cystic in character, had been present from childhood. Incisions should be made parallel to lines of cleavage in the skin.

Mr. R. C. CLUCHEN believed that difficulty in operation was usually caused by previous application of strong medicaments to the skin. Atrophy occurred in large unilateral growths after removal of the isthmus.

Mr. C. W. CATHCART drew attention to the gradation in malignancy, there being an intermediate stage between malignant and innocent tumours.

Mr. BUTLIN considered that the account given of Professor Kocher's procedure showed that in England the surgery of the thyroid was much ahead of that of Continental operators. He had met with but one adherent thyroid tumour.—*Abbreviated from "Brit. Med. Journ." Report.*

Ernest Waggett.

AUSTRIAN OTOLOGICAL SOCIETY.

Meeting, May 28th, 1895. ("Monatsschrift für Ohrenheilkunde.")

President—Prof. GRUBER.

Prof. URBANTSCHITSCH. *The Favourable Influence of Extraction of the Malleus on the Auditory Function of the Opposite Ear, secondarily affected.*

The patient, aged thirty-four, had suffered since his fourteenth year from left-sided otorrhœa, and to this was superadded ten years later gradually increasing dulness of hearing on the right side. All treatment was without effect, until the patient could not hear a loud whisper with the right ear further than two to three paces. On the 5th February, 1891, the healthy malleus was removed from the left ear with the view of curing the suppuration in the attic; the discharge soon diminished and is now almost absent. After the operation the left ear, as far as hearing was concerned, was the same as before; but, on the other hand, the right ear immediately underwent a striking degree of improvement—whisper heard at four paces; this increased within the next few days, until a clear whisper was heard at from ten to twelve paces. After the lapse of four years it remains equally good.

2. *Extraction of the Malleus producing no improvement in the sound Ear, but removing the Vertigo and arresting the progressive Deafness.*—In this case, at the site of the extracted malleus there remained in the membrane a callous cicatrix, giving the impression that manubrium was still there.

3. *Irregular Tumour of bony hardness in the Right Auditory Meatus.*—The growth quite filled the lumen of the passage, and appeared to be attached to the front of the mastoid process. It was to be removed by operation; the result will be communicated later.

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4. *Benign Neoplasm of the Left Auricle.*—This was situated on the edge of the helix, where it passes over into the lobule. It could be diminished by pressure with the finger, was circumscribed and movable, and when compressed was found to be firm. Under the influence of alcoholic indulgence, mental excitement, or exposure to cold, it swelled considerably.

Prof. POLITZER asked in what way the improvement in hearing of the opposite ear was to be explained in the first case.

Prof. URBANTSCHITSCH attributed it to the synergic action of the tensores tympani, as shown by Pollak's experiments and Gellé's observations.

Prof. POLITZER did not consider this explanation sufficient. The synergic action of the tensores had not been demonstrated in men. If the influence were as potent as stated, then in unilateral affection of the middle ear the opposite ear would be much more frequently affected by sympathy than it is.

Prof. URBANTSCHITSCH drew attention to a case which he had demonstrated before the last Assembly of Naturalists, in which by rarefaction of air on the one side he had affected the hearing power of the other.

Dr. GOMPERTZ had seen a case similar to the second. After extraction of the malleus a band-like cicatrix formed simulating the manubrium.

Prof. URBANTSCHITSCH: Might not the condition be explained by periosteal irritation on the inner wall of the tympanum? In his case there was no question of adhesion of the membrane to the inner wall.

Dr. GOMPERTZ replied that in his case there was undoubtedly adhesion.

Prof. GRUBER attributed the formation of the cicatrix to the growth of tissue from the upper wall of the meatus.

Prof. URBANTSCHITSCH asked if a callous cicatrix had ever been observed on the tympanic membrane.

Prof. GRUBER had never seen it, and he had, further, never seen a membrana propria developed after extraction of the malleus.

Prof. POLITZER took the growth in Case 3 to be an osteoma originating on the mastoid process, and projecting into the external meatus. Such osteomata in his experience were rare. He had described a similar case in his text-book.

Prof. GRUBER had seen similar cases in his clinic, and had operated on them, but they were chondromata.

