

I am confident that quinia is very proper in some cases. The intermittent character of the disease, the herpes about the mouth, and the "spots" or petechiæ, which appeared in the epidemic of intermittent fever of the summer and fall of 1865, would seem to indicate some kind of relation between the two diseases—cerebro-spinal meningitis and intermittent fever. Quinia, at a proper time and in proper sedative doses, is therefore a remedy upon which we should presume, *a priori*, that great reliance should be placed, as I think I have learned from experience. Dr. Huber thinks that it does harm; while Dr. Schüntermann, who has used the remedy largely, speaks highly of it. I have tried a great number of other remedies, but can say little in their praise. In the chronic form, ammon. murias and brandy, I think, have done more good in my hands than any other remedies.

In cerebro-spinal asphyxia I have generally failed by any plan of treatment to save my patients, and the other physicians with whom I have conversed about the epidemic do not claim any success. I think the alternation of warm water and ice-bags to the spine would be of service, and probably the inhalation of oxygen.

Of *cerebro-spinal irritation* I will only remark that, on the decline of the epidemic, a great number of individuals, especially adults, complained of headache, malaise, neuralgic pains in various parts of the body, and pain in the nape of the neck or other parts of the spine. The ailment readily yielded to morphia and quinia. Cerebro-spinal irritation very likely was a precursor to the graver forms; but as not much alarm was felt before the epidemic had made some ravages, the physician was not consulted in this minor form of the epidemic.

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ART. IV.—*Contributions to Aural Surgery. On Catarrhal Inflammation of the Cavity of the Tympanum occurring in Young Persons.*  
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As is well known, inflammatory affections of the ear are very common among young persons. An "earache" is one of the most frequent of the ailments of childhood. Besides the fearful pain which it involves, it may have consequences dangerous to the integrity of the organ affected. The mucous membrane of the tonsils and pharynx is probably the most common starting-point of these inflammations; from thence the passage along the Eustachian tube to the cavity of the tympanum is not only a very easy, but, as experience proves, an extremely frequent occurrence.

Thus, in the course of one of the exanthemata, acute catarrhal inflammation of the middle ear arises, which in weakly constitutions readily becomes purulent, and ulceration with perforation of the membrana tympani, one of Nature's conservative processes, takes place. It is not the purpose of the present article to speak of the cases which have thus been outlined, but of a variety of catarrhal inflammation of the middle ear, somewhat different from these, yet having many analogous points. They are inflammations occurring in young persons without any positive exciting cause, although such a provocation is not always wanting. They are cases which, with the means now at our hands, are peculiarly amenable to treatment, and furnish the most gratifying results. The subjective symptoms of the affection may be stated as follows: It is observed that the patient without perhaps suffering very often from pain in the ear, is very often somewhat hard of hearing, being so much so as not to hear ordinary conversation. This passes off without treatment, but the trouble recurs, the attacks become more frequent, and finally in the course of a few months or years, the patient settles down with a continued impairment of the hearing. The general health is not apt to be much impaired, although some defect in nutrition is generally found. Objectively the following symptoms are observed: The pharynx is found in a state of inflammation, little elevations like granulations are seen on its surface, the secretion is in excess. The tonsils may or may not be hypertrophied. The membrana tympani, instead of having its normal "neutral gray" colour, is of a pinkish hue, with an exceedingly brilliant appearance. The vessels are not generally to be distinctly traced on any part of it. The triangular light spot is either entirely absent, or is smaller than normal, indicating that the position of the drum is changed. It is apt to be the case that proper hygienic rules have not been observed in the management of the young patient, who has been allowed to eat and drink food improper for growing persons, for example, tea and coffee, pastry, &c., to the greater or less exclusion of simpler and more nutritious substances, and thus a capricious state of the appetite has been induced. In the case of boys, frequent and prolonged bathing, ducking the head under the water, is sometimes found to cause an attack of, or to increase the hardness of hearing. The hearing, as tested with the watch, is found very much impaired, and only conversation specially addressed to the patient, and this in a loud tone of voice, is heard.

