The following papers were read by title :

"The General Health and the Upper Respiratory Organs," by Dr. J. C. Mulhall, of St. Louis.

"A Case of Angioma of the Tonsil, with Recurrence of the Same Three Years after Removal," by Dr. J. H. Hartman, of Baltimore.

"The Advantage of Bromide of Ethyl in Adenoid Operations," by Dr. T. Melville Hardy, of Chicago.

"Surgical Treatment of Acute Inflammation of the Tonsillar and Peritonsillar Regions," by Dr. H. L. Wagner, of San Francisco. *R. Lake.*

THE AUSTRIAN OTOLOGICAL SOCIETY.

Meeting of the 27th April, 1897.

(Translated and Abstracted by Dr. DUNDAS GRANT. "Monats. fur Ohrenheilk.," May, 1897.)

(Continued.)

Dr. FERDINAND ALT. *A Case of Suppurative Median Otitis complicating Epidemic Cerebro-Spinal Meningitis.*

The patient was a boy aged fourteen, who had suffered from meningitis since the 19th March, the diagnosis having been confirmed by spinal puncture. On the twelfth day of the disease the patient complained of pain in the left ear, and the membrane was found to be red, swollen, and bulging, the details being invisible. It was impossible to carry out the paracentesis in such a way as to get absolutely pure pus for bacteriological examination on account of the excitable condition of the patient, so that this examination had to be postponed until spontaneous evacuation had taken place. In fresh stained preparations of the pus from the deeper part of the meatus, Dr. Arthur Schiff found along with other bacteria a large number of the intracellular diplococci, which give rise to epidemic cerebro-spinal meningitis, such as had been found two days previously in the nasal secretion. It was impossible to get pure cultures. The ordinary treatment for suppurative otitis was carried out, and after seventeen days complete healing of the membrane took place with recovery of normal hearing.

Prof. GRUBER stated that he had only seen one case of the same kind.

Prof. POLITZER considered it obvious that the microbes had found their way from the naso-pharynx.

Prof. POLITZER. *On Symmetrical Exostosis of the size of Hemp Seeds, situated at the Inner End of the Meatus.*

The patient was a man affected with catarrh of the middle ear, and at the inner end of the osseous meatus, close to the membrane of

https://doi.org/10.1017/S1755146300165631 Published online by Cambridge University Press

Shrapnel, there were two whitish exostoses of the size of hemp seeds, which enclosed between them the short process of the malleus. These were first described by Moos, and are somewhat rarely observed. As a rule they are found in both ears. Prof. Politzer thinks that they arise in connection with the development of the temporal bone, as they are situated at the spots where the free ends of the tympanic ring may become attached to the squamous part of the temporal bone. It is somewhat surprising that in spite of the frequent investigation of skulls, these symmetrical exostoses are not observed in the macerated specimen. The question, therefore, has to be investigated as to whether they are genuine osseous growths or fibrous thickenings, and this can only be cleared up by the removal and microscopical examination of the small tumours.

Prof. GRUBER is of the opinion that this is a malformation by excess: like the two extremities of the tympanic ring they are sometimes nearer and sometimes further apart, and they undergo no further growth.

Dr. KAUFMANN. *A Case of Atypical Radical Operation on the Mastoid Process.*

A man, aged thirty, was under treatment on account of chronic suppuration of the left middle ear, with headache and vertigo. The meatus was found to be very narrow, and filled with pus, while in the deeper part nothing was visible but a mass of granulation. On the mastoid process there was an irregular granulating wound, which narrowed like a funnel in its depths, at the bottom of which rough bone was to be felt. At the operation there was found a sequestrum derived from the squamous portion of the temporal bone, with a part of the zygomatic process. Behind this the dura mater was exposed over a region of the size of a four-kreutzer-piece, covered with granulation, but otherwise normal. At the postero-superior part of the process there was an opening half a centimètre in diameter, out of which granulations extruded; when these were scraped, bleeding took place from the transverse sinus, but it was easily checked by means of iodoform gauze. At another point further forward there was a third small opening, which led into the antrum and middle ear. The radical operation was carried out completely, and the after-course was normal and free from fever.

