may be more or less injured. From my slight experience it is difficult for me to say much, but I think it is important to have an expression of opinion from the Fellows as to whether, as it were, a double operation should be performed, or only one. I think also one point has not been touched upon in the discussion, and that is this: whether, in the event of performing thyrotomy and tracheotomy, it would not be advisable immediately after the performance of the double operation to close the tracheal wound, and dispense altogether with the canula.

Dr. STOKER: The general tenor of the remarks are entirely satisfactory to me. As I stated at the commencement of my paper, this discussion has nothing to do with the removal of growths, but simply foreign bodies. Mr. Browne's remarks, of course, are always very interesting, but they are entirely outside the question on this occasion. He has never performed the operation, so that his practical experience is *nil.* It is an abstract question, and we have to get at the reasons for and against.

Mr. Browne has devoted his time to fighting the air. The question is not at all as to the nature of the operation one would perform, or the methods one would pursue in removing a foreign body from the larynx; but, having decided to perform a thyrotomy, would you or would you not perform a preliminary tracheotomy, and any remarks outside this point are totally irrelevant.

I distinctly mentioned with regard to the closing of the wounds, because I said if bleeding does occur from the operation the larynx must be reopened, whether the preliminary tracheotomy is performed or not. I perfectly agree that the tracheotomy wound should be closed, but if there is any secondary bleeding from the wound, you naturally reopen it Dr. Milligan, again, has expressed very valuable opinions with regard to the performance of preliminary tracheotomy for growths, and there is no doubt we are all agreed on this point. I have, however, been dealing with foreign bodies, and I venture to think when it does become necessary to perform thyrotomy for a foreign body which is not expelled by cough, and cannot be got out through the mouth, they will not perform a preliminary tracheotomy.

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("Monatschrift für Ohrenheilkunde," July, 1896.) Reported by Dr. JOSEPH POLLAK.

President—Prof. GRUBER.

Director S. HELLER. *Demonstration of a Case of Psychical Deafness in a Child.*

At the sixty-sixth gathering of German naturalists in Vienna, in the year 1894, I had the opportunity, in a discussion there held, to demonstrate the occurrence and the treatment of this abnormal condition in childhood, and I then described it as psychical deafness. At the same time I demon-

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strated in seven cases the stages of development of the abnormality, and also the results of educational treatment. My experience during the last two years has strengthened my convictions with regard to the matter. The condition is apt to be confounded with deaf-mutism, and looked upon as beyond treatment. I hope to indicate the necessity for having children thoroughly investigated before being committed to deaf mute institutions, so that genuine deaf mutes may be distinguished from those suffering from psychical deafness, and that distinct treatment may be carried out. The case before us is one of a boy who, at the age of three and a half years, was handed over to the writer by Professors Widerhofer and Politzer, who agreed that the case was one of psychical deafness. The mother of the child is nervous, and he himself is always highly excitable, and very often sleepless, but never subject to convulsions.

Prof. Politzer found the appearances in the ear to be normal. In spite of this the child never learnt to speak. He could only utter fragments of words, and of words of two syllables only one or the other syllable, and that only very imperfectly. In the course of time even these rudiments of speech were almost entirely lost without any new ones appearing in their place. When the boy came under the writer's observation he did not understand a single word, and it was almost impossible to fix his attention upon other sounds. He reacted only in a very reflex way, and only when the sounds were extremely loud. Of the fragments of speech which he still retained, the words "mamma" and "Berta" were the most distinct, but these did not appear to have any signification to him; at the same time he was in a state of extreme motor agitation and excitement, which at times amounted to paroxysms, in which he shrieked in a loud tone, struck out all round him, bit the attendant, and injured himself.

After this excitement there occurred a reaction in the form of complete collapse. In contrast to the insensibility of the boy to single loud sounds, there stood out the fact that melodies, such as those issuing from a musical box or a hand organ, seemed to soothe the patient when he was in a condition of excitement. Attempts were made to string together the fragments of words which the boy possessed, first speaking them and then singing them in his ear, in the hope that unconsciously he might repeat them, but this failed completely. Even after a time he gave up uttering fragments of words in play, and even melodies seemed to lose their effect. It was only after four months' practice of the method of concentration which will be later described, that the recognition of the association of word and object began to be awakened. The word "ball" was the first which he learnt correctly, and notably the whole sentence, "Das ist ein—ball." Other words followed these, and the faculty for speech gradually burst forth and developed itself, so that the child began to have a certain degree of assurance in recognizing and selecting the various objects used in the lessons; and as he acquired certainty he began to hear more distinctly and from a greater distance, and furthermore became still more disposed to direct his attention to noises of different kinds, although at first he could not distinguish what they corresponded to. The progress was, however, far from being steady

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or uninterrupted. When the excitement stage came on again his power of attention diminished, and he took less interest in what was going on round about him. However, although during these intervals there was an absence of progress, there was no marked retrogression, and the instruction could be resumed practically at the point where it had left off. Of late these fluctuations have been less marked, and there is every hope that they will not recur.

