

**TRANSACTIONS OF THE  
NEW YORK MEDICO-  
CHIRURGICAL SOCIETY**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649724055

Transactions of the New York Medico-Chirurgical Society by New York Medico Chirurgical Society & Clarence E. Beebe

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**NEW YORK MEDICO CHIRURGICAL SOCIETY & CLARENCE E. BEEBE**

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# TRANSACTIONS

OF THE

1838-7

NEW YORK

## MEDICO-CHIRURGICAL SOCIETY

THE PRESENT VOLUME INCLUDES THE TRANSACTIONS OF THE SOCIETY, AS TAKEN FROM THE SECRETARY'S RECORDS, FOR THE YEAR 1884. PAPERS ARE PRESENTED IN THE FORM READ BEFORE THE SOCIETY.

CLARENCE E. BEEBE, A.M., M.D.,

*Editor.*



NEW YORK

PRINTED FOR THE SOCIETY

1885



**J**OHNSON C. RANKIN, JR., PRINTER,  
34 CORTLANDT ST., NEW YORK.





TRANSACTIONS OF THE NEW YORK  
MEDICO-CHIRURGICAL SOCIETY.

1884.

Annual meeting, January 8th, 1884.

Dr. E. P. Fowler in the chair.

Subsequent to the transaction of the routine business incidental to an annual meeting, the election of officers took place. The result has already been published in Vol. III., Society's Transactions, Appendix A, page 120, *et seq.*

The following report from the Committee on "Therapeutical Hints," appointed at the last meeting, was presented, accepted and adopted.

*Mr. President and Gentlemen:*

Your committee, to which was referred the project of *Dr. Searte* in regard to "Therapeutic Hints," beg to report as follows:

*First.* We recommend the appointment by the President, of an Editor, who shall have charge of the matter. He shall call upon the members of the Society for the contribution of items of this character, which shall be sent to him and by him arranged. He shall present the same to the Society for discussion and approval or rejection. Such items as may be approved by the Society he shall preserve as the property of the Society.

*Second.* Having completed this work, in alphabetical order, he shall hold the results subject to the disposal of the Society.

*Third.* One half hour of each session shall be devoted to the presentation and discussion of these therapeutic hints, and your

committee would recommend the last half hour, from 9.30 to 10 P.M., as the most suitable for the purpose, because of the greater number of members likely to be present at that time.

*Fourth.* Your committee are of opinion that, with the hearty concurrence of the members of the Society, this portion of our meetings and our work can be made extremely interesting and valuable.

Signed,

W. S. SEARLE, }  
JOHN BUTLER, } *Com.*

By vote of the Society, the reading of *Dr. Sterling's* paper was deferred to the February meeting.

Stated meeting, February 12, 1884.

President Searle in the chair.

Prior to the presentation of formal papers, the President made some very pertinent remarks regarding the importance, to the interests of the Society, of a greater activity upon the part of its standing committees. The work accomplished by said committees in the past has proved of but negative value, and the time has come when the opportunities for obtaining greater results in medical investigation and scientific research can no longer be neglected without serious detriment accruing to the Fellows of the Society in particular and to the medical profession at large. Special stress was placed upon the vast field of work which has of late opened up to the Committee on Public Health. The first paper of the evening was then read by *Dr. Chas. F. Sterling*, on "A New Method of Operative Relief in Cases of Chronic Catarrhal Otitis Media."

It has long been recognized by aurists, that among the most difficult cases, to satisfactorily treat and obtain any measure of success, is that form of deafness known as chronic catarrh of the middle ear, or, by its synonyms, "nervous deafness," "hypertrophic or proliferous inflammation," "sclerosis of the drum-head," etc. Roosa says, after giving some statistics: "These statements show that we have not as yet \* \* \* found the remedy for the class for which we



in America are most anxious—old and neglected cases of chronic proliferous inflammation," and, again, that "we are chiefly anxious to enlarge our therapeutic means for the cases of persons who are more than sixteen years of age, and especially for those who are adults in middle life." The unsatisfactory results of treatment in this class of cases is due both to the insidious character of the process, whereby it often has reached a stage almost hopeless before the patient fairly realizes the seriousness of his condition, and too late seeks advice, and from the extreme difficulty of operating or applying local treatment, on account of the inaccessibility of the part affected and its diminutive size. It is on account of the failure of the means now at our disposal that I offer the suggestions contained in the present paper. Allow me to briefly review the pathological conditions present, that the inadequacy of the means now employed may be better understood, and that a basis may be established to show why the means proposed for the relief of some of these inveterate cases offer a chance of success.