Dr. D. KAUFMANN. *The Effect of Paracentesis and Vaseline Injections in Cases of Plastic Median Otitis.*

With reference to a case of Dr. Alt's, in which this treatment had brought about considerable diminution of the distressing symptoms, the writer brought forward another case in which the effect was to make the subjective symptoms considerably worse. He held that in sclerosis of the middle ear, there was an affection of the bone which could not be influenced by suppuration of the mucous membrane, and that it was not a matter of indifference to set up suppuration. It was therefore not indicated to bring this about in cases of sclerotic process in the middle ear.

https://doi.org/10.1017/S1755146300165631 Published online by Cambridge University Press

Dr. FERDINAND ALT held that it was not justifiable on account of this one case, in which treatment had been without result, to throw aside the method referred to. The treatment was free from danger, and if in only a small percentage of cases relief was obtained, it was a very great gain. It was a response to the demand that many writers of importance had made for a means of keeping up an artificial perforation in the membrane, they expecting considerable beneficial result from its attainment.

Dr. KAUFMANN held that the difficult part of the question was to discriminate between sclerosis and adhesive process in the middle ear.

Prof. GRUBER opposed Kaufmann's view that the osseous new growth in the labyrinth wall described by Politzer should be identified with sclerosis of the middle ear. He was of opinion that this process belonged to the group of hyperplastic inflammations of the middle ear, and he included among these all the chronic processes, including the circumscribed ones, in which there was no obvious exudation, but increased growth of tissue. This would include the osseous new growth described by Politzer, and so much the more because the mucous membrane on the labyrinth wall is at the same time a periosteum, inflammation of which may give rise to a new growth of bone. He did not think that Dr. Kaufmann had proved that paracentesis with subsequent injections was to be rejected. Dr. Kaufmann's case was different from that of Dr. Alt's, the former showing atrophy of the membrane, but the latter a thickening of the tissues, including that of the membrana tympani, such as to warrant the opinion that a perforation would be useful.

Prof. GRUBER. *Hyperostoses of the External Auditory Meatus.*

Prof. GRUBER showed two temporal bones presenting symmetrical hyperostoses of considerable size in both external meatuses. In one there was a husk of straw which had got wedged against the tympanic membrane, and had stuck there for many years. Prof. Gruber mentioned that some years ago he had had a very similar case, in which the husk had apparently stuck in the ear for seventeen years without giving rise to any symptoms. On its removal there was found a round perforation in the membrane of about one millimètre in diameter, which closed up later on.

DISCUSSION ON THE THERAPEUTICAL VALUE OF PEROXIDE OF HYDROGEN.

Introduced by Prof. POLITZER.

Prof. POLITZER began by saying that peroxide of hydrogen was discovered by Thenard in 1818, and its antiseptic properties were recognized in 1882 by Baldy, who recommended it for surgical use. The substance had up to the present been of little use in major surgery, and it was only within the last few years that Neudorfer had warmly recommended it as an antiseptic and hæmostatic. Bettmann introduced it, in 1885, in aural practice, and had found adherents among otologists such as Rohrer,

https://doi.org/10.1017/S1755146300165631 Published online by Cambridge University Press

Bull, Dayton, and Lermoyez. Very recently Georges Gellé had made experimental and clinical investigations into its action, and had published a remarkable work upon it in the "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," edited by Helme.

Solutions of peroxide of hydrogen as sold by druggists were of different degrees of concentration. In Vienna, the solutions were from three to six per cent. In Paris they contained ten to twelve volumes of peroxide of hydrogen. The reaction is acid in proportion to the amount of sulphuric acid contained. On account of the presence of acid the breaking up of the peroxide is prevented, but this rapidly takes place on the addition of alkaline liquids. It also takes place rapidly when it comes in contact with secretions, being accompanied by a violent development of gas, so that oxygen is liberated in the neighbourhood of the tissues irrigated with this fluid. This last effect probably explains the antiseptic action of the material. Under the action of light and air the fluid undergoes changes to a very slight extent, and very slowly. Only when injected into the veins is it poisonous, and it possesses antiseptic properties, although not to the same degree as perchloride of mercury. Prof. Politzer recommends its use, first, in *acute suppuration of the middle ear;* after syringing the meatus with warm sterilized water, he fills the passage with peroxide of hydrogen while the patient's head is bent to the opposite side, and inflation according to Prof. Politzer's method is practised, so that air is blown from the tympanum through the meatus, and the liquid finds its way into the tympanic cavity. This treatment may be employed soon after the appearance of the discharge. If no diminution of the secretion takes place within a few days resort should be had to boracic acid.