It must be noted that the above described method is not alone sufficient without a number of other precautions and subsidiary measures being adopted, such as will later be described. Those who see the boy must be struck by the fact that he has quite normal hearing perception, and is able to make use of sounds just as well as an average child of his age; and, furthermore, he asks questions. The two chief points in regard to the treatment of such cases in excitable individuals are: First, to combat the persistent excitability; secondly, to awaken and cultivate the faculty of concentration and perception in the little patients. With regard to the diminution of the excitability, it is necessary to remove all those external circumstances which are apt to irritate or disturb the unstable equilibrium. Along with the necessary therapeutic treatment and the strict isolation—if possible, in the country—there are still three methods which have been found particularly useful, namely, lying on the ground, gymnastics on the ground, including rhythmical, at first passive, movements of the extremities, and of the whole body. The method of concentration should then be started, and the patient should be taught to associate the spoken word with the object indicated, and in this way those physical processes should be developed which lead to the acquisition of normal speech.

Prof. URBANTSCHITSCH. *Demonstration of a Case of Psychical Deafness.*

The patient was a teacher, aged twenty-two, a Russian, who for the last eight years had become dull of hearing without any recognizable cause, and as the result of this increasing deafness had become affected with extreme nervousness. She was treated with galvanism for two months in Königsburg with good effect, but subsequently, owing to the illness of her father, her hearing became again more defective, and on account of this she was prohibited from all intellectual exertion. This had an unfavourable effect, and there resulted extreme mental depression with times of excitement. The patient frequently lost consciousness, thought that human flesh was mixed with her food, and, therefore, refused to take nourishment, while she further became affected with various delusions. Vertigo then appeared, but along with this there was, if anything, an improvement in her hearing power. The patient apparently made repeated attempts to commit suicide, but this was only a pretence, as she only did it in the presence of other persons. In the further course of her illness she was treated by various physicians by galvanism, static electricity, and catheterism without result, and her ear trouble appeared to be quite incurable. Towards the end of December, 1895, she came under Prof. Urbantschitsch in the general polyclinic. On examination, both

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tympanic membranes were found to be slightly indrawn, but otherwise fairly normal. The cone of light was shortened and a slight hyperæmia of the wall of the labyrinth was recognizable through the membrane. Hearing for speech was almost entirely gone, and the patient only perceived single words through the hearing trumpet, and these she misinterpreted. Vowels shouted into her ear without the trumpet produced a distinct auditory impression, but the patient could not repeat them correctly, and confused the various vowels one with another. The tuning fork was heard equally by air and bone conduction, and Rinné was negative on both sides. The watch was not heard even in contact. On the other hand, the patient distinguished loud accordion notes wonderfully well, and recognized single tones from *contra* F up to *f* 4. The tones of Galton's whistle were heard up to nearly the normal limit of perception. Galvanic reaction indicated an increased sensibility of both auditory nerves. The high degree of the deafness for spoken sounds contrasted singularly with the fairly good hearing for musical tones, on which account the idea arose that the former was not in reality a deafness properly so called, but possibly, at least in part, a defective understanding for speech; therefore, in part at least, mental, and not entirely physical. On careful inquiry from the patient as to whether she did not perceive sounds of spoken words, she stated that she could hear them when uttered with a moderate degree of loudness, even from some distance, but that she did not understand them. At the same time, it was remarkable that occasionally later on, sometimes only after an hour or two, a word, or sometimes even a sentence, which she had not previously understood suddenly flashed again upon her mind. This last observation seemed to prove with certainty the presence of at least a partial mental element in her defective hearing.

