

after abortion—was sudden, accompanied by headache and vomiting, with tenderness over left mastoid.

3. Woman with *Bulbar Paralysis, etc.* Illness began with hoarseness and indistinctness of speech, difficulty in swallowing, and dribbling of saliva.

*A. J. Hutchison.*

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### MEDICAL SOCIETY OF GENEVA.

*September 4th, 1895.*

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Dr. ED. MARTIN presented a child treated for *Angioma of the Ear*. After thirty sittings of electrolysis the tumour had notably diminished.

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*November 6th, 1895.*

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Dr. HALTENKOFF presented two patients operated upon for *Empyema of the Frontal Sinus* following upon influenza.

1. The patient presented small central scotoma for colours, without the least alteration of the fundus (ophthalmoscopic). He had had lancinating pains in the forehead after influenza (January, 1890), which had increased in intensity. There was muco-purulent discharge from the nares and tumefaction over the eyebrows. The opening of the maxillary sinuses led to discharge of flaky pus, but without relief to the symptoms. The frontal sinus was, therefore, trephined, a large communication was established with the nasal cavity by pushing a trocar across the ethmoidal cells, and a drainage tube was inserted. Three weeks after iodoform gauze packing was inserted and changed every day, regular injections of oxycyanide of mercury (one per cent.) or corrosive sublimate (one in two thousand) being continued. Pain diminished and discharge grew less, and the eye symptoms amended. Three months later suppuration was reduced to scarcely anything. The sphenoidal sinus contained only a little pus, and the ethmoidal cells were intact. The fistula was kept open nine months, injections being continued, though less frequently. A platinum canula was worn by the patient, stuffed with gauze. In July last all suppuration ceased, and the fistula was allowed to close.

The cause of the retrobulbar right neuritis was this polysinusitis, and the latent empyema remained unsuspected more than four years.

2. The author's second case presented enormous swelling of the eyelid and antero-inferior exophthalmia of the right eye, caused by periostitis of the upper wall and phlegmon of the orbit, accompanied with continual cephalalgia, etc., following upon influenza in 1890. Radical operation was performed by opening in the anterior median line with chisel and mallet and removal of a rectangular piece of bone. Fungous degeneration being present, the sinus was curetted thoroughly and the naso-frontal canal catheterized from above. A drainage tube was inserted across both

openings into the sinus. Injections of hot oxycyanide of mercury, increasing to one per cent., were performed, and symptoms rapidly amended and the cure was effected. This case once more proves the value of a large anterior opening, permitting of thorough exploration, and its superiority over more timid and less certain methods.

Dr. SULZER : Facial sinusites are more frequently met with by oculists than others on account of the ocular complications. He agreed with Haltenkoff as to the causation of the retrobulbar neuritis.

Dr. SENE presented a patient said to be cured of *Stuttering* by his orthophonic method, which consisted of making patients speak whilst they underwent muscular exercises upon an inclined plane.

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December 4th, 1895.

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Dr. KUMMER presented a *Cancerous Tongue removed by the Cervical Method*. The right submaxillary gland was also removed.

R. Norris Wolfenden.

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## BRITISH MEDICAL ASSOCIATION.

Meeting, July, 1895 (continued).

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### ABSTRACTS OF PAPERS.

*A Hitherto Undescribed Form of Rotatory Sensation in Labyrinthine Disease.* Prof. GUYE (Amsterdam).

He had occasion, a few months ago, to show before a medical society in Amsterdam a patient suffering from Ménière's disease who presented a peculiar form of rotatory sensation which was not quite new to him, as he had observed the same, some years ago, in a small number of patients, but which had not yet been described. The patient, a man aged forty-seven, had suffered from influenza four years ago, but had not complained of his ears at the time. Since then he had enjoyed good health. He was often exposed to cold. For the last two months he had had a ringing in his left ear, and suddenly he had, in July of last year, an attack of giddiness, when he fell down and vomited. This attack returned at first twice daily, and later on at intervals of from ten to fourteen days. When Prof. Guye showed the case he had lain in the hospital for four weeks, and had still, now and then, an attack, mostly without vomiting. He heard the watch at two millimètres in the right ear, not at all in the left. His was a typical case of Ménière's disease. He had also symptoms of labyrinthine disease in his left ear, giddiness, rotatory sensation in the direction of the diseased ear, vomiting, and deafness. There was no symptom of any middle-ear disease. With the first attack objects