The regulation of the diet of such patients, the wearing of flannel next the skin, the abstaining from any habits which may be recognized as predisposing to inflammation of delicate structures, building up of the system by a proper therapeutic course, such as the exhibition of cod-liver oil, ferri iodidi syrup, etc., with proper local attention to the mucous membrane of the pharynx, will undoubtedly in time, allow Nature to relieve these cases; but the impairment of hearing, which is the most striking and

troublesome symptom, will be the last one relieved. We have, however, the means at our hands, as was indicated above, in Politzer's method of rendering the Eustachian tube pervious, of instantly improving the hearing, thus removing the most embarrassing symptom, while we go on with the proper general treatment, curing the disease on which this symptom depends. The use of the Eustachian catheter will probably accomplish the same ends, but its employment, though not entirely impracticable, is very difficult in young persons. Politzer's method is now so fully known to the profession, that any description of it seems unnecessary; yet for the sake of completeness in this article, we may say that it consists essentially of blowing air into one nostril from a gutta-percha bag, the other nostril and the mouth being closed, the patient swallowing at the moment the air is blown.<sup>1</sup> It may be supposed that the impairment of the hearing in these cases is due to a plugging up of the faucial orifice of the Eustachian tube, and also of the calibre of the tube by mucus, which is suddenly expelled by the column of air driven in. Structural changes, that is, thickening of the mucous membrane, bands of adhesion such as obtain in old cases of chronic catarrhal inflammation of the middle ear, have not probably occurred. Indeed, the appearance of the membrana tympani, as it has been described, substantiates this view, there being generally no thickening of the layer of mucous membrane observed either on the periphery, or across its surface. If, however, such changes have occurred, the improvement to the hearing will be correspondingly less. The nature and treatment of this affection may perhaps be better illustrated by the recital of a few cases, than by any further remarks.

CASE I. Willie S., aged 11, St. Louis, April 28, 1865. Has been growing deaf for some months, is rather delicate. His appetite is extremely capricious, drinks tea and coffee in great excess. He cannot hear ordinary conversation. The left membrana tympani is of a pinkish hue, the right secretes a slight amount of pus, is however intact. The tonsils are somewhat enlarged. Hears an ordinary ticking watch (which should be heard from three to five feet) five inches on the right side. One inch on the left. Politzer's method is practised two or three times, when the hearing distance was doubled by the watch on the left side, and ordinary conversation was heard with some ease. He was seen every day or two until May 4th, when he returned home, hearing the watch more than two feet on the left side, and six inches on the right, and was not at all perceived to be deaf in conversation. The appropriate constitutional treatment was carried out, only nutritious diet was allowed, an astringent was applied to the right drum, and Politzer's method was practised every two days. This treatment was still carried on at his home by other hands, and the patient was heard from as being still further improved.

CASE II. F. S. B., aged 16, N. Y., September 1, 1865. Has been deaf at times for a number of years, and for the past summer persistently so.

<sup>1</sup> Vide Braithwaite, Part xlix. p. 178.

His general condition is fair, is well developed. The tonsils were so much hypertrophied as to impede respiration, but they were removed previous to his coming under my observation. The pharynx secretes excessively as well as the nasal mucous membrane. There are numerous granulations scattered over the pharynx. The drums are pinkish, brilliant in appearance. The light spot is elongated. The watch is heard about six inches from each anricle.

Politzer's method was practised three or four times when the hearing distance extended to sixteen inches on the right side, and ten on the left. A gargle containing iodine and brandy was ordered to be used twice a day; he was also to practice Politzer's method twice a week, in connection with the iodine inhaler. The patient continued to improve, and at the present writing, April 20, 1866, the treatment has been abandoned, the hearing power being nearly if not quite normal. The patient goes to school every day. He was seen by me for some weeks, once a week, while his father, who is a distinguished physician of this city, carried out the treatment at home, which consisted in the use of the gargle, inflating the middle ear by Politzer's method once in three or four days, with attention to the general health.