Towards the end of December the hearing exercises were started, and within the first few weeks the results confirmed the opinion that the case was one of partial mental deafness, and the patient was able within two weeks to hear many words and short sentences quite correctly, although at first she mistook even single vowel sounds. At present, although she is far from normal, she understands speech when uttered close to the ear, and without any very great degree of loudness. Single words in the middle of a sentence are frequently incorrectly or not at all understood, and this also when the word is shouted loudly in the ear. Occasionally also the patient understands only the beginning and the end of a sentence, and only later on the remaining words, sometimes after a few seconds. Sometimes a short sentence was not understood at all, while each word of it was understood perfectly well when forming part of another sentence. When the former sentence was repeated it occasionally occurred that the patient said she could not make out a single word, but remarked that it was the same sentence that she had previously failed to understand. The psychical character of her disturbance of hearing exhibited itself equally when her own mother tongue, Russian, was made use of, as well as French, with which she was well acquainted.

At present it is possible to carry on a certain amount of conversation with the patient in a somewhat subdued tone of voice, and even in distinct

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whispering close to the ear. There is a slow increase in the hearing power for musical tones also, so that occasionally she recognizes fragments of melodies, or even short tunes, whereas at first she could only appreciate single tones, and not combinations or sequences.

Prof. GRUBER pointed out that there were various forms of psychical deafness which had to be distinguished. Some individuals are so backward in their mental development that they hear individual sounds perfectly well, but when complete words, or a series of words, are concerned, they are quite unable to follow them, and only pick out individual tones which have struck them, and repeat them. In such cases the memory for words has to be exercised. Much depends upon intelligence, and as we run over the whole line with a single glance, and read it without being able to see each individual letter, so in the same way the practised individual can follow with the ear without hearing each individual sound. Hence it happens that many individuals of this kind are long looked upon as deaf mutes, whereas they hear sufficiently well to learn to speak if their defective powers of apprehension and of memory are kept in view during their education. Prof. Gruber mentioned that he had at the time under his care such a case in a boy nine years of age, who had been declared to be an incurable deaf mute by a skilled aural surgeon four years previously. When he first saw the boy he made the diagnosis of psychical deafness, and since then a rational method of instruction had been carried out, with the result that the boy was able to understand ordinary conversation in his mother tongue, and to speak in an almost normal manner.

Prof. URBANTSCHITSCH. *A Demonstration of Eight Cases of Radical Operation, in which the Retro-Auricular Opening had closed.*

1. A patient, aged twenty-one, who, when eight years of age, had a suppuration in his right ear as the result of measles. The radical operation was carried out on the 11th December, 1894. In the beginning of February, 1895, the cavity was dry, and it was only at long intervals the seat of a slight exudation. The opening has since then been closed, and the hearing has remained unaltered.

2. A girl, aged fifteen, who for twelve years had suffered from purulent inflammation of the right middle ear, with frequent headaches. The radical operation was performed on the 4th January, 1895, and in the middle ear there were found carious and cholesteatomatous foci. The cavity was dry at the beginning of the following April, and has remained so ever since. Before the operation the watch was heard at one centimètre, whispered voice at fifteen centimètres ; after the operation the watch was heard at thirty centimètres, and the whispered voice at six mètres. There was in this case a remarkable re-growth of tympanic membrane extending to about one-third of the normal one.

3. A youth, aged sixteen, with purulent inflammation of the left middle ear of three years' duration, with severe headache and bodily weakness. The radical operation was carried out in January, 1895, and from the following September onwards the cavity remained quite dry. The hearing has improved, and the headache and weakness have quite disappeared.

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4. A man, aged twenty-two, who for ten years had suffered from left-sided purulent median otitis, with paralysis of the facial nerve. The radical operation was performed on the 23rd January, 1895. There was a cerebral hernia into the attic. Since the 30th May the cavity has remained dry. The hearing is unaltered, and the facial nerve still parætic.

5. A man, aged twenty-six, who had had suppuration from his right ear for three years, and since 1893 several attacks of insanity. The radical operation was carried out on 7th February, 1895 (cholesteatoma). A few days after the operation there came on a facial paræsis, which, within a week, developed into paralysis, then slowly passed off, leaving behind it a slight spasm of the upper eyelid; ten weeks after the operation the cavity appeared dry, and remained so; the head of the stapes and the tendon of the stapedius muscle were plainly visible. The hearing, which before the operation was *nihil*, increased to two mètres for the watch, and eleven yards for the whispered voice. Since the operation there has been no further mental disturbance.

6. K. B., aged eighteen, affected with suppuration from the left ear, as the result of measles, since she was two years of age. The radical operation took place on the 3rd December, 1895. On the 15th of that month she was attacked with scarlet fever; since the 26th January, 1896 the cavity has remained dry and the hearing unaltered.

