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THE MEETING OF THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM AT LIVERPOOL.

THE extra-Metropolitan meetings of societies which have their headquarters in London have always a special interest, and we record with pleasure the fact that the meeting of the Otological Society of the United Kingdom, which took place recently at Liverpool, was in every respect a success. A considerable number of Metropolitan members journeyed to Liverpool, and were in every way rewarded for their pains, the welcome they received being of the utmost cordiality, and calculated to foster the *esprit de corps* and good fellowship which are prominent among the objects of such societies. It is well known that there are many reasons which make it easier for those who live in the provinces to come to London than for the inhabitants of London to visit even the most important provincial towns, and no doubt the London members who went to Liverpool may have been actuated to some extent by a desire to pay a compliment to their provincial colleagues; if so, they cannot but feel that the reception afforded them and the interesting material placed before them were ample recompense for any time and trouble they had expended.

An interesting series of cases, illustrating mainly the treatment of the sequelæ of suppurative and tuberculous disease of the middle ear, formed the first part of the programme, and showed what excellent work Mr. Hugh Jones and his colleagues were carrying on. After the discussion of these cases, several papers of interest and importance were read. The Society was fortunate in having

the opportunity of listening to a most lucid account of the development of the organ of hearing by Professor Paterson, who illustrated the subject by means of graphic freehand drawings as he went along.

Mr. Arthur Cheatle discussed the subject of the prevention of quinine deafness. He adopted the view that it was an anæmia, and, in the way of prevention, recommended that the doses of quinine, when necessary, should be as small as was possible with therapeutic efficacy, but that they should be carefully measured, and not taken in the haphazard way so common among dwellers in the East. He further insisted that the remedy should in all cases be combined with hydrobromic acid. He referred to the benefit to humanity likely to accrue in this respect from the prevention of malaria by the prosecution of the means recommended for the destruction of the anopheles mosquito. Dr. Dundas Grant thought the anæmic theory was still unproved, and expressed his leaning towards the congestive one. He referred to the results of experiments upon animals, which seemed to support this, as well as his own observation that the tinnitus produced by quinine could be checked by compression of the vertebral arteries; he referred also to some substitutes for quinine. Dr. Milligan considered the condition an anæmia, and had had good results from treatment by means of nitrite of amyl. The Society is to be congratulated on having had a subject of such importance brought before it, and it is greatly to be desired that a thorough investigation of the question should be started under its auspices.

Another communication of great practical value was one by Mr. Hugh Jones, to which we have elsewhere drawn attention—namely, a landmark as to the position of the facial nerve in our radical operations on the middle ear. Measurements of various kinds have been already brought forward by other investigators, but no one has hitherto drawn attention to Mr. Jones's observation that the facial nerve does not go further out than the highest portion of the floor of the osseous external auditory meatus.

Dr. Alfred Campbell's paper on the cortical centre of the auditory nerve was characterized by certain conclusions arrived at by a comparison of the morphology of the cells found in its different parts. These are that the transverse temporal gyri of Heschl represent an area for the reception of auditory stimuli as such, whereas the superior temporal convolution, in its posterior three-fifths, is the area of the cortex which has to deal with the interpretation of those stimuli, and ought, therefore, to be the part the destruction of which produces word-deafness. He believes

that both hemispheres share the "word-hearing" function; the right one, however, to a less degree than the left.

Among the other cases was one of Dr. Milligan's, in which, in the after-treatment of the radical operation, no packing had been used, and yet a good result was obtained by means of skin-grafting eight days after the operation. A diminution in energy in the use of packing is a healthy sign, as excess of zeal in this direction sometimes defeats its own object. Dr. Tilley referred to a colleague's method of using installations of alcohol at a very early stage in the after-treatment of these cases—a method much in vogue at the Central London Throat and Ear Hospital, where it was introduced by Mr. Heath. One of the most instructive cases was one brought forward by Dr. Permewan, in which caries behind the posterior border of the mastoid, associated with middle-ear disease, developed without perforation of the membrane. The author was led to its discovery by the formation of an abscess over the mastoid; he opened this and found a cavity from which pus exuded, and which communicated with the posterior fossa of the skull; the opening was $\frac{3}{4}$ inch behind the auditory meatus. The case shows the importance of adopting careful aseptic measures in opening all abscesses in this neighbourhood, however superficial they may seem to be. The happy result in Dr. Permewan's case was no doubt due to his caution in this respect.

Owing to illness, the President, Dr. Urban Pritchard, was prevented from presiding; but Mr. Ballance took the chair for the commencement of the meeting, and Mr. Hugh Jones for the later part.

We are sure our readers will peruse the reports of this meeting with profit and pleasure.

HUGH E. JONES'S LANDMARK FOR THE FACIAL NERVE.

IN an interesting and timely communication, read at a recent meeting of the Otological Society of the United Kingdom, Mr. Hugh E. Jones described a landmark for guidance during the performance of the radical mastoid operation, which, whether or not it be universally applicable, has, at all events, the merit of being readily available during the performance of the operation, and therefore of the utmost practical value.

It is familiar to all that the facial nerve is embedded to a certain extent in the lowest part of the innermost section of the posterior wall of the external auditory meatus, and it would therefore seem