Dr. POLLAK remarked, regarding the development of such growths, that in one case an osteoma which filled the whole external meatus had developed within a year after the extraction of a fibrous meatal polypus. The case had unfortunately been lost sight of.

Prof. POLITZER. *A Rare Form of Exostosis of the External Meatus, with Specimens.*

Attention was drawn to the fact that in spite of the by no means infrequent clinical observations of exostoses in the external meatus, there were very few *post-mortem* dissections of previously observed cases. The preparation which he was showing was from an educated man,

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sixty-nine years of age, whom he had had frequent opportunities of observing during the last thirty years. At the first observation he found the right external meatus occupied by a yellowish bony growth on the postero-superior margin, the antro-inferior free border coming in contact with the corresponding wall of the meatus. The patient could give no account of the development of the growth, and could not even say whether he had ever suffered from otorrhœa. The most prominent symptom was the dulness of hearing, occasioned partly by the exostosis itself, and partly by accumulation behind the growth. After removal of the masses by means of a very fine tube, introduced into the meatus at intervals, well-marked improvement in hearing and diminution of the subjective discomfort always took place. The patient would not consent to operation.

A few years previously the patient was again referred to Prof. Politzer by Dr. Teleki, as for several days he had had severe pain and a fœtid discharge. Again, by means of a fine drainage tube, as before, the putrid masses were removed and the distressing symptoms relieved. The patient died two years ago, and the following is the condition of parts on dissection :—An exostosis of irregular surface, one and a half centimètres in length and one centimètre in breadth, grew from the posterior upper margin of the orifice of the osseous meatus. It appears to be limited to a furrow bound by the squamous and the mastoid parts of the temporal bone. After removal of the soft parts and the antero-inferior wall of the meatus, the lumen of this passage was found to be occupied by a brownish-yellow epidermic mass, which extended into the tympanic cavity through a small orifice in the membrane. After removal of this mass the meatus was found to be considerably dilated, the tympanic margin over the membrane of Shrapnel being eaten away to the extent of a lentil, the floor of the cavity thus exposed being covered with a thin sunken cicatrix, which came immediately in contact with the bodies of the malleus and incus. The upper wall of the meatus is eroded from pressure, leaving a fine osseous edge bounding the above-mentioned orifice ; this leads into a smooth walled cavity, larger than a cherry-stone, encroaching partly upon the mastoid process. The upper vault of this is irregularly broken through and leads immediately into the mastoid antrum, which was likewise filled with crumbling epidermis. The inner side of the exostosis is somewhat hollowed out, so that the anterior margin has a slightly rounded edge; the base of the exostosis extends inwards in the form of a blunt projection, which separates the meatus from the cavity above, and on the other side it extends into this cavity. The mastoid process was completely eburnated. The upper cavities of the tympanum and a portion of the antrum were filled with young connective tissue; the middle and lower cavities were free; the labyrinth and canalis acousticus were unchanged.

He considered that most probably this exostosis owed its origin to a previous otorrhœa, and that the defect in the bone of the meatus, and in part also of the mastoid process, was due to the retention of epidermic masses. The perforation in the membrane and the simultaneous perforation of the osseous cavity in the direction of the antrum favoured the

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extrusion of epidermic masses from the middle ear into the external meatus. It is probable that if the exostosis had been removed by operative procedure at an earlier period the bone defect would not have arisen.

Prof. POLITZER. *Demonstration of a Patient in whom the Radical Operation for the laying open of the Cavities of the Middle Ear was carried out, with subsequent Transplantation of Thiersch's Skin Grafts.*

A woman aged forty-six. The origin of the ear disease was unknown. For about a year she had had a slight non-fœtid suppuration from the left ear. Four weeks before coming into the hospital she had severe pain in and above the left ear, and for fourteen days obvious swelling at the tip of the mastoid process. On the first examination the meatus was observed to be narrowed, filled with pus, the middle ear to contain soft granulations; the soft parts over the mastoid process in its upper and middle thirds, normal; but at the point an abscess of the size of a nut, which had burst spontaneously with an opening the size of a pin-hole. On the 18th April the radical operation with plastic surgery of the wall of the meatus was carried out. There were whitish yellow dry cholesteatomatous masses in the tympanic cavity and the attic. The fistulous opening in the abscess at the point of the mastoid process led directly to the inferior wall of the tympanic cavity. Six days later Thiersch's transplantation was carried out with flaps of skin taken from the left forearm. On the anterior and upper wall of the wound the grafts succeeded perfectly, but the new skin did not adhere to the posterior wall. Although the skinning over of the anterior and inferior walls of the meatus prevented adhesions of the walls of the passage, it was decided nevertheless to carry out fresh grafts on the posterior wall. He thought that the safest means of preventing the recurrence of cholesteatoma is to retain a permanent opening in the mastoid region.

