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METHOD OF CLOSING POST-AURAL FISTULA.

By L. J. CURTIN, M.D.,

Rhinologist and Aurist, Hume Street Hospital, Dublin.

G. C——, AGED eleven, was admitted to hospital for fistula in the right mastoid region. A few days previous to admission he suffered from pain in and around the ear. On admission, examination revealed a jagged fistulous opening over the middle of the mastoid process and some unhealthy bone at the bottom of the fistula, as well as inflammatory trouble round the fistulous area.

Two years previously a simple mastoid operation was performed on the affected side.

I determined, as the drum was practically destroyed and the hearing reduced to two metres, to do a radical mastoid operation. The original fistula was scraped and healed readily. However, on the sixth day following operation, one of the stitches showed signs of cutting through. I waited for a couple of weeks in the hope it would unite, but this did not occur.

As the edges of the fistula became epidermised the suitability of a plastic operation to close the new fistula had to be considered.

Owing to the fact the skin covering the mastoid process was thin and firmly bound down to the bone, the Moseteg-Moorhof method of turning a flap forward or from below was out of the question, neither was the Passow-Trautmann method, from a consideration of the already mentioned conditions, practicable.

It occurred to me that two obstacles in the path of successful healing could be overcome by (a) union of the wound in a linear fashion, (b) avoidance of tension on the sutures. This was accomplished in the following way: A new incision was made three-quarters of an inch behind the one for the radical mastoid. A thin elevator (one used for the septal resection) was introduced from behind underneath the periosteum, the latter with the

overlying skin being freed from the bone as far forward as the fistula. The edges of the fistula were freshened up and two sutures held the linear wound together. The posterior incision was allowed to gape, but the intervening space was filled up by a skin-graft from the inner side of the arm and held in position by three sutures. The result proved to be a happy one. Tension was relieved, healing followed by first intention, the only drawback encountered was that the meatal opening at the entrance narrowed somewhat at first, but this rectified itself later as the wound sank.

I have seen the boy four months since the plastic operation was performed. A slight meatal narrowing still persists.

Epidermisation is complete in the ear and the mastoid region presents a healthy scar.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Held at Washington, D.C., May 9, 10, and 11, 1916.

EMIL MAYER, M.D., Abstract Editor, New York.

President's Address.

THE PRESIDENT, Dr. G. Hudson-Makuen, of Philadelphia, took as his subject: **The Psychology of Diseases of the Respiratory Tract.**—While the speciality of laryngology is dependent upon all the various specialities in medicine, its future progress and development depends chiefly upon a knowledge of psychology and its related branch, neurology.

Psychotherapy has been practised after a fashion since the beginning of the history of medicine, but it has not kept pace with the other forms, the chief reason for this being that the successful practice of psychotherapy requires on the part of the practitioner the profoundest knowledge of both medicine and man, and especially man. Few physicians are mentally and temperamentally capable of practising psychotherapy, and the improved curricula of the schools do not supply the rising generation of specialists with the assistance which they should have.

Since many of the diseases of the respiratory tract are purely functional and of psychic origin, the laryngologist should be able to distinguish between those of his patients, who are psychopaths and neuropaths, and those who are suffering from actual organic diseases. He should realize that to treat a purely psychic case by physic measures is not only useless but, in many instances, absolutely harmful; and to operate merely for the psychic effect of the operation is exceedingly questionable surgery.

Psychotherapy in the form of education and reeducation should always be used, in addition to the necessary medical and surgical