ORIGINAL COMMUNICATIONS.

NOTES AND OBSERVATIONS ON SOME OF THE MORE REMEDIABLE CASES OF DEAFNESS.

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NO. III.

THE following cases will serve to illustrate some further pathological changes to which the ear is liable, while at the same time they bear evidence of the amount of improvement of which the function of the organ is susceptible, under careful and persevering treatment.

CASE V. Acute Inflammation of the Tympanum and Meatus of the Left Ear, followed by Discharge; Catarrhal Inflammation of the Tympanum of the Right Ear; a high degree of Deafness, and constant Tinnitus; Treatment by Expectorants and Diaphoretics; Hearing of the Right Ear completely restored, that of the left much improved. William Lyes, aged 28, came under my care at the dispensary, Jan. 21st, 1850, for deafness, and constant tinnitus of a sawing character, which was most troublesome at night. He stated that he had always heard well, and was not subject to deafness or earache, but recollected having had an attack of the latter about nine years ago. The present affection came on three weeks previously with violent earache on the left side, which was relieved on a discharge breaking out about a week afterwards; it returned, however, in a less violent degree for a short time, and then left him, nor had it since returned, though the tinnitus continued violent. He had a bad catarrh and cough, but no soreness of the throat: The hearing distance of the right ear was on contact; of the left, nothing. Each meatus contained a very small quantity of wax, that in the left being mixed with dried cuticle, and pus slightly odorous. The membrana tympani of this side could not be distinctly seen, even after syringing; it, however, existed, as evidenced by probing; and the projection formed by the handle of the malleus was quite evident. The membrane of the right ear, as far as could be seen, appeared tolerably healthy. The left ear was syringed out, and the oxide of zinc powder afterwards blown in, and the following medicines prescribed.

R. Pil. ipec. cum scillâ gr. x.
Fiant pilulæ ii, omni nocte sumendæ.
R. Haustûs ammon. acet. 3i.
Vini antim. 3ss. M.
Fiat haustus ter die sumendus.

Jan. 26th. The hearing distance of the right ear was nineteen inches; that of the left, nothing. His hearing returned about half an hour after leaving at his last visit. The discharge from the left ear had ceased, and there was very little tinnitus. The condition of the membrana tympani could not be satisfactorily determined.

Feb. 1st. The hearing distance of the right ear was three feet; that of the left, eight inches. Some tinnitus and cough remained, but in other respects he was better. There was a suspicious looking lichenous rash about the arms; and although the throat looked healthy, the cicatrix of a former ulcer was seen on the velum palati, near the right tonsil. He owned to having had the venereal disease two years ago; he said he had no sores, but could not draw back the prepuce; he stated that he had been subject to the rash at "spring and fall" for many years before that, which was his first *faux pas*. The medicine was ordered to be continued. A pitch plaster was directed to be applied to the chest.

Feb. 11th. The hearing distance of the right ear was good; that of the left was eleven inches. He had no tinnitus, nor discharge remaining, and very little cough.

Feb. 18th. The hearing distance of the left ear was thirteen inches. He had no tinnitus nor cough remaining,

and considered himself quite well, and was discharged. There being a bright sunshine this morning, both ears were carefully and satisfactorily examined. The right meatus was long and narrow, and slightly besmeared with wax; the left was equally long and narrow, but contained neither wax nor discharge. No aperture existed in either membrana tympani, both of which presented very nearly the same appearance, being more vascular, and less transparent than natural; not paper-looking, but flesh-coloured, and the handle of the malleus was very projecting. Each membrane was unusually small.