Prof. URBANTSCHITSCH had in several cases carried out transplantation according to Siebenmann and Bezold. In one case he employed with good result some skin from the opposite auricle, and in another case skin from the thigh. In one case which he operated on for cholesteatoma he grafted at the same time, and, so far as twelve days observation showed, the grafts are doing well.

Prof. GRUBER (Vienna). *On Morbus Ménièrei.*

The speaker recommended giving up the term "Ménière's symptoms, but retaining that of "Ménière's disease" for the conditions to which Ménière applied it, namely, primary labyrinthine affections, hæmorrhagic or exudative, with vertigo, subjective noises, and deafness, apart from pyrexial inflammations of the labyrinth.

When the so-called Ménière's symptoms arise from disease of other parts of the organs of hearing, they should be mentioned among the accidental complications, and not as the main term in the formal diagnosis of the case. He directed attention to the varying anatomical formation of the saccus endolymphaticus, and of the aqueductus vestibuli, and suggested that when they are exceptionally small the outflow of

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endolymph might be readily interfered with, and abnormal tension, such as to produce vertigo, readily induced.

In the discussion, in which Drs. HERR VON FRANKL, HECKWART, URBANTSCHITSCH, POLITZER, GOMPERTZ, POLLAK, and GRUBER took part, it was generally recognized that in the introduction read by Prof. Gruber there were some new and important points of view with regard to the nature and prognosis of these diseases brought forward; but that the description, "Ménière's symptoms," should be retained for the sake of practical necessity as a name for a certain complexus of symptoms, but not, like "morbus Ménièrei," arising from a primary disease of the labyrinth. *Dundas Grant.*

ABSTRACTS.

DIPHTHERIA, &c.

Buckingham, E. M. — *A Clinical Study of Cases of Angina resembling Diphtheria in which the Bacilli are reported absent.* "Arch. of Pediatrics," Dec., 1895.

A CLINICAL report of fifteen cases of apparent diphtheria in which repeated bacteriological examination was made with negative result. The temperature remained high for longer periods than a parallel series of true diphtheria cases, the heart action was stronger, and the amount of redness and swelling was out of proportion to the membrane. The author suspects scarlet fever with absence of rash. *Ernest Waggett.*

Discussion on Diphtheria in the Glasgow Medical and Chirurgical Society. "Glasgow Med. Journ.," July and August, 1895.

THE discussion was opened by (*a*) Dr. R. M. Buchanan, who dealt with the bacteriology of diphtheria; (*b*) Dr. Armand Ruffer, who dealt with (1) the question of the diagnostic value of the diphtheria bacillus; (2) the methods of preparing toxin; (3) the methods of inoculating horses so as to obtain a maximum of immunizing power in a minimum of serum; (4) what appeared to be the pathological bearing of the subject under discussion; and (*c*) by Dr. Newman, who discussed the pathology of diphtheria, the mode of action of antitoxin, and gave his experience in the use of the antitoxin treatment. *A. J. Hutchison.*

Nes (Hanover).—*Intubation in Diphtheria.* "Deutsche Zeitsch. für Chir.," Band 42, Heft 1 and 2.

THE author concludes: Tracheotomy is preferable to intubation, but in many cases intubation may be substituted. In the two first years of life intubation should not be performed. If the lungs are not healthy, intubation should not be performed. In cases in which it is impossible to remove the canula, intubation supplies the best results. *Michael.*

Sequeira, J. H.—*Chronic Pharyngeal Affections and their Relation to Diphtheria.* "Lancet," Jan. 18, 1896.

REFERS to the fact established by StClair Thomson and Hewlett that air filtered through the nares is practically germ-free, and deduces as a corollary that anything

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