7. A youth, aged seventeen, who for three years had suffered with bilateral purulent otitis following measles. On the 23rd October, 1895 the right ear was operated on, and since the 27th of the following December the cavity remained dry. The hearing increased from twenty centimètres to two yards for the whispered voice. The left ear was operated on in January, 1896, but it still continues to emit a moderate amount of secretion.

8. A man, aged forty-four, who for eight years had suffered from suppuration from his right ear, and with frequent attacks of severe headache and vertigo. On the 12th February, 1896, the radical operation was carried out. Since the end of May the cavity has remained dry the hearing unaltered.

Prof. GRUBER. *Angioma of the Auricle treated by Operation.*

Prof. Gruber showed a drawing from nature of an angioma of the auricle, which from its outward appearance gave no suggestion as to its nature, but presented all the appearances of an ordinary sebaceous tumour and as such it was submitted to operation. It showed itself as a broad-based tumour of the size of a pigeon's egg, situated on the concha of the left auricle overhanging the external auditory meatus, and covered with skin identical in colour with that of the normal ear. Four weeks before presenting himself in Prof. Gruber's clinic the patient received accidentally a blow on the ear from a loaded sack. From this there resulted a roundish excrescence of about three millimètres in diameter on the most prominent part of the growth, the floor of the excretion being covered with pus; in all other places the skin was perfectly normal. According to the patient s account he had had this growth for about thirty years, and its increase

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in size had been exceedingly slow. It was never painful, but highly elastic, immovable, and without the slightest trace of pulsation. It did not interfere with the hearing, and caused no discomfort, so that the patient only sought assistance on account of the superficial ulcer resulting from the injury. From all these circumstances it was taken for a sebaceous tumour, and all the more as it is well known that the large sebaceous glands in the concha frequently give rise to tumours of that sort. There was never any bleeding from the growth even after the injury.

The operation was carried out on the 16th of May of last year, by means of two crescentic incisions, such as would allow of the separation of the cutis from the supposed cyst. This, of course, was not possible, and the incisions caused a profuse hæmorrhage, which showed at once that the growth was a vascular one. As rapidly as possible the growth was scraped away with the help of a knife and a sharp spoon, very little blood was lost, and an iodoform compress was applied. The wound healed perfectly without suppuration.

The case presents a good deal of interest. Vascular new growths on the auricle are, as is well known, either flat teleangiectases, and they are characterized generally by their livid colour, sometimes by pulsation—or, on the other hand, they are sometimes very rapidly growing cavernous tumours. In Prof. Gruber's experience, when the tumours were not livid, they pulsated so that the diagnosis was generally easy; but in the present case neither of these signs was present, and one was driven to the opinion that the growth was a sebaceous cyst. From the appearance one would have taken the growth for a fatty tumour rather than for an angioma. The microscopical investigation of the tumour showed that it was cavernous, and had developed subcutaneously and without any large arterial branches. The case shows also that such tumours, when not too large, and when they are free from pulsation, may be removed by means of sharp instruments, without fear of any serious degree of hæmorrhage.

Prof. POLITZER. *Demonstration of a Case of Recovery after Otitic Pyæmia with Thrombosis of the Jugular Vein and Purulent Metastasis in the Left Elbow Joint.*

The patient was a young man, aged nineteen, who when seven years old suffered from severe scarlatinal diphtheria, which extended over the pharyngeal, nasal, and buccal cavities, and to both tympana. There was almost complete destruction of the membranes, and at first total deafness. During convalescence the hearing gradually improved, but there still remained a certain amount of deafness; the suppuration had slowly disappeared, but the perforations remained persistent.

Ten years from the beginning of the diphtheritic otitis, the patient became affected with an acute recurrence of suppuration in the right ear, and severe fever and pain in the mastoid region, so that on the sixth day it was necessary to open the mastoid process. After this operation, and the establishment of a communication between the operative opening and the tympanic cavity, the fever still continued, and during the following two days oscillated between 39° and 40·3°, so that it was then necessary

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to expose the lateral sinus. This appeared normal on inspection, but in the blood drawn from it by means of a hypodermic syringe streptococci were found to be present.

