

a joint incapable of absolute fixation, yet quite firm enough for all uses, while very *flexible* and adaptable to different positions of the head.

The woman is placed on her back, almost invariably, for convenience in auscultation, and, if necessary, for ocular demonstration. There is no hesitation in uncovering the whole of a woman's person so far as anything requires to be shown to the students. In operations, the position (after the patient has been narcotized by chloroform) is the same as that for perineal section.

Ether is not used. Chloroform is only given in extreme cases. The perinæum is of course supported, and very skilfully, too, but ruptures are not uncommon, as with us. The placenta is solicited, by pressing the abdomen, very soon after delivery, and the cord is tied, once only, in a very few minutes, or as soon as the pulse begins to slacken. The bandage to the mother's abdomen is not unknown, but is used only very rarely indeed. There is very little elegance of form about the women's waists, either before or after; but especially after pregnancy and recovery they present a preposterous appearance. "Milk sickness," as a concomitant of the appearance of milk, is unknown; but very frequently an *accumulation of feces* a day or two after delivery is observed, which, along with various uneasy symptoms, is speedily removed by a dose of oleum ricini.

NORMAL CONDITION OF THE EUSTACHIAN TUBE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your issue of Feb. 7, page 25, is a paragraph entitled the "Eustachian Tube normally closed except in Deglutition," based upon a communication of Dr. James Jago, published in the *British and Foreign Medico-Chirurgical Review*, in which he propounds and defends "the view with much plausibility that the normal condition of this passage is that of closure, *except during the act of deglutition*. This opinion is based on experimentation in his own person, aided by an accidental condition of the fauces, arising from contraction of the tissues on the right side following amputation of a portion of the uvula."

While there is no doubt or suspicion of the validity of Dr. Jago's observations, still the writer would respectfully beg leave to dissent from his *conclusions*, as not justified by his premises or by the present state of knowledge in *this country* at least.

It may be that Dr. Jago refers to a closure of the Eustachian tube by the collapse of its parietes independent of the closure of its orifice. If so, the writer would not contend. But if Dr. J. means to say that *normally* the pharyngeal orifice of the Eustachian tube is closed except in deglutition, the writer would affirm that the opposite

is the case, viz., the normal state of the Eustachian orifice is a patent one *except* in deglutition.

Dr. J.'s opinion is based on autotomy, aided "by an accidental condition of the fauces arising from contraction of the tissues on the right side following amputation of a portion of the uvula."

Confessedly we have here abnormal states—a uvula truncated and tissues contracted (which must mean contraction of the soft palate), and the Doctor states his conclusion as a normal state. We are inclined to think that the contraction in question affects the patency of Dr. J.'s right Eustachian orifice—as the writer has repeatedly seen contraction of the soft palate do—and that in the movements of his deglutition the abnormally closed orifice may appear open to him.

But we must demur from Dr. Jago's concluding that the Eustachian orifice is normally closed except in the act of deglutition:—

1. Because he bases his opinion on an *abnormal* case, and that a single one.

2. Because rhinoscopy shows that in *normal conditions of the fauces, when the soft palate is relaxed and hanging vertically, the Eustachian orifices are patent*. This the writer has ascertained by autotomy, and has demonstrated to physicians, and is still prepared to do it. He will show either Eustachian orifice at will, and demonstrate that the opening is *patent*—large enough to take in the tip of a lady's little finger while the soft palate hangs relaxed. This opinion is not based on autotomy alone. It has been verified by a large number of objective examinations.

This is the *experimentum crucis*.

3. In the act of deglutition, physiology shows that the soft palate is drawn upwards and backwards against the post-pharyngeal wall so tightly as not to allow of the ascent of the bolus, liquid or solid, into the post-nasal space. This is confirmed by observations of the rhinoscopists. They will tell you the chief obstacle to the successful examination of the posterior nares and Eustachian orifices is in this very approximation of the palate to the post-pharyngeal wall. This act is accomplished by the contraction of the elevator and tensor muscles of the soft palate. Anatomy shows the relation of these muscles to the orifice and course of the Eustachian tubes,* and rhinoscopic examinations show that these orifices are closed by the drawing up of the soft palate. The writer has repeatedly seen the process of closure take place. In Dr. Jago's case, it is easy to understand that his right Eustachian orifice is closed by this contraction, abnormal in his case, but not so easy to perceive why it should be alleged to be a normal state in all mankind.

4. If the Eustachian tube is always closed except during the act

* "The Levator Palati arises from the extremity of the petrous bone and from the *posterior and inferior aspect* of the Eustachian tube. . . . The Tensor Palati arises from the scaphoid fossa at the base of the internal pterygoid plate and from the *anterior aspect* of the Eustachian tube."—WILSON'S *Anatomy*, Philad. Edition, 1847, pp. 208, 209.

of deglutition, how can air escape from the external meatus, when the tympanum is perforated, in the common expedient of closing the mouth and nose and blowing outward with the breath? Or, when the tympanum is not ruptured, of a feeling of its distension by the same expedient? Or how can it be when the drum is absent and water is injected into the external meatus, that it will find its way into the throat?

5. Sometimes the writer has found deafness associated with an abnormal closure of an Eustachian orifice. How does this agree with Dr. Jago?

6. Dr. J. speaks of this condition securing the tympanum against the introduction of gastric gases evolved through the fauces. We would respectfully ask how aëriform bodies can penetrate a tube closed at one end, except by the slow diffusion of gases?

Very respectfully yours, EPHRAIM CUTTER.

Boston, February 12th, 1867.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 10th.—*Albuminuria; Hypertrophy and Dilatation of the Heart; the Renal Symptoms not manifest till three or four weeks before Death.*—Dr. C. W. SWAN showed the heart and kidneys, and gave an account of the autopsy. He also read the following history of the case, which he had received from the physician in attendance.

Oct. 4th.—The patient, aged 34 years, had been sick since June 1st, supposed with biliary trouble. Bowels loose or constipated; dejections at first very dark, latterly very light colored. Has pain in ankles, and of late has had swelling of the ankles at the end of the day. Pulse 90. Urine free, light colored. *R.* Ferri lactatis, *℞*.; acid. lactic. dil., 3ss.; syr. aurant. cort., q. s. ut. f3ij. *M.* A teaspoonful after eating.

8th.—No headache and no chills. Had chills and fever years ago, and has been in the army since. Hæmorrhoids. Inclined to cough. Very sallow.

13th. Pulse 92. Slight dry cough. Tongue not quite clean. Two dejections daily.

17th.—Severe burning in stomach since dinner yesterday. Normal dejections. Much cough. No physical signs of disease in chest. Pulse 96. Very pale.

20th.—Pulse 96. Burning in stomach and bowels. Three daily dejections, loose and not painful. Appetite poor. Thirst. Tongue foul. Poor sleep. Throbbing in head. Coughs, but least if lying on back.

22d.—Appetite good this morning. P.M., severe pain in left side.

23d.—Had a good night. Perspiration not so great as oftentimes before. No dejection. Pulse 96.