BRUNNER asked if in suppurative goitres the wall of the cyst should also be extirpated.

KRONLEIN believed it dangerous on account of the possible propagation of the infection.

SCHULTHESS remarked that congenital goitre is often combined with dyspnœa, which may also be caused by an enlarged thymus.

LUNING had observed a case of sudden death in a patient with goitre at the commencement of narcosis. It might have been chloroform-death.

MÜLLER believed that in ten per cent. of all goitres operation is indicated.

FORCK believed that even bad cases can be cured by internal application of iodine. *Michael.*

Sheild, Marmaduke (London).—*Congenital Cystic Hygroma of Neck treated by Dissection and Iodine.* "Lancet," Jan. 7, 1893.

THE tumour was an ovoid, strikingly translucent, soft, cystic swelling the size of a hen's egg situated in the posterior cervical triangle of a child of one year and seven months. It had existed at birth, but was then smaller. Tapping had been performed twice. There was a contained solid nodule, the size of a marble, apparently attached to the sterno-mastoid. The skin, after a longitudinal incision, was dissected off the cyst as far as both muscles. The cyst was then opened, and found—as expected—to extend through the fascia close to the carotid sheath. The superficial portions were removed, and the deeper ones syringed out with equal parts of iodine and water. After considerable constitutional disturbance the child recovered, with very little of the tumour remaining. Mr. Sheild points out the need for remembering the depth of the deeper parts of these growths, quoting Mr. Holmes' opinion that they originate in bulk beneath the fascia, the superficial parts being hernial protrusions. He recalls Mr. Bland Sutton's suggestion that they may be representative of the laryngeal pouches of some monkeys. *Dundas Grant.*

EAR.

Schneider.—*On the Influence of Disease of the Ear upon the Mental and Physical Development of the Child.* "Med. News," April 8, 1893.

THE author points out that the primary factor in mental development, besides hereditary and congenital gifts, is dependent upon the accuracy of the constitution of the special senses, and the impressions which the infant brain receives through these senses from its environment, provide the material out of which is formed perception and conception. The fundamental value of the special senses for the development of man is already conceded, and, therefore, the more accurate the development in the special senses the higher and more accurate will be the perception The author supports his theory by reference to statistics of Bezold, Von

https://doi.org/10.1017/S1755146300150371 Published online by Cambridge University Press

Reickard, Weil of Stuttgart, and others. The paper is well worthy of consideration. *J. Macintyre.*

Tuttle, Albert H. (Cambridge, Mass., U.S.A.).—*Some Observations bearing on the Treatment of Nasal and Middle-Ear Affections.* "Boston Med. and Surg. Journ.," Aprli 13, 1893.

As a simple test for perforation of the membrane, he mentions the insertion of oil—benzoinol—in the meatus, and the use of Politzerization, by which the oil is driven out if a perforation is present. He states that if a spray of oil is directed into the mouth or nostrils during a forced expiration, and the mouth and nostrils maintained closed at the same time, the spray will pass into the middle ear, and, if there is a perforation, it may be seen emerging from the opening. [It does not follow that because the spray enters a cavity having a counter opening that it will do so in face of the compressed air contents when no such opening is present.—ED.] By holding the head on one side inflammatory products gravitate over the perforation, and their removal is facilitated by the act of blowing through the Eustachian tube. *Dundas Grant.*

Greene, H. E. (Crowfordsville, Ind., U.S.A.).—*Foreign Body in the Tympanum.* "New York Med. Journ.," March 25, 1893.

THE patient was struck on the ear by the branch of an alder bush, became dizzy, and experienced pain for a few hours. This ceased, but the writer found on inspection a faint streak behind the handle of the malleus. Three weeks later there was a discharge, and a small perforation was seen *below the original seat of the injury.* After another month there was considerable granulation growth. One day during the syringing a small black speck came away, and proved to be a scrap of bark. This strengthened Dr. Greene's suspicion that there was a foreign body present. He enlarged the perforation, and directed a fine stream into the tympanum. A dark object presented itself at the opening, was removed with forceps, and turned out to be a twig of alder, ten millimètres long, and two millimètres in diameter. *Dundas Grant.*

Williamson, C. F. (Horley).—*An Uncommon Cause of Deafness.* "Lancet," Jan. 21, 1893.