After this operation no improvement took place, but, on the contrary, daily rigors came on with the characteristic fall of temperature below the normal, followed by elevation to between 39° and 40°. Along with the onset of the rigors there developed a painful cord-like swelling on the right lateral region of the neck, which was recognized to be a thrombosis of the jugular vein. These daily rigors with remittent temperature lasted for fourteen days, during which a phlegmonous inflammation developed round the thrombosed vein, and the patient presented signs of almost complete exhaustion. On the twenty-second day a purulent metastasis occurred in the left elbow joint, and from that time onwards the rigors ceased, and the temperature fell pretty rapidly to the normal. Four weeks later the patient was able to leave his bed, with an anchylosis of the left elbow joint. During the subsequent two years there had been only occasionally a slight purulent discharge from both ears.

Prof. Politzer would class this case along with those rare ones of recovery after otitic pyæmia with thrombosis in the sinus and in the jugular vein published by Gruber, Hesler, Urbantschitsch, Wreden, and himself. In this case there was obviously an inflammation of the vein produced by extension of the suppuration from the floor of the tympanum to the bulb of the jugular vein, and from here to the vein itself. According to Politzer's observations, otitic pyæmia with metastasis runs a more favourable course than septicæmia without metastasis.

Dr. BING. *Demonstration of a Case of Chronic Suppurative Inflammation of the Middle Ear, Cured only after a Removal of the Malleus.*

A woman, aged forty, had suffered with her ears probably since scarlet fever in childhood. She had, however, not sought advice with regard to it until six years ago, and since then she had been treated by various people without success. Four years ago she came under Dr. Bing's treatment, and he found the left ear healthy but the right one discharging, and after syringing the meatus he found inflammatory swelling of the soft parts. There was a loss of substance in the membrana tympani, limited in front by the handle of the malleus and by a part of the antero-inferior quadrant of the membrane, while the posterior border was not sharply defined; behind the manubrium there was a niche filled with granulation and inspissated pus, which had to be removed by means of the probe. Above the short process there was a perforation in the membrane of Shrapnel, which was also filled with exudation. The whispered speech could be heard at a distance of three mètres.

The treatment was confined to cleansing by instillations and syringing. The granulation and suppuration were partly removed by the application of perchloride of iron and alcohol drops. Improvement took place, but not complete recovery. Dr. Bing then sent the patient, in June, 1895, to Prof. Politzer's clinic for removal of the malleus. This was done under slight chloroform narcosis without accident. The malleus presented no signs of caries. On the fifth day the patient returned to Dr. Bing. The

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suppuration still continued, and in the situation of the manubrium there extended from above a soft structure with a sharp point below, which was very tender on probing, but completely shrivelled up after repeated cauterization with perchloride of iron. There was a disturbance of taste on the corresponding side of the tongue, and various paræsthesiæ in the region of the trigeminus over the right temporal and malar bones, which lasted for four weeks, then gradually disappeared. After the use of alcohol instillations for a few weeks the otorrhœa completely stopped. At the present time the meatus is quite dry, the anterior half of the membrane is reduced to a small residuum, which allows of a view of the tympanic orifice of the Eustachian tube, and the upper segment of the tympanum was attached below to the inner wall of the cavity. This was quite dry, of a whitish grey colour, and covered with skin. The head of the stapes could be seen, and the hearing power for whispered speech was seven mètres.

Dr. GOMPERTZ. *A Patient on whom the Radical Operation with Körner's Flaps had been Performed.*

After healing, the antrum and the tympanum seemed to have so grown together that the meatus appeared to be quite closed in its deeper part, and only to communicate with the tympanum by a very narrow orifice. After the cessation of the secretion which found its exit through this orifice, the opening began spontaneously to enlarge, obviously through absorption, not through necrosis of the cuticular flap which covered it, and after fourteen days the antrum, the attic, and the tympanic cavity were seen covered with a delicate shining cicatrix, perfectly freely open just as at the present time.

Dr. MAX. *A Case of Malformation of the Auricle Rectified by Operation.*

After paring the edges of the cleft, and the application of three stitches, under cocaine anæsthesia, the defect was completely rectified.

Dr. MAX. *Modification of the Polypus Snare.*

The ordinary handle was used, but the shaft was very thin, and bent in such a way that the anterior part was somewhat higher than the posterior. Instead of the ordinary steel wire he used a fine silver one. He had employed the instrument for three years with every satisfaction. It had the advantage that it could be introduced even in a narrow swollen meatus with very slight pain to the patient.

Dundas Grant (*Trans. and Abs.*).

(*To be continued.*)

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