AURAL AFFECTIONS. CASES FROM MY REGISTRY.

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MESSRS. EDITORS,—I send a few notes of cases of diseases of the ear, selected from my registry, not so much because of their remarkableness, but for the purpose of supplying a modicum of aural literature, a subject which our medical journals seldom touch upon, and yet the profession at large really “know nothing about the diseases of the organ of hearing.”

I trust that the opportunities afforded by several years' attention to the subject, induced through a personal interest (for I am myself a sufferer), and enjoying an extensive practice, will be my apology for presuming to diffuse a little information on a subject which has been too long and much neglected by practitioners generally, and, I am sorry to say, but very little understood. But I have no time nor space for useless complainings, and will at once, with your permission, “report occasionally.”

No. 181.—Nov. 8th, 1859. A. C., Bowdoinham, aged 55, sallow complexion, and of intemperate habits, applied to me to help an intolerable deafness of only two years' standing. Canals moist, with an ichorous discharge. Right membrane punctured anteriorly about two lines in diameter; left, the same, three lines—both apertures being of an angular shape. The edges were thickened and villous, and the manubrium of the malleus was invisible in both ears. He thinks that “small pieces of bone came out of the left ear.” Forced expiration gave free exit to the air, with some gurgling of sound. Had at the first attack a trifling pain, but remembers nothing severe. The bursting of both membranes was simultaneous, with a discharge of bloody matter. Has a great deal of tinnitus, of a rumbling, roaring character. Has long been troubled with nasal catarrh. The habits of the patient not being of a character to attend to any faithful treatment, a weak astringent lotion was prescribed, and small bits of wetted cotton were carefully matted over the apertures. The hearing was surprisingly improved, and after a few days' instruction as to the method of applying the cotton, which he now does himself very readily, his hearing is rendered very good, and little or no difference as to the best ear, thus artificially assisted, is observed. The case is amenable to the healing process, and I trust he may yet yield to the care and attention required for its performance.

No. 199. Flora E., Brunswick, aged 9 years; deaf three years. Hearing distance, watch, six inches either side. Canals—right, normal; left, ceruminous impaction. Membranes—right, dull, with a pinkish hue; malleus prominent; left, after removal of the impaction, vascular. Owing to the tender age of the patient, the condition of the middle ear and Eustachian tube, and whether pain and tinnitus were accompaniments, could not be ascertained.

Restless and sleepless, at night, when reclining on the *right side*, but not fretful. Up to Nov. 28th, 1859, at the time of consultation, had been treated with "all sorts of drops" for the deafness, both ears alike, and without a single examination by the attending physicians. I removed from the left meatus *a pea*, in close proximity to the membrane, and confined by a thin plug of cerumen, yet allowing room enough for the pea to play off and on, according to the position of the body. The hearing on this side was very much improved, and, under the treatment prescribed, has continued to mend. The right ear was undoubtedly injured by the treatment pursued, though the deafness was primarily only in the left, and caused by the pea.

No. 225. Dec. 16th, 1859.—W. W., Rockland, aged 16; very deaf from infancy. When about five weeks old had convulsions, and lay in a state of coma three days. At the end of the third day discharges simultaneously appeared at both ears, and the apparently dying child came to consciousness. These discharges have appeared ever since. The physical signs presented are as follows. Can hear the watch at the right ear in contact; left, none. Both canals contracted and thickened. Right membrane very vascular and villous. Left destroyed, and walls of the tympanum closed to the edges of the narrow ring of the membrane remaining. A shining tubercle presents from the tympanum—through the ring, appearing like a granule of proud flesh, perhaps a polypus. Eustachian tubes free. Has a little pain occasionally, and some tinnitus. The mastoid process, on both sides, depressed. Speech indistinct, many simple words unutterable.

Here is a similar case—same place and date.

No. 226.—Sarah E., aged 13; deaf six years. When 7 years of age had scarlatina, and in the highest of the fever became comatose, and had all the symptoms of cerebral disease. Remained in that condition for *a fortnight!* "Six doctors were employed, and all gave her up to die!" But at the end of two weeks, Nature disclosed the secret, yet a "root and herb doctor," who prescribed at this lucky hour, became really famous. The membranes had burst, and the little patient got about, yet the discharges still remain. Present appearances—walls of the canals covered with a whitish and thick epithelium. Right membrane very fleshy, with a central shining point. Left, very fleshy posteriorly, and a skim-milk like scale anteriorly. Malleus, on either side, invisible. The father of the child says "a dozen or fifteen small bones were discharged from this ear"! The two shown to me ("the rest are lost") consist of the *malleus*, perfect, and the body of the *incus*. The hearing, however, is not lost on this side, in which case the stapes must be *in situ*. Both mastoids are depressed or sunken. The little patient appears bright, and learns fast at school, yet at the commencement of recovery was as simple as an infant, requiring the same care and attention.

Here is another, more interesting still, with which I will close this article, and offer some reflections in another issue of the Journal, as to the cause, effect and treatment.

No. 119. Sept. 19, 1859.—Geo. D., Bangor, aged 9 years. Had scarlatina eighteen months ago, and had a similar turn of coma as in case last mentioned, and revived on the appearance of otorrhœa, but the mastoids, both sides, are extensively involved, bursting through the parietes and maintaining a fistulous discharge—the left twelve months, now healed over, and the right still unhealed—both sunken and depressed very remarkably. The canals are so much contracted and thickened as to preclude any examination of the membrana tympani. An ichorous discharge from both, and at times a thick mucus, offensively foetid. Hearing distance—left ear, watch four inches; right, two inches. Eustachian tubes, free. The patient is active and bright as children usually are at his age.

Rockland, December 20th, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 28th.—*Tubal Pregnancy.* Dr. LYMAN reported the following case.

In January, 1859, was called to see Mrs. —, aged 24, married two and one half years. She stated that she had miscarried twice, at six and eight weeks, had always suffered more or less from dysmenorrhœa, sometimes excessively, and that there was no change in this respect since marriage. Had noticed suspicious-looking products in the catamenial discharge on the two preceding occasions; leucorrhœa to a considerable degree, pelvic weight, heat, and tenesmus constant, but much aggravated at the periods. Under treatment these symptoms gradually disappeared, and, March 14th, the report states that "she feels better than for three months."

March 24th, "much better," the periodical discharge which had just terminated being entirely "painless."

August 1st.—Found her suffering as much as ever from dysmenorrhœa, having neglected treatment, and been otherwise imprudent. Directed that three grains of Plummer's pill should be taken each night, and two or three leeches applied to each groin two or three days before the next period, after which to remain in bed until the flow was fully established. These directions were carefully followed, but the catamenia did not again appear; conception had taken place.

Sept. 3d.—Since the last report, the patient has been in ordinary health, slight morning sickness only; nothing worthy of note, except that once or twice she had been troubled with slight pain and uneasiness in the lower part of the abdomen, as though menses were about to appear, which her previous experience made her apprehensive might result in another miscarriage. An opiate, however, on such occasions, produced immediate and entire relief.

VOL. LXI.—23**