REMARKS. The duration of the pain in the left ear of this patient previous to the discharge deserves comment; for if his statement is to be credited, the earache lasted a whole week before the discharge made its appearance. This is an unusual circumstance in what is called external otitis, the discharge in this affection usually appearing on the second or third day of the pain; and a longer continuance of this last symptom is supposed to indicate the origin of the discharge in the tympanum, from which it has escaped through an ulceration in the membrane. That this did not happen in the present instance is, I think, proved by two circumstances. First, the pain continued for some time after the discharge had made its appearance, and the patient did not experience that sudden relief which results from the bursting of an abscess in the tympanum into the meatus. Secondly, had the matter made its way out through an ulcerated opening in the membrane, some evidence of this would have been detected on examination, which was not the case. If this reasoning be correct, then, Itard's opinion on the source of a discharge from the ear as determined by the duration of the premonitory earache, must be received with some limitation. In all probability, the inflammatory attack of the left ear of this patient affected simultaneously the tympanum, its membranes, and the meatus; or, primarily, the tympanum, and secondarily and sympathetically, the meatus.

CASE VI. Occasional Fetid Purulent Discharge from both Ears from childhood, with loss of the Membrana Tympani in each, the Ossicula remaining; Mucous Membrane of the Nares and Fauces livid and dry; Eustachian Tubes impervious; Treatment by Tonics generally, and Astringents locally; Cessation of Discharge in the Right Ear, and diminution of it in the Left; Hearing much improved. Janet Burns, aged 18, came under my care Nov. 4th, 1841. She was rather chlorotic looking, and the catamenia were scanty though regular. A small quantity of foetid discharge flowed from the meatus of each ear; both these passages were narrow, and besmeared with pus. The membrana tympanorum were wanting, but the ossicula remained. The voice was nasal, the nostrils were stuffed, and she was unable to breathe through them with the mouth closed. The throat, she said, always felt dry, and it looked of a livid red colour; the tonsils were very small, and quite within the pillars of the fauces. She was unable to force air through the Eustachian tubes. The cavity of the left tympanum was covered with fungoid granulations. The hearing distance of the right ear was four inches; that of the left, eight. She had had occasional discharge from a young child, and formerly was subject to earache. When she had a cold she heard worse, but did not confess to suffer from tinnitus. The compound iron pill was ordered three times a day, and the acetate of lead lotion (a drachm to a pint) was directed to be warmed and syringed into the ears night and morning.

Nov. 18th. The hearing distance of the right and left ears was three inches. This increase of deafness had come on in the last three days. The throat was drier, but she had no catarrh. The medicine was continued.

Nov. 29th. She was as before. It was clear, both from the confession of the patient and her friend, and from the appearance of the ears themselves, that syringing had been inefficiently performed. The treatment was continued.

Dec. 2nd. The hearing distance of the right ear was three inches; that of the left, seven. As the syringing made her feel sick and unwell the whole day afterwards, she

only did it at night. Both meatus were still besmeared with foetid matter.

Jan. 3rd, 1842. The hearing distance of the right ear was nine inches; that of the left, eight. There was very little discharge in either ear, though the left tympanic cavity was still covered with the granulations before described. The throat was healthier looking, and the patient felt better. (Day fine.) The medicines were continued.

Jan. 17th. The hearing distance had decreased; that of the right ear was five inches; that of the left, six. I blew into each ear the oxide of zinc powder, mixed with an equal quantity of acetate of lead. The pills were ordered to be continued, but the syringing omitted.

Jan. 24th. The hearing distance was as in the last note. The discharge from the right ear had ceased, and there was very little in the left. The zinc and lead powder were applied to the latter.

Jan. 31st. The right ear continued free from discharge, but the left remained as before; nevertheless the hearing distance had considerably increased, being in the right ear eighteen inches, in the left twenty-four.

March 14th. The hearing distance had not diminished since the last date; indeed, it had increased in the left ear to twenty-eight inches. From want of my speculum, and the dulness of the day, it could not be ascertained whether any discharge still remained.

This patient was again seen on the 2nd of April; and the hearing in each ear had not diminished, though no note has been made as to the presence or absence of discharge in the left ear.

