

nation I judged that the vertebræ were separated, but in neither was the separation so marked or distinct as in those executed by Marwood. The faces were deeply congested, the hands were not clenched, and rigor mortis was well marked in both when taken down one hour exactly after the drop fell. My experience leads me to believe that in addition to a proper length of drop, fracture or dislocation of the spinal column and instantaneous death are most likely to be attained by the loop being placed under the chin.

Galway.

THE TREATMENT OF ACUTE EARACHE BY THE INJECTION OF GLYCERINUM ACIDI CARBOLICI.¹

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OF late years the use of various forms in solution of carbolic acid has been so universally prevalent in modern antiseptic surgery that many, as it were, hidden virtues have, by constant familiarity with the drug, become patent, as well as that the cautionary mirages which naturally always arise on the introduction of a new drug have been paled into insignificance before the light of experience. The anæsthetic properties of the drug are now much more fully understood and appreciated than they were some few years ago, although a solution of carbolic acid, short of being caustic, was well known to have local anæsthetic as well as antiseptic properties. Any surgeon who has worked for a long time at an operation such as ovariectomy, for instance, must remember his lack of tactile power when he went to his next meal. I myself have frequently dropped my glass, my tactile corpuscles having become temporarily and locally anæsthetised from constant immersion in the solution of carbolic acid which is used for instruments. In nearly all operations (the removal of a breast, for instance) the glycerinum acidi carbolici is applied to the wound to stop the after-smarting, and this it does effectually. Then arose the application of the glycerinum acidi carbolici to the exposed nerve in toothache. The relief is absolutely instantaneous if the tooth-pulp is exposed, the patient passing from the severest pain to that of a state of bliss, which all testify to who have experienced relief from toothache. I must here, in passing, just allude to the fact that when earache is due to toothache, which it is in a large number of cases, this application of the glycerine and carbolic acid cures the earache by relieving the toothache.

It is now about seven years since a patient came to me saying that his little boy of five years of age had, within the previous three hours, developed acute earache, and that his temperature was above 100° F. The temperature had been taken by his mother, and was rising. The thought occurred to me, why not inject glycerine and carbolic acid into the ears, as it was evidently a case of inflammation of the middle ear, which would eventually end in perforation and relief, as it had in this child done several times before. I injected this solution of carbolic acid and glycerine, and, to my great delight, it acted as in toothache, almost instantly relieving the acute pain. This was done at three in the afternoon, and the next morning the boy was perfectly well, and heard nearly naturally, though not quite, as he still had a cold. The tympanum never became perforated, as it had done on previous occasions, and the temperature rapidly fell to normal. This is a typical case, and I may say that I have repeated it times without number in the same way, both in children and adults—that is, in earache and in catarrhal otitis. In all cases of this kind, at whatever stage it is applied for earache, it invariably stops the pain; and I feel sure that in many cases, even when perforation seemed imminent, the relief from the pain diminished the tension, and by its strong antiphlogistic as well as anæsthetic power perforation has been avoided. If an earache returns, as it does sometimes, where a perforation has taken place and has again closed, the application of the glycerine and carbolic acid gives great relief, and stops the tendency to recurrence to the same thing in some cases, but not in all, although it always relieves pain, and thus constitutional disturbance. In cases of earache from peri-

otitis, either in cases of chronic otorrhœa or in uncomplicated cases of inflammation of the external auditory meatus, the relief to the pain is not so rapid; but if the carbolic acid and glycerine be allowed to remain in the meatus, then relief from pain is obtained in from ten to thirty minutes. It occasionally returns in these cases, when the solution can be reapplied with renewed benefit. By this means I am convinced, by a large experience extending over some years, that if the treatment is used early, perforation of the tympanum can be stayed in many cases. Of course the tendency to catarrh, or other causes which make a patient prone to otitis, is not the object of this paper, nor also is the after-treatment of such cases where the otitis is got rid of. I am dealing only and solely with earache, and the circumstances immediately surrounding it. I may say that I am not only relating my own experience of the treatment; but, in consequence of a paper which I read before the Yorkshire Medical Society, it has been quite generally used by medical men in the north of England who have reported their experience to me. There is one way in which it may fail to relieve pain at once, and that is in case it is poured too quickly into the external auditory meatus, when the patient has his head aside, with the lobe of the ear in its natural position. In this way the air cannot escape sufficiently freely, and a bubble of air prevents the fluid from reaching the bottom of the meatus. The proper way is to draw the lobe of the ear forcibly upwards and backwards, as in syringing the ear, to straighten the entrance to the meatus, and then allow the fluid to trickle gently down one side, whilst the air escapes up the opposite side. In cases where the meatus is very swollen at its orifice, I have injected the solution up a fine elastic catheter well covered with vaseline to promote its easy passage, and in this way I have relieved earache when it could not have been alleviated except by a hypodermic injection of morphia or such means.

I have taken great pains to arrive at the best strength of carbolic acid and glycerine to attain these results, and I find that weaker solutions do not cure the pain so rapidly or effectually. If weaker solutions are used, they will be found to fail in attaining the same results, and of course stronger solutions would soon become caustic. The glycerinum acidi carbolici in this form is not strong enough to be caustic, and can be applied in severe earache when a perforation exists quite harmlessly.

I have a further suggestion to make as to the applicability of this treatment; but I am only able to support my suggestion by a few successful cases which have come under my own observation. I refer to this application as a means of checking the disastrous otitis in scarlet fever, as well as to relieve the earache in these cases. I am very hopeful on this point; for in one or two instances where I had an opportunity of applying the glycerine and carbolic acid, when a patient first complained of earache in scarlet fever, and the membrana tympani had begun to redden, the relief to pain was immediate, and no perforation took place.

I make the suggestion, and hope all who have the opportunity will try it, since one important (very important) element, I take it, to anyone, much more to a patient in high fever, is the immediate relief from local pain, which must act as a beneficent element in assisting the patient through his illness.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of this Society was held at 53, Berners Street, on April 8th, Mr. Tegart, V.P., in the chair. Six new members were elected, and the death of one reported. Applications for grants were read from sixty-three widows, nine orphans, and three recipients of grants from the Copeland Fund, and a sum of £1349 was recommended to be distributed among them at the next quarterly court. A fresh application for grants was made by a widow on behalf of herself and daughter, and grants were made them. Mr. Henry Lee and Mr. Cooper Forster were nominated for election as vice-presidents at the annual general meeting, in the place of Mr. Caesar Hawkins and Sir Erasmus Wilson, both deceased, and the following gentlemen were named as directors to fill the vacancies arising from the retirement of the six senior, and from the death and resignation of others—viz., Mr. Hogg, Dr. Burker, Dr. F. Roberts, Dr. Broadbent, Dr. Ogle, Dr. Duka, Mr. Bennett, Mr. J. S. Turner, Mr. Stokes, and Mr. Latham. The annual general meeting was fixed to be held on May 20th at 5 p.m.

¹ A paper read before the meeting of the International Otological Congress, Basle, Switzerland, September, 1884.