

over the circumscribed portion. The covered piece acts the part of a splint in stiffening the lid, and is said, after a time, to lose its epithelium and unite with its covering.

Dr. AGNEW gives *statistics of one hundred and eighteen recent cases of cataract extraction*. The methods of operating used were those known as Graefe's, Liebreich's, Lebrun's, and the "old flap." Dr. Agnew says: "My opinion has, at times, been much unsettled as to the method which offers the best prospect of useful vision in the greatest number of cases. I have, however, about come to the conclusion that the Graefe operation is the best, provided the middle of the cut is not made far from the junction of the sclerotic and clear cornea." Dr. Knapp is in the habit of making the same modification in the Graefe operation, as stated in the last number of the *Transactions*. "The centre of the flap touches, or nearly touches, the upper transparent margin of the cornea." This agreement of two of our most experienced operators on this much discussed question is worthy of note. The following table gives Dr. Agnew's results:—

Successes . . . . .	77½ per cent.
Partial successes . . . . .	10½ " "
Failures . . . . .	9½ " "
Unknown . . . . .	2½ " "

In the cases recorded as successes vision ranged from  $\frac{2}{80}$  to  $\frac{20}{20}$ , and in the partial successes from  $\frac{1}{12}$  to the ability to count fingers. Anæsthetics were used in the majority of cases.

Dr. J. F. NOYES describes a "*new method of operating for strabismus*." The correction is "effected by shortening of the opposing or elongated muscle, and without disturbing, also, the point of attachment or insertion of the tendon on the ball." And the operation is performed in the following manner:—

"The patient being fully under the influence of chloroform or ether, the lids secured wide open by a stop speculum, a horizontal incision or slit is made in the conjunctiva directly over the tendon, sufficiently long, through which the tendon is lifted out on a blunt hook. The tendon is then divided quite near to its insertion on the ball, leaving enough end or stump so that the other end of the divided tendon can be carried under it, lapped and secured by sutures. The amount of shortening thus effected must, by actual measurement, equal the deviation to be corrected. If it be found necessary to do this, a portion from the end of the tendon may be cut off before carrying it under and lapping as already described."

We are glad to learn that a Report on the Progress of Ophthalmology, which has been omitted in this and in the proceeding number of the *Transactions*, has been provided for in the next by the appointment of Dr. O. F. Wadsworth, of Boston, to the work.

G. C. H.

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ART. XXIX.—*Transactions of the American Otological Society*. Seventh Annual Meeting, 1874. 8vo. pp. 127. Boston: James Campbell, 1875.

THE first paper is the "*Report on the Progress of Aural Surgery*" during the year, by Drs. BURNETT and BLAKE. The names of the gentlemen appointed to this service were sufficient warrant that it would be faithfully and ably done, and this expectation has not been disappointed. As it is itself a summary, it is scarcely possible to condense it fairly, and we must advise those who are interested in the subject to read the report. It will be seen that much interesting and valuable work has been done in aural surgery during the year, though it must

be admitted that no brilliant novelty has been introduced; antral, like ophthalmic, surgeons having been occupied of late rather in diligently developing the ground already brought under cultivation than in seeking to enlarge their boundaries.

The report is divided into three parts: Anatomy and Physiology, by Dr. Burnett; Pathology and Therapeutics, by Dr. Blake; and Reviews and Book Notices by each; and a full bibliographical record is appended.

The second paper is by Dr. Buck, on "*The Ultimate Forms of Granulation Tissue in the Ear.*" Some of these growths have a covering of skin or mucous membrane, according to their locality, but a larger portion consist of simple granulation tissue. A portion of the cells formed go to build up tissue, and increase the growth, while the majority are cast off in the form of pus. This tissue may remain for an indefinite period in a state of nearly absolute inactivity; it may be cast off from its base by wasting of the pedicle; it may assume the form of a localized hypertrophy of the subcutaneous or submucous connective tissue; it may undergo horny degeneration, or it may change into true osseous tissue. The histories of cases illustrating these different forms are given.

