

of the disease, and concluded with the relation of a case, in which a lipoma of the neck was so similar to a goitre that it was only by very careful examination he could distinguish it.

*Michael.*

**Wolf, Julius.**—*On the Extirpation of Goitre.* Freie Vereinigung der Chirurgen in Berlin. Meeting, May 9, 1892.

SUDDEN death during or after the operation can be caused by entrance of air into the veins; by too great loss of blood; by accumulation of mucus in the trachea and mouth. After partial resection of the goitre the remaining part of the gland becomes atrophic. In such cases the cachexia is not observed. The author showed five cases which were successfully operated upon. Parenchymatous bleedings during operation are treated by tamponing with iodoform gauze.

*Michael.*

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**Barclay** (New York).—*A Case of Sudden Deafness from Inherited Syphilis.* "Med. News," April 30, 1892.

A GIRL, twelve years of age, who had had some signs of aural catarrh, suddenly lost her hearing at a time when she was cutting four molar teeth. The drumheads are only slightly affected, and inflation is useless. She has typical "Hutchinson" teeth. There is a history of miscarriages and early deaths of brothers and sisters, and the father confesses to having had syphilis. The author lays stress on the fact of the occurrence of the deafness a short time before puberty: that there was a predisposing cause, viz., chronic catarrh of the ear; and that there was the exciting cause of reflex irritation from the eruption of four second molar teeth simultaneously.

*Dundas Grant.*

**Corradi, C.**—*The Perception of Acute and Low Tones as a Diagnostic Criterion in Ear Affections.* "Archivio della Specialita Medico-Chirurgie, etc." Naples.

THESE observations were in part communicated to the Medical Congress at Sceria, and have since been fully published, with the following conclusions:—

1. Up to the present time we are not authorized to admit, either from an anatomical or physiological point of view, that the diminution of the perception of acute tones represents a symptom of lesion of the inner ear, it being difficult to exclude with certainty the participation of the middle ear in the progress of the disease.

2. If in some species of deafness the perception of acute sounds seems to diminish in comparison with that of the lower tones, while in others the perception of the latter in comparison with the perception of the former (acute tones) occurs, this is to be imputed, at least in part, to the special character of these tones, which naturally prohibits the acute tones,

from attaining a certain degree of intensity, while the low tones gradually recede with the diminution in number and regularity of their vibrations from the phœnic type, which is most homogeneous to the human ear. In all kinds of deafness the perception of acute sounds diminishes, and the more serious and deep the affection is, so much the more diminishes the perception of acute tones, which in general is little or nothing for the lower tones. If this fact occurs (diminution of perception of the low tones), it may co-exist with a strong diminution of perception of the acute tones or not.

3. In the tympanum we have various well-defined anatomical and physiological conditions, which may influence the perception of acute tones.

4. In no malady of the ear does there exist a true and proper diminution of perception of the low tones, relatively to their transmissibility through the air; it may, however, be held that in certain maladies of the organs of transmission, owing to conditions not yet well defined these become in some way affected.

5. If the theory of Helmholtz is proved to be true (diminution of perception of the low tones), the diminution for the low tones must also in all probability be admitted, even for a simply localized malady of the labyrinth.

6. Taking into consideration the insufficiency of the various disposable criteria to make a diagnosis of the seat (of disease), Corradi believes that a criterion hitherto but little appreciated—that is to say, the degree of the deafness—must be taken into consideration. *V. Grazzi.*

**Ferrer and Clark** (San Francisco).—*Report of Cases of Disease of the Mastoid Process.* "Arch. of Otol.," Jan., 1892.

VERY instructive clinical histories of several cases illustrating the complications not uncommonly occurring. A drawing is given of a bone forceps with powerful blades cutting (like two spoons) at the tips only. Küster's method of cutting away the posterior wall of the meatus, and thus throwing antrum and meatus into one, is recommended by the results obtained. One point brought out by a perusal of these cases is the importance of free communication between the meatus and the antral wound (whatever operation be practised), improvement and retrogression appearing to coincide with permeability and closure respectively.

*Dundas Grant.*

**Lake, Richard** (London).—*On the Structure of Aural Polypi.* "Arch. of Otol.," April, 1892.

OUT of eighteen specimens nine were fibroma myxomatoides, four granuloma, two soft fibroma, two firm fibroma, and one angio-fibroma myxomatoides. The origin of the myxomatous tissue which appears so frequently is not quite clear. The resemblance of the structure of aural polypi to scar tissue in various stages of growth bears out to a certain extent, the theory that they originate usually as exuberant

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granulations, due generally to caries of the subjacent bone. The fibromata had a well-marked epithelial covering (with prickle cells), and the occasional recurrence of cysts in them was explicable by the degeneration of ingrowing epithelial columns.  
*Dundas Grant.*

**Lane, Arbuthnot** (London).—*Antrectomy as a Treatment for Chronic Purulent Otitis Media.* "Arch. of Otol.," April, 1892.

MR. LANE has, in a "very considerable number of cases" of chronic purulent otitis media, chiselled open the mastoid and removed the osseous septum between the external meatus and the antrum. He has then inserted a metal tube in the opening thus made, and (by gradual shortening) has allowed the cavity to fill from the bottom with dense fibrous tissue. The tympanum was also emptied of its contents, and every trace of the membrane entirely removed. Careful cleansing, the use of an antiseptic instillation, and the insertion of a cotton-wool plug, or Ward Cousins' artificial drum, constitute the subsequent daily toilet of the ear operated on. [Mr. Lane has undoubtedly shown the feasibility of this operation in ordinarily skilled hands, but the indications are very meagrely described. We trust that few aural surgeons have on their hands any "very considerable number of cases" justifying this somewhat severe, though scientific, radical treatment.]  
*Dundas Grant.*

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## ASSOCIATION MEETINGS.

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### THE PARIS SOCIETY OF LARYNGOLOGY, OTOTOLOGY, AND RHINOLOGY.

*Meetings, March and April, 1892.*

*Non-Traumatic Deviations of the Nasal Septum.—Classification.—Embryology. General Rules for Treatment.* By DR. HENRI CHATELLIER.

From the study of sections of nasal fossæ in human embryos of three to four months' gestation, the author has determined that ossification has commenced in the vomer, upper and inferior maxillæ, and the middle and inferior turbinateds, the ethmoid being at that time completely cartilaginous. The perpendicular plate at its centre presents a considerable thinning; *this is then its weak spot*. The quadrangular cartilage is prolonged in front of the perpendicular plate, and is insinuated like it between the two laminæ of the vomer. The latter is formed by a body of small height; and at its upper border it is divided into two laminæ, which separate to form an open antero-posterior furrow above, in which is placed the inferior edge of the perpendicular plate and of the quadrangular cartilage. The septum may then be considered to be constituted by two segments; the upper one formed by the perpendicular plate and the quadrangular cartilage, the lower one by the vomer. These two segments are united to form the ethmoido-chondro-vomerine articulation, the means of union being the