilst the cochlear nerve, on the other hand, does not possess this power. There is a relation, he submitted, between this circumstance and the size of the nerve-cells and bundles, of which the largest are found in the facial and the smallest in the cochlear. Also the vestibular nerve is more resistant than the cochlear. He considered that the facial nerve *might* be unaffected by hæmorrhages, inflammation, necrosis, or cholesteatomata.

v. URBANTSCHITSCH reminded the meeting in this connection of the former terminology of the seventh and eighth nerves, viz. "portio dura" and "portio mollis" respectively.

H. FREY recalled a case in which almost the whole of the temporal bone was involved in a carcinomatous growth, including the facial nerve, which, however, was quite unaffected.

F. ALT had removed a sequestrum of the whole of the labyrinth, and yet in this case there was only an insignificant paresis of the facial nerve.

NEUMANN also agreed with the previous speakers as to the remarkable way in which the facial appeared to avoid the effect of lesions immediately around it. This he attributed, not to its anatomical position alone, but also to the fact that it was supplied by the stylo-mastoid artery, whereas the labyrinth depended on the internal auditory branch of the basilar artery; therefore it was quite conceivable that the labyrinth might be widely necrosed and yet the facial nerve hardly suffer. Speaking generally he thought it would be found that the cochlear nerve would be the first to be affected, the vestibular next, whilst the facial possessed a greater power of resistance than either of the other two.

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(In my investigations into the vestibular conditions of so-called "deaf-mutes" one of the main points noted was that the vestibular branch of the auditory nerve was by no means always affected in the same degree as the branch to the cochlea.—A. R. T.) [JOURN. OF LARYNGOL., RHINOL., AND OTOL., November, 1908.]

A MODIFICATION OF THE METHOD OF CARRYING OUT GELLÉ'S TEST.

BY R. BÁRÁNY.

This modification is performed by means of the ordinary otoscope interrupted in its middle by a T-shaped piece of brass tubing. A third piece of rubber tubing is attached to the free end of the "T," and by means of a suitable mouth-piece is held in the mouth of the observer, the remaining two ends being inserted into the ear of the patient and that of the observer in the usual manner. Thus both hands are free to carry out the test, which is conducted in the usual way, except that aspiration and compression of the air in the meatus is brought about by inflation or suction with the observer's mouth. The value of this method lies in the fact that the observer has an accurate check as to whether the otoscope is "air-tight" or not, and in addition can readily and accurately compare the report of the patient with his own observations. As to the exact inference to be drawn from this test Bárány did not at present wish to commit himself, but he maintained that his modification would be found a more accurate means of carrying it out.

BING considered that the variations in the perception of the note of the tuning-fork were dependent on the variations of pressure produced during the test in the labyrinth (and thus affect the sense of perception on the part of the auditory nerve), and not, as Bloch had thought, on the consequent tension of the tympanic membrane.

RUTTIN remarked that if the variations of pressure in the labyrinth played so important a part in Gellé's test one should expect a very marked result in cases which showed the fistula symptom, which, however, after frequent investigation, he had been unable to discover.

R. LEIDLER suggested that the reaction to Gellé's test depended on the density of the air itself in the meatus.

BÁRÁNY replied that it was well known that compressed air formed a better conductor of sound, and that therefore this condition did not constitute a factor in the production of this phenomenon.

AN ANOMALOUS RESPONSE TO HEARING-TESTS.

BY R. BÁRÁNY.

This occurred in two cases of a marginal perforation in the lower and anterior quadrant. The cartilage-conduction was better

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than the air-conduction, either when the prongs of a strongly vibrating fork were held in front of the meatus and then the handle applied to the cartilage, or if the conduction of the soft parts and the cartilage were compared by means of his method with the otoscope. Further, it was remarkable that when the ear was occluded the cartilage-conduction became weaker. It proved that air- or cartilage-conduction were not interdependent. If the perforation were occluded by means of a swab this abnormal response disappeared. ALEX. R. TWEEDIE (*trans.*).

Abstracts.

PHARYNX.

Citelli.—*Three Cases of Primary Gangrene of the Pharynx.* "Arch. Internat. de Laryngologie, etc.," Tome xxvii, No. 1, January–February, 1909, p. 66.

The patients were a female, aged twenty-five, the subject of syphilis, a child, aged eight, and an adult male. The male alone recovered.

In all the cases the throat at first presented whitish, circumscribed patches, which, in two, gave rise to suspicion of diphtheria. But the rapid extension of the lesion and the transformation of the tissues into foul necrotic masses induced the author to look upon the disease as gangrene due to the action of virulent septic organisms. In one case three injections of diphtheria antitoxin were given, in another one injection, in neither with any benefit.

Bacteriological examination was not made in any of the cases.

The recovery in the last case is ascribed to the action of anti-streptococcus serum. *Dan McKenzie.*

NOSE.

Sluder, G.—*The Anatomical and Clinical Relations of the Spheno-palatine (Meckel's) Ganglion to the Nose and its Accessory Sinuses.* "New York Med. Journ.," August 14, 1909.

The author reports cases of severe neuralgia of migraine type, associated with post-ethmoidal or sphenoidal sinusitis, or both. On the assumption that the pain was due to pressure on or infiltration of Meckel's ganglion, he made various applications, through the nose, over the sphenopalatine foramen with remarkable effect. The most satisfactory analgesic was a saturated (67 per cent.) cocaine solution, of which one drop was usually sufficient, whilst 0·4 per cent. solution of formaldehyde was nearly as good. *Macleod Yearsley.*

Leland, G. A. (Boston).—*Nasal and Naso-pharyngeal Conditions as Causative Factors in Middle-ear Diseases.* "Boston Med. and Surg. Journ.," September 30, 1909.

After pointing out the number of middle-ear conditions traceable to nasal causes, and the excellent way in which the ear is protected, the

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