CASE VII. *Strumous Otorrhœa of five years' duration, affecting both Ears, and attended with Deafness and Tinnitus, but without pain; both Membrane Tympanorum destroyed; Loss of all the Ossicula in the Left Ear, and all but the Stapes in the Right; a Fungus in the left Tympanic Cavity; Mucous Membrane of the Fauces unhealthy; Enlarged Tonsils; Treatment entirely local by the Nitrate of Silver, and the Oxide of Zinc; Hearing of both Ears greatly improved.* John Tranch, aged 16, strumous looking, came under my care, Feb. 24th, 1840, for deafness and tinnitus affecting both ears, from which there flowed a foetid seropurulent discharge. He first perceived a discharge from the left ear, five years ago; and two years after that, he discovered "a lump in the ear"; he was not aware of the existence of disease or deafness in the right ear, with which he assured me he heard well, and he had never suffered any pain in either. Both meatus were wide, and the membrana tympani was absent in each; a very foetid discharge occupied the bottom of each tympanic cavity, which evinced very little sensibility to the probe, and in the left the remains of a fungus or polypus were seen. The hearing distance of the right ear was three inches and a half; that of the left, on contact. He had been under the care of Curtis and Sir Astley Cooper; and for the last twelve months under Mr. Travers, one of the house surgeons of St. Bartholomew's Hospital, who removed the fungus. He was ordered to apply twice daily a lead lotion in the proportion of a drachm to a pint.

March 2nd. The hearing distance was as before; the discharge was somewhat less. There was a slight difference in the size of the two pupils of this patient's eyes, the right being more dilated than the other, though he had never remarked any difference in their vision.

March 8th. The hearing distance of the right ear was five inches; that of the left, on contact. There was a good deal of foetid discharge in both ears, but less, he said, than formerly. Occasionally he had a crack in his ears when blowing his nose, attended with a temporary increase of hearing. His throat was affected with chronic inflammation; and small prominent papillæ were scattered abundantly over the soft palate, the tonsils were somewhat enlarged, and the voice was hoarse and thick. The dilatation of the right pupil still continued, and was most apparent when he rotated the eye outwards.

March 30th. The hearing distance of the right ear had increased to ten inches and a half; the left still could only

hear a watch on contact. In other respects, he remained as before. The treatment was continued.

April 6th. The right ear was free from discharge, and the hearing distance had increased to fifteen inches, and that of the left to one inch.

April 13th. He had had a bad cold for the last week, consequently his hearing was not so good. The discharge had reappeared in the right ear, and he had tinnitus.

April 20th. The hearing distance of the right ear was nine inches; that of the left, one inch and a half.

May 18th. The hearing distance of the right ear was thirteen inches; that of the left, on contact. He had very little discharge from either ear, and the growth of the fungus was repressed; the remains of it were touched with the potassa fusa, which produced a good deal of pain, referred principally to the throat and down the neck, with lachrymation, till the ear was syringed with warm water.

June 29th. He was very deaf the latter part of last week; but, on blowing the nose two days ago, he heard a loud crack in the right ear, and recovered his hearing. A good deal of black material, like wax, came away from the ear this morning, on syringing. The fungus in the left ear was touched with the nitrate of silver.

July 13th. The hearing distance of the right ear was fourteen inches; that of the left as before. The right ear remained free from discharge. The lining membrane of the tympanum was of a silvery white colour; and, from the malleus being unaltered (?), an appearance resembling the membrana tympani was produced; but this was negatived by probing. The fungus in the left tympanum was diminished in size, and the discharge had much lessened. He was altogether much better.

July 20th. The hearing distance of the right ear was twenty inches.

July 24th. The hearing distance of the right ear was fourteen, that of the left two inches. The excrescence in the right ear had not returned, but a small quantity of discharge was seen at the bottom of the cavity. The left ear continued to improve in appearance. He could now force air through the Eustachian tube of this side, which whistled on rushing out of the tympanum. It should have been mentioned, that the nitrate of silver had been applied to the fungus at each of his visits, as well as to his throat.

Aug. 10th. He had had a cold the last fortnight, and now he had a "trembling noise" in the right ear, the hearing distance of which was only seven inches. There was a small excrescence visible about two-thirds down the meatus, which was removed with slight hæmorrhage.