CASE III. Edgar S., aged 17, Conn., October 20, 1865. Since the patient was four or five years old he has had more or less trouble in hearing. A few years ago the ears discharged and pained at intervals. The general health is fair; he is tall, well developed except that he is pigeon breasted. Hearing distance with watch, right ear, one inch. Left, two inches. The right drum is sunken, and is quite white in colour; no light spot exists. The left drum is intensely reddened and sunken; the centre seems to be united to the wall of the cavity of the tympanum. After the use of Politzer's method in combination with a bulb containing a sponge saturated with tincture of iodine<sup>1</sup> a few times, the hearing distance on the left side was increased to eight inches, but it remained the same. He also heard and pronounced after the speaker words spoken eighteen feet off, while a few moments before he could only hear them six feet. A Politzer's apparatus was ordered to be used at home under the direction of his father twice a week for a month, a slight counter irritation to be kept up over the mastoid process, when he was to report himself.

Nov. 26. The patient again presented himself, having carried out the treatment as directed, and can now hear the watch on the right side three inches, on the left *twenty* inches and more. He hears conversation with ease. Patient was directed to desist from treatment. He has not been seen since.

CASE IV. Michael W., aged 13, at Eye and Ear Infirmary, November 2, 1865, a delicate, bright-looking boy. Whenever he has a cold (as his father says) "it falls to his ears, and he gets deaf." Right membrana tympani pink and sunken; left sunken, but of about normal colour; tonsils have been ulcerated; pharynx secreting excessively; hearing distance, right ear, four inches; left, three inches. He was seen twice a week until January 17, 1866; iodized air being used by Politzer's method at each visit; cod-liver oil and ferri iodidi syrup. were administered. He had occasional partial relapses, but was at the above date discharged cured. His hearing improved at the first use of the method very markedly.

<sup>1</sup> Amer. Journal Med. Sciences, Jan. 1866, p. 108.

CASE V. Girl aged 16, at Ear and Eye Clinic in University Medical College, March 28, 1866. Has not heard ordinary conversation for years, and has been very much embarrassed in swallowing and breathing on account of enlarged tonsils; general condition is fair; the voice is extremely nasal; only hears when addressed in a loud tone of voice; the watch is heard two inches on the right side, one inch on the left; membrana tympani present nothing striking in appearance, except that they are quite brilliant; the tonsils are excessively hypertrophied. The use of Politzer's method immediately improved the hearing somewhat, which improvement lasted according to the patient's statement about a day. When next seen the tonsils were excised with the forceps and seissors, a long outgrowth being dragged down from behind the soft palate on the right side, which must have pressed upon the orifice of the Eustachian tube, and then the iodized air was driven into the tube. The hearing distance became two feet on the right side, and about six inches on the left. An iodine gargle was ordered, with cod-liver oil, a half tablespoonful to be taken three times a day. The patient is now under treatment, and still, April 26, 1866, continues to improve, hearing very well, with no trouble in respiration. It is, perhaps, needless to narrate more cases, of which more quite as striking, both in private and public practice, could be presented.

Such cases as the above are perhaps those which above all others show the excellency of Politzer's method, and for which it is especially adapted. It is confidently asserted that its use in the treatment of this class of patients will render the progress of the case highly satisfactory, which under the old method could be hardly said to be the case. After the first use of the instrument the improvement which occurs will probably only last a day or two, but I have never known the hearing to become worse, and the repeated (say three times a week) practising of the method will render the improvement permanent. The method is only an adjuvant, which is a fact to be carefully borne in mind, and the necessary general treatment should never be lost sight of.

I was led to the attachment of the bulb or inhaler containing the tincture of iodine, to the simple apparatus of Politzer, from the need felt of introducing some substance into the cavity of the tympanum which should promote absorption in the mucous membrane of the tube and middle ear. This want is supplied by the introduction of the iodized air, and my experience serves to show that the combination produces a more powerful and permanent effect than is produced by the use of simple air.

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ART. V.—*Observations in Clinical Surgery.* By JOHN ASHHURST, Jr.,  
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BELIEVING that there is no class of surgical papers more practically useful than that which embraces reports of cases, I propose to place here on record the histories of several patients, who have been under my