ed for the passage of the stools per vagina. The whole of these organs were in a complete state of sphacelation, and were probably fast verging to that point when the perineum was lacerated.

The above cases ran parallel with each other, and terminated alike fatally. Had the first been examined after death, there is no doubt but it would have been found precisely like the last. The hemorrhage commenced from the bowels in both cases, yet the uterus seems to have been the organ primarily diseased. The remedies might have mitigated the disease in the bowels. The patients, as already mentioned, were twin daughters, about 15 months old; were of rather delicate constitutions, and were recovering from severe hooping cough, at the time of the attack. Both had the same symptoms, and lived about the same length of time from the first attack.

Query.—Would astringent or anodyne injections, per vagina, have been useful? Had the hooping cough any agency in producing this disease? Is uterine inflammation frequent in such young children?

Will some of the elder members of the profession answer these queries through the medium of your Journal? Yours, respectfully,

Seekonk, Mass. Nov. 2, 1837.

B. CARPENTER, M.D.

POLYPI IN THE MEATUS AUDITORIUS EXTERNUS.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE lining membrane of the meatus, like the mucous surfaces of other cavities, is not unfrequently the seat of polypous excrescences. Professors work on the diseases of the ear afford, however, very meagre and unsatisfactory accounts of their origin, and the mode of treatment to be pursued for their removal. Polypi are referred, by the best authorities, to the occurrence of irritation or inflammation in the auditory passage or in the chamber of the tympanum, and are often found among the sequelæ of scarlet fever, measles, &c. They consist chiefly of congeries of bloodvessels, loosely connected by cellular membrane, and possess a very low degree of vitality. Patients of a strumous habit, and those who have been exposed to a cold, moist atmosphere, are believed to be more particularly liable to these excrescences, as well as to other diseases of the ear. Recent polypi are of a soft and spongy consistence, of a reddish color, and bleed easily when injured. When first presented for examination, they are always found surrounded and partly concealed from view by a thin, purulent fluid, secreted by the diseased ceruminous glands, and probably by the surface of the excrescence. The above-named glands take on a morbid condition from the constant irritation of the polypus, which acts as a foreign substance, and the increased and vitiated secretion is both a proof and effect of their presence. The discharge is not always thin, but varies in consistence, being sometimes thicker and more like pus, particularly when the disease is of long

standing. It may, likewise, be *foetid* and *acrimonious*.* After a time, the tumor will be found denuded of its cuticle or excoriated, and sometimes ulcerated. In those cases in which a portion of it protrudes beyond the limits of the meatus, and is exposed to the influence of the atmosphere, the extremity, being unprotected by the discharge, becomes somewhat hardened and of a whitish color, similar to the cuticle of external parts.

Polypi of the ear have, in general, a narrow neck or peduncle, while the body of the tumor may nearly fill up the auditory passage, and diminish to a point externally, sometimes projecting 4 or 5 lines beyond the orifice of the meatus. In many cases, however, the origin of the tumor is equal in size or larger than the body, and then the latter assumes a conical form ;† in others, there is more than one tumor springing apparently from the same base. Polypous excrescences may grow from the parietes of the auditory passage, or from the surface or the edge of the membrane of the tympanum, but perhaps their most frequent origin is from the lining membrane of the chamber of the tympanum,‡ this cavity being frequently the seat of abscesses and purulent collections, after an attack of scarlet fever. In the latter case, the *membrana tympani* is uniformly more or less destroyed or perforated, and fluids injected into the ear will often pass into the throat, much to the annoyance of the patient.

As to the progress of polypi, under ordinary circumstances they are of slow growth, and they may exist for many years without impairing the general health. But not so with respect to the sense of hearing, which is always more or less impaired by the mechanical obstruction of the tumor, and most commonly is irretrievably lost by the ulceration of the surrounding parts and the destruction of the *membrana tympani*, and the consequent loss of the *ossicula auditus*. Cases, however, have been reported of the recovery of hearing, upon the removal of polypi of many years' standing.§ In these instances no doubt the tumors grew from the parietes of the meatus, and merely presented mechanical obstacles to the passage of vibrations of the air to the *membrana tympani*, without destroying the internal mechanism of the organ.

Among other causes of polypi, may be mentioned blows and falls upon the head, a spiculum of bone forming a nucleus, the frequent use of an ear-pick, causing irritation, &c.