Second: in *chronic suppuration of the middle ear*, a rapid diminution of the secretion is sometimes observed after several days' use of peroxide of hydrogen, and in some cases complete disappearance of the same. On the other hand there is frequently no marked influence upon the suppurative process. At the same time the remedy is useful in this case, because all the parts irrigated by the fluid are cleaned and disinfected. He therefore recommends that in chronic suppuration of the middle ear, especially in the septic neglected forms, the treatment should be commenced with the use of peroxide of hydrogen, and that after several days of this the ordinary antiseptic treatment should be pursued. Prof. Politzer has found that the latter acts more quickly when it has been preceded by the use of peroxide of hydrogen for some days.

Third: the drug has proved itself of considerable value in those forms of *desquamative suppuration of the middle ear* in which masses of epidermis are heaped up in anfractuosities of the tympanic cavity, inaccessible to irrigation, and which therefore cannot be removed by means of ordinary syringing. Such epithelial concretions, which favour the occurrence of sepsis, as also the remains of cholesteatoma masses, are frequently brought to the surface during the rapid liberation of gas following the introduction of the peroxide, and in this way the deeper parts of the tympanic cavity are purified.

The hæmostatic properties of peroxide of hydrogen have been praised

https://doi.org/10.1017/S1755146300165631 Published online by Cambridge University Press

by Neudorfer. They have been proved experimentally by Georges Gellé in his investigations on rabbits.

Prof. Politzer had employed the peroxide with good result in hæmorrhage following the removal of nasal polypi, intratympanic operations, or operations on the turbinated bodies.

Dr. POLLAK had obtained satisfactory results from the use of this remedy in attic suppuration treated by the conservative method, as well as in those cases of acute suppurations of the middle ear in which the perforation was at the tip of a teat-shaped projection at the posterior part of the tympanic membrane. In the latter case the remedy was poured into the external meatus after the latter had been carefully cleaned, and then coaxed into the tympanum by means of inflation while the head of the patient was bent to the side, or else it was injected in mass through the Eustachian tube.

Prof. URBANTSCHITSCH found this particular advantage in peroxide of hydrogen, that it was perfectly unirritating and readily checked hæmorrhage.

Dr. GOMPERTZ employed it with good result in operations on the naso-pharynx.

Dr. ALT said that peroxide had been in use for a considerable time in Prof. Gruber's clinic, especially in cases of chronic suppuration of the middle ear, on account of the easy but complete purification of the meatus and tympanic cavity which could be effected by its use.

CONGRESS DER DEUTSCHEN GESELLSCHAFT FUR CHIRURGIE.

Berlin, 21-24 April, 1897. ("Deutsche Med. Woch.," 6th May, 1897.)

KÖNIG (Berlin) showed a child who had been intubated for diphtheria in 1892, the tube being left in a long time. On removing it laryngotomy had to be performed, and a long flexible tracheal tube passed down to below the sternum. Attempts to remove this tube were always followed by suffocative attacks. The child was now practically cured, but four operations had been required. Coughing had helped to restore the trachea to its proper condition, and now breathing was free, but owing to destruction of mucous membrane in the larynx the voice remained hoarse.

KÖNIG, jun. (Berlin), showed five patients in whom old laryngeal and tracheal defects had been covered in. In two, with comparatively small defects, a skin and bone flap was cut out of the thyroid cartilage, a skin flap sewed on to the cartilage and healed. The other patients had larger defects. In one the infiltrated larynx had first to be opened and dilated with bougies, then later the defect covered in by several operations. In the fifth child the defect was too large to permit of the use of a flap of skin, periosteum, and bone: the trachea was therefore freed and drawn

https://doi.org/10.1017/S1755146300165631 Published online by Cambridge University Press