IN a case of otorrhœa, with deafness and neuralgia, there was found in the meatus the body of a blow-fly, without wings. The patient had eighteen months previously been holding the insect to his ear by means of the wings. These broke off, and the fly crept into the meatus, causing earache for one night. *Dundas Grant.*

Wilson (Detroit).—*Vibratory Massage of the Middle Ear by means of the Telephone.* "New York Med. Journ.," Feb. 25, 1893.

THE author has used the hand telephone of Bell, the diaphragm of which can be set into powerful vibration by the interrupted current from an ordinary faradic coil, for the carrying out of the vibratory treatment of middle-ear troubles. A great variety of sounds can be produced by this means, by altering the rate of interruption of the current and varying the

https://doi.org/10.1017/S1755146300150371 Published online by Cambridge University Press

number of cells employed. The *séances* lasted from five to fifteen minutes, and vibrations of the greatest intensity were used where there was the greatest impairment of hearing.

Five cases are reported, and in three some improvement in the tinnitus was noticed, but in no case was there any improvement in the hearing.

B. J. Baron.

Scott, Bernard, and Lane, W. Arbuthnot (London).—*Treatment of a Case of Pyæmia resulting from Disease of the Middle Ear.* "Lancet," Jan. 21, 1893.

A CASE of chronic middle ear-disease, with headache, mastoid tenderness, rigors, and rise of temperature. The mastoid was opened, a subdural abscess was evacuated, the contents of the middle ear were scooped out, and the internal jugular vein was ligatured in the neck. After this there was no flow of fluid blood on puncture, showing that the sinus was thrombosed on the torcular side of the ligature. The inflamed wall of the sinus was cut away, and the contained conical clot drawn out. Plugging with iodoform gauze was then practised. The temperature never rose again above ninety-nine degrees, and a good recovery ensued. Mr. Lane strongly urges the removal of the clot in addition to the ligature of the jugular vein, recommended by Victor Horsley in 1886. He believes that extension along the petrosal and lateral sinuses is thus more effectually prevented. *Dundas Grant.*

Pritchard, Urban (London), and **Cheatle, Lenthal** (London).—*Pyæmic Thrombosis of the Lateral Sinus following Acute Otitis—Sinus Opened and Internal Jugular Vein Dissected Out—Recovery—Remarks.* "Lancet," March 4, 1893.

A GIRL, aged thirteen, had been suffering for eight days from left-sided ear- and headache, with early vomiting, repeated rigors, and twitchings of the opposite leg at night. In early childhood she had had otorrhœa for some time, but it had completely stopped, and the membrane was whole but congested. There was no bulging and no mastoid swelling. The upper part of the neck was swollen and tender, but not fluctuating. Mr. Cheatle opened the mastoid, and found it full of old caseous matter without fœtor, and, as this did not seem sufficient to explain the symptoms, he enlarged the opening upwards, backwards, and downwards. The dura bulged and was incised, and the temporo-sphenoidal lobe was explored without any pus being found. The lateral sinus was found (by hypodermic needle) to be occupied by a fœtid thrombus. The sinus was therefore slit up and cleansed, and the internal jugular vein was ligatured. Temporary improvement took place, but, as the temperature rose again gradually, it was determined to dissect out the jugular vein, and also to enlarge the opening in the skull backwards, so that the sinus might be cleare until free bleeding should come from above. This was allowed to wash out the sinus, and was then controlled by pressure. Rapid improvement and complete recovery ensued. Dr. Pritchard points out that the condition of the mastoid contents indicated an old-standing latent disease of that part. [The mode of infection of the sinus is not indicated, as no carious perforation of the posterior surface of the petrous bone nor of

https://doi.org/10.1017/S1755146300150371 Published online by Cambridge University Press

the bony groove for the lateral sinus is mentioned. This is especially striking in view of the absence of fœtor of the mastoid contents.—ED.].

Dundas Grant.

Parkin, A. (Hull) — *Two Cases of Aural Pyæmia Treated by Operation.* "Lancet," March 11, 1893.

A CHILD, nine years old, who had had scarlet fever at the age of three, and had suffered from headaches ever since, complained on November 27th of earache, and was said to have been unconscious for several nights after. Otorrhœa came on and sickness occurred. After a few days there was diarrhœa, followed by several attacks of shivering, then dulness, stupidity, and pain on the affected side (right) of the head. There were signs of pulmonary and hepatic disturbance. On incision, pus exuded from the mastoid foramen. The antrum was then opened and the tympanum cleared out. The lateral sinus groove was opened and extra-dural pus was found, the sinus being obviously thrombosed. The internal jugular vein was therefore ligatured low down in the neck. The lateral sinus was slit open and cleared out. There was one rise of temperature to 104 degrees about ten days later, accompanied by œdema of the eyelids, but this subsided, and a complete recovery took place.