In the treatment of this disease, as might have been expected, injections into the ear have been much resorted to. These have consisted of solutions of stimulating and escharotic substances, infusion of tobacco, &c. Their removal has also been attempted by repeated applications of caustic in a solid form, by the knife, by ligature, and, finally, by extraction or laceration. In children, and where the polypus is of small size and recent, a cure may usually be effected by the frequent application of a strong solution of sulphate of zinc— $\mathfrak{gij}$. to $3i$. to one ounce of distilled water ; or it may be slightly touched with a camel's hair pen-

* Vide Buchanan's Illustrations of Acoustic Surgery.

† Sometimes they have the *form*, color, and consistence of a strawberry.—Vide Saissy on the Ear.

‡ Vide Stevenson on the Ear.

§ In one instance fourteen, and in another seven years.

cil dipped in the tincture of the muriate of iron, once each day, until its removal is effected, after which the parts may be dressed with weak citrine ointment on soft lint. Extraction of the tumor has the merit of being at once effectual and perfectly safe. It is most easily accomplished with a pair of artery forceps. The patient being placed so that the rays of the sun will fall in a line with the direction of the meatus, and the external ear being slightly elevated and drawn backwards, so as to reduce the curvature of the passage, the forceps are to be firmly applied, as near as possible to the origin of the polypus; then giving the instrument a half turn and withdrawing it at the same time, the tumor is displaced and removed. The hemorrhage that follows the operation is not of serious consequence, and generally ceases spontaneously. In one case, it is stated that nearly five ounces of blood was lost, and the patient was benefited thereby. Usually the quantity is very much less than this. Should any portion of the excrescence remain, or a fungous growth take place, powdered alum may be applied daily; or a mixture of creosote with almond oil, in the proportion of one drop of the former to six of the latter, may be dropped into the meatus once or twice each day. This latter remedy has the farther advantage of restraining any purulent discharge that may continue from the diseased state of the tube.

I subjoin an account of two cases in which polypi were removed by ligature. The first occurred in a young woman 18 years of age, of delicate health and pale complexion. Of her case I have the following notes. Six years previous to her application, she was attacked with slight otorrhœa in the right ear, for which she could assign no cause. During this period, the discharge had never ceased entirely, but a few months since, previous to the formation of an abscess in the meatus, it diminished greatly for a short time. It has varied from time to time in amount, quality, and consistence, being sometimes sanious and bloody, and at others more like true pus. The ear has not been generally painful, except during the formation of the abscess mentioned above. Hearing, in this ear, is nearly or quite extinct, but in the left ear it continues perfect, except when suffering from catarrh, to which she is subject. Upon examination there was found, filling up the meatus, a polypous excrescence of a pale red color, having its surface granulated somewhat like a mulberry, and its body divided into two portions, uniting at the base of the tumor in the chamber of the tympanum. The origin of the tumor was ascertained by means of a small, blunt probe. It possessed but little sensibility, but bled upon the slightest touch, even upon injecting the passage with simple water for the purpose of removing the copious secretion of purulent matter, with which it was enveloped. The lining membrane of the meatus was in a state of high inflammation, with increased sensibility and tenderness. The mother of this patient has been affected with otorrhœa, more or less, since childhood, and her hearing is impaired. The tumor was removed two years ago, with a flexible silver wire ligature introduced by a small eye probe, as near the base as possible. A slight hemorrhage followed the operation, but ceased spontaneously. Otorrhœa continued for a time, though much less than be-

fore. Hearing was not improved. At the end of five or six months, she returned with otorrhœa somewhat troublesome, and with occasional pain referred to the meatus. A fungus, of a granulated appearance and florid color, was now perceptible near the edge of the membrana tympani. Upon touching it with a pencil dipped in a saturated solution of nitrate of silver, it bled freely. Upon the use of creosote injections and the occasional application of a blister, all the unpleasant symptoms subsided.

Two months since, this patient had a slight return of otorrhœa from cold, which induced her to apply, from the apprehension of a recurrence of the polypus. Not the slightest trace, however, of this could be seen, and the otorrhœa was soon checked by the usual remedies.