Dr. MATHEWSON reports a "*Case of Otitis Media Purulenta, with Sinus Opening into the Pharynx.*" Pus could be seen issuing from a sinus opening to the outside of the tonsil through the anterior palatine arch. Pressure at this point or against the side of the neck below the mastoid process forced pus into the external meatus. Pus also came freely into the meatus when the patient stretched his mouth widely open.

Dr. POMEROV reports a case of *aural polypus* having a cartilaginous and osseous base.

Dr. BLAKE contributes a paper on the "*Mechanical Value of the Distribution of Weight in the Ossicula.*" To determine the distribution of weight in the adult ossicula, "the bones were carefully measured *in situ*, and a line drawn from the centre of the processus brevis across the corpus incudis, and base of the capitulum mallei to the base of the processus gracilis—this line corresponding to the axial line of vibration of the malleus and incus. The bones were then removed from their attachments and carefully prepared to remove all soft tissue, and a section made along the line drawn, by means of a hair saw." The proportion of the weight of the superior portion to that of the inferior was found to be about 15 to 8. This "preponderance of weight in the upper portion of the malleus and incus, acting as a counter-balance, serves to increase the delicacy of a mechanism which responds to sound waves in excursions so infinitesimal that the highest power of the microscope cannot render them visible."

Dr. BLAKE also has an article on "*Perforations of the Membrane of Shrapnell in Purulent Inflammation of the Middle Ear.*" The laxity of this part of the membrana tympani and its position near the upper margin make perforations at this point comparatively rare. Dr. Blake refers its occasional occurrence to localized disease of the contiguous parts, and particularly to ulceration and granulations or polypoid growths, occurring in the upper and outer portion of the tympanic cavity.

Dr. Burnett also reports a case of perforation of this part of the membrane, with polypoid growths.

Dr. H. D. NOYES reports a case of "*Irritation of the Chorda Tympani, Paralysis of Facial; Polypoid Growth upon the Membrana Tympani, Periostritis of the Malleus and adjacent Bony Textures.*" There was complete paralysis of the left side of the face, and an irritation of the left side of the tongue, increased by pinching the pinna or even by passing the finger over the

side of the face. The patient noticed a sensation of taste whenever he attempted to move the paralyzed side. There was a polypoid growth the size of a pea upon the upper and middle portion of the membrane springing from the manubrium of the malleus. By the study of this case, "no new facts are shown, but the results of experiments upon animals are confirmed. It appears that the nerve has no control over the muscles of the tongue but simply excites sensations of pain and of taste, which are perceived chiefly at the side and upon the back of the tongue. It also, in a marked degree, provokes secretion from the submaxillary gland, and in a less amount from the carotid."

Dr. GREEN contributes a paper on "*Neuralgia in and about the Ear.*"

"That the ear and its neighborhood should be subject to neuralgia can excite no wonder when we consider its nervous relations; for it is no exaggeration to say that no other organ in the body is in direct communication with so many important nerves as the ear.

"These neuralgias have been of two varieties, reflex and non-reflex. Of the reflex variety, we may have neuralgia of the tympanic plexus, or of the nerves of the Eustachian tube. Of the non-reflex variety we may have neuralgia of the auriculo-temporal branch of the trigeminus; a zoster of the small branches of the trigeminus or facial which supply the tragus and walls of the meatus; a zoster of the small branches supplying the fossa of the helix, and also a cervico-occipital neuralgia, in which the pain is referred to the mastoid region."

The most frequent form of reflex neuralgia is that excited by carious teeth. Cases have been observed in which reflex neuralgia of the tympanic plexus was excited by disease of the larynx through the auricular branch of the pneumogastric.

This connection is also occasionally shown by the occurrence of "ear-cough" excited by irritation transmitted from the ear to the larynx.

Dr. WEBSTER reports a "*Case of Chronic Suppurative Inflammation of the Middle Ear,*" terminating fatally from the extension of the inflammation to the internal ear and the brain. No *post-mortem* was permitted.

Dr. POMEROY reports nine "*Cases of Tenotomy of the Tensor Tympani Muscle, done posteriorly to the malleus handle by Gruber's instrument.*" The hearing was improved in two cases, and the tinnitus diminished in five. There were unpleasant results in one case only, in which the operation was followed by violent suppuration, and a large perforation of the membrane.