The second case was that of an infant of eleven months. Three months previously she had had scarlet fever, and, one month before observation, a discharge from the left ear, followed by facial paralysis, followed by pain in the head and several fits. When admitted she was semi-conscious, somewhat cyanotic, the temperature was subnormal, and there was a swelling behind the left mastoid, which, when opened, was found to communicate through the mastoid foramen with the interior of the skull. The treatment for sinus phlebitis was carried out in its entirety, and recovery followed.

[Sinus phlebitis is usually indicated by repeated rigors, and the absence of these in the second case certainly added to the difficulty of the diagnosis. It would be important to know whether in young children the "fits" may be accepted in such cases as equivalent to rigors. In any case the course of events shows the importance of careful exploration and of a large incision, rather than a simple puncture, when there is any evidence of cerebral disturbance.—ED.] *Dundas Grant.*

Jack, Fred. L.—*Remarks on Two Cases of Excision of the Stapes.* "Boston Med. and Surg. Journ.," April 13, 1893.

IN very few cases has there been any appreciable change for high tones, the improvement is almost entirely for the voice. Success is greatest in those cases in which the stapes has become fixed by plastic inflammation. In one case the bone was removed on account of its carious condition to cure the discharge (which took place), and without any thought of improving the hearing. The patient could afterwards hear very well. In the second case there was remarkable power of hearing after removal of the stapes in both ears. *Dundas Grant.*

Black, Melville.—*Removal of the Drumhead and Ossicles in Diseases of the Middle Ear.* "Med. News," April 15, 1893.

IN chronic suppurative diseases of the middle ear which do not improve

https://doi.org/10.1017/S1755146300150371 Published online by Cambridge University Press

under the usual methods of treatment, dead bone is as a rule the cause of the chronicity. In "attic" suppuration the body of the malleus and the whole of the incus are very liable to become carious owing to poor drainage and the inability to cleanse thoroughly.

Case 1 : Mrs. J. H. had had suppuration from the right middle ear for about twelve years. The membrane was perforated above and slightly posterior to the short process of the malleus. A granulation protruded through the perforation. The discharge was free and very offensive. The watch was only heard on pressure. Under chloroform the drumhead and the malleus, and what was left of the incus, were removed. The upper parts of the annulus tympanicus and the upper portion of the tympanum were necrotic. These parts were scraped with a sharp curette. Pain in the ear and a certain degree of dizziness lasted for about three days. Suppuration was entirely arrested in the course of a few months. The hearing power was not improved.

Case 2 : Mr. J. S. M., aged eighteen, had had right-sided suppuration for about eight years. The watch was heard on contact. A large perforation existed in the membrana flaccida. The discharge was scanty, but offensive. The operation was performed under chloroform. The malleus, which was extremely friable, was removed piecemeal with a pair of Sexton's forceps. The incus was not found. Necrosed bone was found in almost all parts of the tympanic cavity. These areas were carefully scraped with the curette. The patient was finally dismissed cured, but without any improvement in his hearing power.

Case 3 : D. L., aged twenty-five, had suffered from his ears for about eight years. He could hear the watch when pressed against his right ear, but not at all upon his left side. He heard much better in a noise. Bone conduction was better than aerial. The drumheads were sunken and opaque. Under chloroform the drumhead and the ossicles were removed. The drumhead healed completely over. An aperture was accordingly made in it with sulphuric acid, and further regeneration was prevented by the application of trichloracetic acid to the edges. The amount of benefit from the operation was, however, very small.

Case 4 : M. A. C., aged thirty-three, had been troubled with his ears for thirteen years. The hearing upon the right side was very bad, the watch not being heard at all. There was also severe tinnitus. The right drumhead and the ossicles (malleus and incus) were removed. Hearing increased from nothing to contact. The tinnitus was only partially relieved.

Case 5 : E. W. P., aged fifty-nine, had suffered from his right ear for about thirty years, and from his left ear for about twenty years. The watch was not heard by either ear. There had never been any suppuration. The right drumhead and ossicles were removed. Slight improvement in hearing followed this operation. *W. Milligan.*

https://doi.org/10.1017/S1755146300150371 Published online by Cambridge University Press