

Pozzi disagreed with the first speaker in believing that a large proportion of papillary cysts were benign. Implantation of papillary growths on the adjacent peritoneum should be carefully distinguished from true lymphatic metastasis, since the former was far from being an evidence of malignancy. A certain number of cysts undergo true cancerous degeneration, but this change is usually circumscribed at the outset, and cannot be positively determined at the operating-table. He concludes that in the absence of true metastasis and cachexia the surgeon should proceed as in an ordinary ovariectomy. Both ovaries should be removed if one shows only commencing papillary degeneration, especially if the patient is near the menopause, and hysterectomy is also usually indicated. Drainage is always indicated in the presence of ascites(?). Even in an inoperable case an explorative incision is often beneficial.

OTOLOGY.

UNDER THE CHARGE OF

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Local Anæsthesia of the External Auditory Canal and Middle Ear.—VON EICKEN (*Verhandlungen der Deutschen Otol. Gesell.*, Berlin, May 21, 1904) states that infiltration anæsthesia is impracticable on account of the tense union between the skin and the cartilage or bone. The freezing method as well as the application of solutions of anæsthesin have given no telling results.

Brauns showed the possibility of doing major operations by injecting a weak solution of cocaine with a trace of adrenalin in the neighborhood of the corresponding nerve roots to the part operated on.

The ramus auriculotemporalis nerve innervates the posterior wall of the auditory canal and a branch of the auriculotemporalis innervates the anterior wall. These nerves enter at the junction of the fibrocartilaginous and osseous portions of the canal and send branches to the drum membrane.

The ramus auricularis enters the tympanomastoid fissure, therefore, very near the body surface, and is best injected in the posterior fold of the auricle slightly above the tip of the mastoid, inward and somewhat backward. The canal branch of the auriculotemporal nerve is best injected with the patient's mouth wide open, the needle being carried in a direction parallel to the anterior wall of the canal and the injection made at a point 2 cm. from the tragus. In children the distance inward is somewhat less.

The point of injection may be made painless by freezing with ethylchloride and by injecting a small quantity of the fluid at the moment

of introduction of the needle. There is no danger of harming the facial nerve.

Von Eicken injected 1 c.c. of $\frac{1}{2}$ per cent. solution of cocaine, to which was added 2 drops of adrenalin, and after a few minutes the external auditory canal became completely anæsthetic. Complete anæsthetization of the drum membrane was not effected because the tympanal side of the drum is innervated from the carotidotympanicus plexus.

It takes a few minutes for the cocaine to act, the adrenalin causing the maximum contraction of the vessels and acting like a ligature. By using so small an amount of cocaine as 5 mg. intoxication in the adult is practically avoided, but with children even less should be used.

This method has thus far been used only in cases of furunculosis of the canal, it being possible to make broad openings and curette them without causing pain. Von Eicken has not yet experimented with exostoses and new-growths.

This method is especially useful in cases of foreign bodies difficult of extraction, and as a substitute for general narcosis and the laying free of the canal wall from behind.

Von Eicken hopes ultimately to be able to incise the drum-head painlessly under this local anæsthesia, and is experimenting in that direction.

At the Heidelberg clinic the drum-head is made anæsthetic before incision by means of a 40 per cent. solution of cocaine which is left in contact for some time, and, in cases where a perforation of Schrapnell's membrane exists, the tympanic cavity is made anæsthetic by application of cotton sticks soaked with 40 per cent. solution of cocaine, and hammer-incus extraction is easily and painlessly done without general narcosis.

Thiosinamine Treatment of Chronic Middle-ear Catarrh.—MARTIN SUGAR (*Arch. f. Ohrenh.*, Bd. lxii., H. 3 u. 4, S. 241). In this paper the author quotes Grunnert as saying that the pathological anatomy of sclerosis unquestionably points the way to internal treatment of chronic middle-ear catarrh.

The chemical formula of thiosinamine, the value of which in the treatment of lupus was first shown by Hebra in 1892, is $CS < \begin{smallmatrix} NHC_2H_5 \\ NH_2 \end{smallmatrix}$, and is obtained by warming an alcoholic mustard solution with NH_3 at 100° under pressure. It is colorless, bitter-tasting, odorless in a pure state, soluble in water, and especially so in alcohol and ether.

After giving a *résumé* of its uses in general medicine, Sugar tells of his experience in its use in treatment of the ear. He used it subcutaneously and also in a 10 per cent. glycerin-water solution, 5 or 6 drops of which were blown into the tympanic cavity through the catheter. Sugar thinks its worth is clear in cases of hindered or abolished function of the fenestræ of the middle-ear cavity, what Panse called in his monograph "difficult hearing through rigidity of the middle-ear fenestræ," whether brought about through rigidity of the stapes, through adhesions or rigidity of the annular ligament, or independent rigidity of the round window, or disease of both windows, or hammer and incus fixation, that is, ankylosis of their joints, so long as they had not come to ossification. Furthermore, the treatment appears to be applicable