Dr. BURNETT reports a case of "*So-called Ménière's Disease,*" in which "most of the attacks of vertigo, always accompanied by perfect consciousness, were characterized by an apparent motion in a vertical plane from front backwards, *i. e.* in the plane of the superior semicircular canal."

"In this case we have a collection of clinical phenomena, partly of a subjective nature, most strikingly in accord with the recent brilliant and important experiments of Mach, Breuer, Cyon, and Curschmann, all of which have added many facts tending towards the conclusion that, although the semicircular canals may not be devoid of acoustic functions, they seem to possess well-marked functions presiding over the pose of the head, and mediately over that of the entire body."

G. C. H.

ART. XXX.—*Transactions of American State Medical Societies.*

1. *Transactions of the Texas State Medical Association.* Sixth Annual Session, April, 1874. 12mo. pp. 210.
2. *Proceedings of the Medical Association of the State of Arkansas.* Fifth Annual Session, Oct. 1874. 16mo. pp. 43.
3. *Transactions of the Mississippi State Medical Association.* Seventh Annual Session, April, 1874. 16mo. pp. 118.
4. *Transactions of the Medical Society of the District of Columbia.* January, 1875. 16mo. pp. 24.
5. *Proceedings of the First Annual Meeting of the Eastern Medical Association.* Held at Newbern, N. C., Nov. 1874. 16mo. pp. 72.

1. THE present number of the *Texas Medical Association's Transactions*, though principally made up of minutes and papers connected with the last annual session, contains also the proceedings, and a few addresses and memoirs, of the two meetings immediately preceding. Two of the three presidential addresses illustrate the curious proclivity of our professional orators to indulge in historic retrospect, stretching back into the dimmest antiquity.

In one of the addresses we find stated a singular evidence of popular inappreciation of medical knowledge and services. We refer to the recent appointment by the Galveston Chamber of Commerce, of a committee of five to investigate the late epidemic, commonly spoken of as one of yellow fever. This committee consists of five lawyers.

The need has, here as elsewhere, been experienced, of legislative regulation of medical practice. Indeed a law has been passed, designed to protect the upright and qualified practitioner against unscrupulous rivals; but it is so loosely drawn as to effect little good. The president recommends that the Association frame a proper and efficient act, which the legislature can be urged to pass. It is also advised that the Association should be endowed with the functions of a State Board of Health, existing arrangements not having proved satisfactory.

The portions of this pamphlet likely to be of permanent value are the various accounts of the epidemic of 1873, as observed by different men and in different counties. Most of the reporters style it yellow fever; others, dengue; one, hemorrhagic intermittent or remittent; and one inclines to deem it malarial diarrhœa, or a combination of pernicious intermittent with cholera. The epidemic was certainly one of great interest and of marked peculiarities. All these observers attribute its prevalence in certain places to local causes, especially to filth and generally bad sanitary surroundings. They do not think it spread by contagion, and condemn quarantine measures as utterly powerless for good, while productive of incalculable distress. We incline to believe that this disease was not yellow fever, but a malignant malarial fever with hemorrhagic symptoms. It attacked many persons who were believed to be fully acclimated, and thus safe from yellow fever.

Among surgical cases and operations reported we find the following: *imperforate anus*, *radical cure of hernia*, *ovarian tumour*, and *vesical calculus*. Notes are given of a case of *hydrophobia*, of several cases of *puerperal convulsions*, and of four cases of *cerebro-spinal meningitis* treated with ergot and bromide of potassium. Dr. Wallace presents a report upon *hæmaturia miasmatica*.

As is too often the case with the transactions of our State Medical Societies, but little care has been bestowed upon the literary style of some papers. Some

addresses also deal a little too much in the glittering generalities of rhetoric. But even in these directions, the indiscretions here observed are far less gross and astounding than we have met with formerly in some less distant quarters. Most of the practical matter, especially concerning the epidemic, is valuable, and is reported in an intelligent and straightforward manner.

2. We are very sorry to learn from the last publication of the *Arkansas Medical Association* that certain unhappy dissensions, which called for action at a previous meeting, have since so far increased as to cause the withdrawal from the Association of its President and several Fellows.