The second case occurred in the person of C. M., a native of Germany, 28 years of age. In this patient there was a large, firm polypus in the left ear, with destruction of the membrana tympani and entire loss of hearing; and in the right ear, a troublesome otorrhœa with perforation of the tympanum, and the sense of hearing very much impaired. He had otorrhœa in left ear since he was a child, and in consequence of cold and wet, while on his passage to this country two years ago, he experienced a severe attack of pain in head and ear, attended with increased discharge of purulent matter from the meatus. Soon after he perceived a polypous excrescence in the auditory tube, which remained about the same in size up to the time when he applied for advice. There has been a constant fœtid discharge from this ear, occasional hemorrhage, more or less pain, and a buzzing (*bourdonnement*) or roaring noise, which equally affects both ears. The disease in the other ear he attributes to a violent blow on the right side of the head from a stick of wood, when about 16 years of age. This was followed by a discharge of blood mixed with pus, and at the same time a diminution of the power of hearing. The degree of hearing varies, however, at different times; thus when affected with catarrh, hearing is more imperfect; likewise when, from any cause, the discharge from the ear is materially diminished in amount, he does not hear so well as usual. This circumstance has been noticed in other cases where the membrane of the tympanum and the chain of little bones have been destroyed, and it is explained by the supposition that the matter acts in some measure as a substitute for these parts in conveying the vibrations of the atmosphere to the labyrinth, the immediate seat of the sense of hearing. In this ear the parietes of the meatus and the edges of the membrana tympani were much inflamed and thickened—not an uncommon state in chronic affections of the ear attended with purulent discharges. Injections passed from the ear into the throat, and air could be forced through the meatus. The polypus, which was somewhat firmer than usual, was removed by ligature. No bad consequences followed the operation; but the hearing was not at all benefited, when the patient changed his place of residence and was not again seen.

In the case of a child, 6 or 8 months after an attack of scarlet fever, a polypus of the meatus was removed entire, which presented a narrow peduncle, with a broad root or base, by which it was attached within the

chamber of the tympanum. In another case, of a young girl from the country, a polypus existed at the same time in each ear, the result of measles or scarlet fever. This patient retained a slight degree of hearing. Other cases have fallen under my observation, the particulars of which I cannot now recall to mind.

No. 4 Winter Street, Nov. 1837.

EXTRACT FROM DR. INGALLS'S LETTER ON SCARLATINA.

Observations on various Remedies in Scarlatina.—Venesection.—In the treatment of scarlatina, I am decidedly opposed to the detraction of blood by the lancet or leeches. In severe cases it is a very hazardous practice. In the inflammatory stage of the disease, the concomitant fever must be of a very high grade to render it necessary to employ these modes of depletion, and then it should be resorted to with great reserve and at the very onset of the distemper, or not at all. In the whole course of my practice in scarlatina, I have never employed blood-letting, either general or local; and I do not recollect a single instance in which I have had reason to regret the omission. It may be proper to state my practice has been chiefly within the city of Boston. As the situation of a place, and of course, its climate and soil, the customs and manners of the inhabitants, may have great influence in varying the type of acute diseases, a difference in the mode of treatment may not only be proper, but required.

These remarks appertain to cases of great hazard. In those of a milder nature, inappropriate remedies often acquire a supposititious reputation, because the constitution is able to support their operation, and the deteriorating effects of the disease.

Tartras Antimonii.—Soon after I engaged in practice, scarlatina became epidemic. At this period I adopted the antiphlogistic plan of treatment, commencing with a watery solution of tartrate of antimony, by which the stomach and intestines were evacuated thoroughly; but its tendency to produce hypercatharsis, and thereby exhaust the vital powers, has induced me to abandon its use as an evacuant; but whenever its operation happened to be gentle, its effect was productive of much advantage by promoting the secretions. An emetic of ipecacuanha is to be preferred.

Sub Murias Hydrargyri.—I have employed this article not so much with the expectation of deriving advantage from its specific action, as its being serviceable as a laxative, alterant and promoter of the secretions. But it was soon found, when the sub muriate of quicksilver was given in a glutinous vehicle, it adhered to the mucous membrane of the fauces for some time; and in this way had considerable efficacy as a topical remedy, in reducing inflammation of the throat; this advantage, however, was more than counterbalanced by the irritation it induced.

Emetico-Cathartica.—Doses of tartrate of antimony and sub muriate of quicksilver in various proportions have been administered in this dis-