Chronic catarrhal inflammation of the middle ear originates either in a succession of acute attacks, each of which leaves its traces, or more frequently of sub-acute attacks, lasting but a short time, and receiving little attention, or most frequently of all, in consequence of catarrhal affections of the naso-pharynx and adjacent tissues, whereby the Eustachian tubes become closed and their function of maintaining the equilibrium of atmospheric pressure in the tympanum with the outside air ceases. In all of these cases the ultimate results are of the same character, *viz.*: a congestion, an increased secretion, the drying and hardening of the same, the development of connective tissue or bands of adhesion, hypertrophy of the mucous lining, the impairment of the free motion of the ossicles, the pressure of the outside air upon the membrana tympani, driving it inwards, increasing the pressure of the stapes on the labyrinthine fluid, producing annoying tinnitus, and the lack of response to sound vibrations in the atmosphere. Almost without exception these cases still present unimpaired power of the auditory nerve, showing that right here in the cavity

of the tympanum lies the trouble. Now the problem confronting the aurist is how to get the sound waves from the external ear to the labyrinth, where the auditory nerve filaments are waiting to receive them and convey them to the brain. To accomplish this, various means have been employed by aurists and a number of operations devised, some of which have been followed by fairly good results, and in other cases the results have been negative. In regard to these procedures I quote from Burnett: "Various forms of incision and excision of the membrana tympani for the relief of hardness of hearing, not dependent on accumulations of fluid in the tympanum, but upon chronic thickening, hardening, stiffening and retraction of the membrana tympani and other parts of the sound conducting apparatus of the middle ear, have been proposed by several authorities. The operations about to be named have been undertaken with no empirical intent, but with a knowledge of a clearly diagnosed condition of the auditory apparatus. This must be said of them as pre-eminently distinguishing these from previous operations on the drum-head." These remarks apply to certain operations proposed and executed by aural surgeons of a comparatively recent period, which I shall refer to later. A brief résumé of the history of operations on the membrana tympani and in the tympanic cavity may not be out of place, fuller accounts of which can be found in Roosa's work and in Burnett's. In 1650 Johannes Riolanus, of Paris, proposed the operation of incising the membrana tympani, but did not perform it. In 1722 Thomas Cheselden, of London, operated on dogs. In 1760 a charlatan named Eli performed the operation on the human subject. In 1800 Sir Astley Cooper and Dr. Carl Himly both proposed it, and 1806 the latter performed it on the living subject. The difficulty in all these operations is the inveterate tendency of the membrana tympani to close. To remedy this bougies were introduced, but the reaction was too great. Then a gold tube was introduced. In 1868 Politzer adapted an eyelet to the puncture, which operation is still occasionally resorted to. Voltolini used the galvano-cautery to make the opening, and it remains patent longer than after cutting operations. He also,

encircled the manubrium with a ring of gold wire, but necrosis of the bone resulting, he substituted aluminium as being of less specific gravity. Wieden, of St. Petersburg, in 1867, advocated the removal of a portion of the malleus handle, claiming that from the large blood supply about the manubrium, if it were removed, there would be less regenerative material furnished. In 1868 Weber Liel proposed tenotomy of the tensor tympani and devised instruments for the purpose. Dr. Prout, of Brooklyn, after incising the membrane, divides adhesions with a special knife. Hinton, of London, divides the membrane and treats dried accumulations with fluid injections. Of all these operations, perhaps Weber Liel's division of the tensor tympani has attracted the most attention, and has been performed many times. "The indications for this operation are the permanent retraction of the tensor tympani muscle, indrawing of the membrana tympani and chain of ossicles, with a consequent increased intra-labyrinthine pressure." "The latter may produce, besides tinnitus and deafness, gradual atrophic alterations in the terminal filaments of the auditory nerve." Kessel and Politzer have endeavored to relieve the anchylosis of the foot plate of the stapes in the oval window by removal of the bone, but it has proven almost impossible to dislodge it. To accomplish the result sought for by Weber Liel's operation, I now propose another, which is easier of execution, attended by no more risk, if as much, and has advantages in certain cases which Weber Liel's operation lacks.

This operation consists in the resection of the long process of the incus. I am aware that, in the present advanced condition of aural knowledge, any new procedure must have good grounds for its proposal, that it may not come under the stigma of being undertaken with an empirical intent, but rather classed with other operations before referred to as having a definite aim and object, and undertaken with a clearly diagnosed condition of the auditory apparatus.

Therefore let me go back to the pathological conditions before spoken of and show why this may relieve the patient. Among the results of chronic catarrhal inflammation of the middle ear