The presidential address contains some very sensible remarks and recommendations, clothed in rather flowery language, as to the need of legislation to exclude from the practice of pharmacy and of medicine unqualified pretenders, to punish abortionists, to secure efficient registration, to compel vaccination, and to organize and support a competent board of health.

A most wonderful recovery from compound and comminuted fractures of right thigh and left leg is here reported. As the case has been already communicated to the profession through the *Medical and Surgical Reporter*, Aug. 15, 1874, we need not repeat this extraordinary history, except to say that, two months after the communication to the *Reporter*, the patient was walking about town with no perceptible limp.

A terrible case of *Elephantiasis Arabum*, here described, has also been previously published.

Among a few brief reports of cases we find one of an anomalous case of *cerebro-spinal meningitis* (?) of a remittent type; another of *encephaloid disease of the bowels* in a child. Dr. Dunlap reports the successful treatment of a fractured humerus, where the site of an external wound, and the ensuing symptoms, indicated that the brachial artery was severed.

3. We notice from the records of the *Mississippi Medical Association* that the subject of alcoholic intemperance has been brought prominently before that body. A committee has been appointed to collect statistics, and to plan a bill for establishing a State Inebriate Asylum. This bill, if approved by the Association, is to be proposed for adoption by the Legislature.

The address of the President, Dr. Taylor, entitled *Popular Education on Medical Subjects*, is characterized by good sense and by clear and vigorous expression. Its latter pages overpass the strict limits of the nominal topic, to make a just and forcible exposition of the true aims and duties of medical associations. One suggestion, looking towards an elevation of the standard of professional education, is to deprive the colleges of the authority to admit men into the practice of medicine, and vesting this authority in the State Society. We firmly believe that, in some such manner, there should be removed from the medical schools the demoralizing temptation to attract large classes by underbidding each other as to time, labour, and money requisite to procure a diploma.

In the Annual Oration, Dr. Hicks treats, in a very pleasant and sensible vein, upon the rights and duties of medical men, as regards each other, their teachers, the public, and the government. We were a little dismayed when we found the Doctor going back to Esculapius for a fair start, but were all the more agreeably surprised to find the paper so readable.

A paper by Dr. Vaughan upon *Improvements in the Treatment of Uterine Diseases*, seems to have for its leading motive the idea that in most diseases of the womb, so called, the physician's attention and treatment would be more wisely directed to the ovaries than to the uterus. This proposition is enforced by a

somewhat full exposition of the close connection of these organs, as to blood-supply and innervation, and of the physiology of the parts.

A paper upon *Hypodermic Medication* is not without interest.

In a brief memoir upon *Malarial Hæmaturic Fever*, the statement is upheld that the hemorrhagic symptoms occur only in patients whose spleen is hypertrophied and liver diseased.

A reporter upon the famous epidemic of 1873, as it appeared in Vicksburg, represents that the *dengue* and the *yellow fever* prevailed simultaneously, though the former both preceded and outlasted the latter. He describes patients as attacked with the *dengue*, becoming convalescent in a few days, and then being smitten with the graver malady. We doubt whether this view of the cases would be generally accepted.

Dr. Hill reports a case of *Cranial Fracture with Brain Wounds*, so severe that the reported recovery seems almost incredible. The patient was a negro lad, seventeen years old. From one wound, involving the cerebral substance, was removed a piece of bone four inches by nearly two. Another fracture extended four inches in length. Slight fever for a few days is recorded, with no unfavourable symptoms and the wounds healing by first intention. Two or three months afterwards patient is reported as well, with loss of nearly one-half of frontal bone on the right side, besides a long opening in left parietal.

A recovery almost equally extraordinary, after operation for strangulated hernia, is reported by the same gentleman. In this case, also, the patient was a negro, but not young.

4. The *Medical Society of the District of Columbia* still adhere to their excellent plan of printing only discussions and cases, and excluding all orations and addresses.

A case of *Red Softening of the Middle Lobe* of left cerebrum, accompanied with aphasia, gave rise to an interesting debate. The disease was found to extend slightly into the posterior lobe, but not at all into the anterior; and involved white substance principally. Patient was a German, and lost first his ability to speak English, and later the use of his mother-tongue. Intelligence appeared intact.

