decidedly favorable result. The operation proposed by Menière, of perforating the tympanum by means of caustics, seems to have been equally unsuccessful, and concerning Sphierotomy we have as yet no definite reports of success. The indications for the operation in the present case induced Dr. Politzer to make the attempt of establishing a permanent artificial perforation by means of a new method, and on Oct. 26th he operated, as follows: A large sized aural speculum having been introduced, and the tympanum illuminated by means of a reflector, an incision was made with a paracentesis knife, through the cicatrix parallel to its long diameter, and a "laminaria-stäbchen"* introduced and allowed to remain for two or three hours, by which time it had sufficiently expanded. Its removal showed a circular opening in the tympanum, through which a hard rubber eyelet (œse), having several rims, was pushed into the tympanic cavity to the depth of $\frac{1}{2}$ ". The pain resulting from the operation was very slight. Through the opening of the eyelet the mucous membrane covering the promontorium, of a light reddish yellow color, could be plainly seen, and the patient voluntarily declared, not only that she heard better, but that the sensation of noises in the ear had very much diminished. It having been ascertained that the eyelet was firmly fixed, the edges of the perforation having slipped into one of the grooves between the rims, the hearing power was carefully tested. The watch which it had been necessary before the operation to bring in contact with the ear, was now heard at a distance of 9", and the voice at a distance of 40 feet instead of 3 feet.

On the 10th of February I had opportunity of examining the case above described. The eyelet, which is about the diameter of a common steel knitting-needle, projects two lines or more from the tympanum and rests upon the posterior inferior wall of the meatus; it is closely encircled and firmly held in place by the edges of the perforation. The patient does not notice its presence in the least, and is entirely relieved from the previous unpleasant sensations in the ear. The ticking of a watch is heard at the distance of 14", and words spoken in the ordinary tone of voice throughout the length of Oppolzer's ward, a distance of about 90 feet.

The right ear having been treated with inflation, Politzer's method, and the appli-

* Laminaria, a species of Alga, possessing the expansive properties of pressed sponge, and employed for the same purpose.

cation of pulv. aluminis, the purulent exudation ceased, and the perforation became closed by cicatricial tissue about four weeks since. On examination the cicatrix, 2" in diameter, is readily seen, and the hearing power is normal. In this ear the disease having been treated in season, the ossicles retain their normal relations to each other and to the walls of the tympanic cavity.

FIG. 1.

FIG. 2.

The eyelets (made by Leiter of Vienna) are of hard rubber and from 1" to 1½" in length; the longitudinal opening is oval in form and about $\frac{1}{2}$ " in its longest diameter. On the outer surface are either one (Fig. 1), or two (Fig. 2) grooves. In the outer end is a small transverse opening for the passage of a silk thread, by which the eyelet can be withdrawn in case of its slipping from the pincette during the operation.

The pincette used in introducing the eyelet terminates in two sharp points, which being inserted in the longitudinal opening and then expanded, give a much firmer hold than if the eyelet were grasped from the outside.

SINGULAR OBSTETRICAL CASE.

By THOMAS W. PERRY, M.D., Providence, R. I.

THE following case occurred in my practice, Sunday, Dec. 13, 1868. At 1, P.M., was called to an Irish woman in labor with her first child. Moderate pains commenced soon after midnight, but became severe by 7 or 8, A.M. These continued increasing in severity until the termination of the labor. The child was born as I entered the room. I separated the cord, and gave the child into the hands of an attendant. There was a laceration of the scalp, extending from near the top of the right ear across the parietal bone and suture to the opposite parietal bone, making a wound four inches in length; there was a fracture of the right parietal bone in a straight line across, one inch in length; the bone was denuded of its periosteum to the extent of about one half the size of a silver half dollar—the whole making a frightful-looking wound. There was also a laceration of the perinæum of the mother, extending down to and back of anus, not rupturing the sphincter ani, but going around and back of the anus, like the half of the letter S. I brought the parts in apposition with four lead sutures, put in deep, tied the knees together, and got a good union.

Regarding this as a case of great interest, I called Dr. Caswell, who kindly assisted in dressing the wounds. Both mother and child are doing well. The patient was attended by an old woman with whom I have been well acquainted for years, and who is, in my opinion, incapable of malice. She was also surrounded by half a dozen other women, among them the mother of the patient; apparently, there was no possible way for the child to have received this wound from any of the attendants. Neither Dr. Caswell nor myself could discover any spicula of bone from the bones of the pelvis. Suppose this child had been dead born and no person present except the mother, and this wound had been on the head of the child, the question would be, who or what killed the child.

A few nights since, I was called to attend a servant girl, alone in an attic, and the child was stillborn. Suppose the wound had existed on this child's head; what ought to have been my testimony? Could such a wound be produced by natural process of labor? I have been in the practice of medicine twenty-four years, and during the past twelve years have seen a great deal of midwifery, but have never seen a case resembling this; neither has my partner, Dr. Capron.

March 1, 1869.—I examined the child's head this day. The wound healed by granulation. Several small pieces of bone have exfoliated, leaving a portion of the brain, about the size of a silver half dollar, unprotected by bony covering.

The laceration of the perinæum healed satisfactorily.

Reports of Medical Societies.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.

G. W. GARLAND, M.D., SECRETARY.

THE meeting was held at the house of Dr. Whittemore, of Haverhill, who furnished a sumptuous entertainment.

The following preamble and resolutions were passed:—

Whereas an All-wise Providence has removed from us, by death, Dr. Albert Field Scruton, the following resolutions are adopted by this Society.

Resolved, That by the death of Dr. Scruton, almost at the commencement of his professional career, this Society and the community have lost a member who was in the preparation for the duties

of his profession, his diligence in the pursuit of knowledge, his strict attention to duty, and his straightforward and truthful character, gave promise of an honorable and successful career in the practice of medicine, and endeared him to his brother practitioners with whom he was brought in contact.

Resolved, That the community have lost a man who had already attained an enviable position in the hearts of his fellow-men, and who by his activity in every good work, his intelligent and generous course in all the movements of the day—political, benevolent, educational and religious—gave assurance of a large influence for good, and of conferring lasting benefits upon the community in which he lived.

Resolved, That these resolutions be placed upon the records of this Society, and that a copy be sent with the proceedings of this meeting for publication in the Boston Medical and Surgical Journal; and also that the Secretary furnish a copy to the friends of the deceased.

A Case of Pericarditis; Abscess between the Heart and Pericardium in a Child. Dr. Morris Spofford reported the case.

C. B. was a very bright, active boy of two years and three months; so active that he kept the household and the neighborhood in terror lest he should kill or drown himself.

I was called to see him, Dec. 8th. Insensible; in convulsions; eyes rolled up, fixed. Had been thus an hour. Had vomited some hours before, and had thrown up, among other ingesta, some large, unmasticated pieces of fat pork.

I administered submur. hyd. gr. v., with ol. tigllii gtt. i. In half an hour he was sensible, and the next morning was much as usual.

He had a slight return of the convulsions the second day after, which passed off with the application of mustard poultices to his feet and a warm bath.

For a week after, he presented most of the symptoms of remittent fever; being comfortable in the morning, feverish and distressed in the afternoon and evening, showing signs of uneasiness about the head, with a teasing cough and a pulse of about 140.

Suspecting that worms might be at the bottom of the disturbance, I gave him ol. chenopodii gtt. xii. in divided doses, and was gratified next day to see eight large lumbrici as the result. To my disappointment, their evacuation produced no amendment, and after three days the dose was