A somewhat full discussion was occasioned by a reported case of *Addison's Disease*.

In a case of *pyonephrosis*, the diseased mass weighed six pounds, and contained four pints of pus, with two calculi.

A singular and somewhat dubious case is reported as an instance in which a displaced colon compressed and strangulated the stomach at the cardiac end. Unfortunately the examination which gave rise to this diagnosis was made four days after burial, when the organs were distended with gas.

The connection between *biliary calculi* and *hepatic abscess* was the subject of considerable debate.

A terrible case of *hydrophobia* in a child of four years gave rise to free expressions of opinion concerning the disease.

5. *Eastern Medical Association of North Carolina*.—From the report of the executive committee of this new society, we learn that its organization was due to a determination on the part of the better portion of the profession to make a vigorous and united effort to withstand and arrest prevailing tendencies towards professional demoralization. The report speaks plainly and boldly, revealing certainly a lamentable decadence of true medical spirit and morality. Open violations of many articles in the Code of Ethics are stated to be of

constant occurrence. We fear, too, from some indications noticed, that such sins are by no means confined to the more obscure or impoverished practitioners. For the boldness and energy with which this new organization is striving to infuse a better spirit and begin a reformation, much credit is due.

The President, Dr. Chas. Duffy, Jr., delivered an annual address, in which he set forth with great clearness and good sense the directions and methods in which members may contribute to the prosperity and usefulness of the Association, and to the advancement of medical science.

Dr. Attmore contributed a paper upon *Acute Aural Catarrh*. There are two or three other brief articles requiring no special notice. B. L. R.

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ART. XXXI.—*Cyclopædia of the Practice of Medicine*. Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. I., Acute Infectious Diseases, by Prof. LIEBERMEISTER, of Tübingen; Prof. LEBERT, of Breslau; Dr. HENISCH, of Greifswald; Prof. HEUBNER, of Leipzig; and Dr. OERTEL, of Munich. Translated by R. H. FITZ, M.D., and Charles P. PUTNAM, M.D., of Boston; Arthur Van Harlingen, M.D., of Philadelphia; James T. WHITTAKER, M.D., of Cincinnati; Edward W. SCHAUFLER, M.D., of Kansas City; and Francis DELAFIELD, M.D., Horatio BRIDGE, M.D., Thomas E. SATTERTHWAITE, M.D., Lewis A. STIMSON, M.D., J. HAVEN EMERSON, M.D., and NORMAND SMITH, M.D., of New York. ALBERT H. BUCK, M.D., New York, Editor of American edition. 8vo. pp. xvi., 708. New York: William Wood & Co., 1874.

THE *Cyclopædia of the Practice of Medicine*, if it meets with better success than has attended the recent publication of a very similar work in England, will consist, when completed, of fifteen volumes, containing "a series of treatises written," to use the words of the preface, "by men who are skilled in the different departments of medicine," and will unquestionably form the most valuable compendium for reference in the English language. We think we have sufficient warrant for this assertion in the very creditable manner in which the writers who have contributed articles to this volume have done their work; and the names of the physicians who are engaged upon the succeeding volumes, are a sufficient guarantee that they will be of equal excellence. The volume has the fault—to a certain extent inseparable from the nature of the work—of being much too heavy to hold in the hand while being read without producing fatigue, and we therefore regret that the publishers did not select a style of printing somewhat like that adopted in *Reynolds' System of Medicine*, which would have reduced the bulk of the volume at least one-fourth, and which might also have enabled them to have issued it at a slightly diminished price. It gives us great pleasure cordially to endorse the American editor's opinion in regard to the admirable manner in which the various articles have been rendered into English.

The diseases treated of in this volume are typhoid, typhus, relapsing, and yellow fevers, cholera, the plague, dysentery, and diphtheria. As it is impossible, within the limits of a brief notice, to do more than refer to the articles on most of these diseases, we shall attempt an analysis of two of them only, selecting for this purpose that on typhoid fever by Prof. Liebermeister, and that on diphtheria by Dr. Oertel.