Sept. 7th. He was still improving. The hearing distance of the right ear was sixteen inches; of the left, four inches.

Oct. 5th. There was no material alteration. The hearing distance was not quite so good.

Nov. 16th. The hearing distance of the right ear was ten inches; of the left, only on contact. The latter ear still discharged, although it was touched nearly every week with the nitrate of silver. The right continued perfectly dry. He said he had a cold. The nitrate of silver was applied to the granular surface of the left tympanum, and the oxide of zinc powder then blown in.

Nov. 30th. There had been less discharge from the left ear since the application of the oxide of zinc: it was re-applied this morning, the part having been previously touched with the nitrate of silver; and the following lotion, previously warmed, was directed to be injected into the ear every night.

R. Zinci sulphatis,
Zinci oxidi, aa 3 ss.
Aquæ ʒxvj. M.

Fiat lotio.

Dec. 14th. The hearing distance of the right ear was five inches; of the left, three. The latter ear was much better, and almost free from discharge, which was less purulent, and more wax-like. A slight discharge had reappeared in the right ear, with some tinnitus.

Feb. 8th, 1841. The discharge from both ears had increased; in other respects, he continued as before. The oxide of zinc powder was applied to each ear.

Feb. 22nd. The hearing distance of the right ear was twelve inches; that of the left, six. The discharge from both ears still continued. The oxide of zinc was again applied.

May 24th. The hearing distance of the right ear was sixteen inches; of the left, seven. It was the stapes that was seen in the right ear, and not the malleus: all the small bones of the left ear were gone. A drop of pus covered the root of the fungus in the left, and the walls of the right were besmeared with a fetid brownish secretion. A small fungus also occupied this cavity, which was removed, and the nitrate of silver applied afterwards.

June 12th. The patient continued to improve from the date of the last note; and the hearing distance was now two feet with the right ear, five inches with the left.

July 26th. The hearing distance with the right ear was two feet; with the left, ten inches. There was no discharge from the right ear, and none in sufficient quantity to flow from the left; but the fungus at the bottom was slightly besmeared with it. Air now passed freely through the left Eustachian tube, and without pain as heretofore: the right had always been patent.

Jan. 17th, 1842. This patient, who had discontinued his attendance, called upon me again to-day; the discharge having returned in the right ear, and never having entirely ceased in the left, the fungus of which had slightly increased. He informed me that he had been in the country for some time, and acknowledged having neglected his ears during this period. The hearing distance of the left ear has again gone back to one inch; but that of the right continued good, viz., two feet ten inches.

REMARKS. The two cases just related show the amount of improvement that may be effected in the function of an organ whose structure has been seriously injured by long-continued disease; the hearing distance in Burns having increased from four inches in the right ear and eight in the left, to eighteen in the right and twenty-eight in the left; while in Tranch the hearing distance with the right ear, which, when he first came under treatment, was only three and a half inches, increased to two feet ten inches; and that of the left, which could barely hear the ticking of the watch on contact with the auricle, acquired a hearing distance of ten inches. This improvement suggests the question, What other lesions were present in these cases besides those which apparently conducted most to the imperfection of hearing? It is clear that the deafness did not result entirely from those organic changes of structure which were most patent to the eye, and which would appear sufficient of themselves to account for the symptoms; but from certain other morbid conditions of the organ, which must have been present in both of these cases, and the removal of which, we have seen, was attended by the best results. I imagine the answer is to be found in the condition of the mucous membrane lining the nares and fauces, and extending up the Eustachian tubes to the tympanum. If this be so, we are at once furnished with a very ready mode of forming a prognosis previous to undertaking the treatment of a case; for, if this unhealthy condition of the mucous membrane exist in conjunction with the lesions already spoken of, the restoration of the former to a more healthy state will be attended with an improvement to the hearing; while similar lesions, unaccompanied by a morbid state of the lining membrane of the fauces, are not, according to my experience, susceptible of improvement, unless by mechanical means. Hence, perhaps, the clue to the enigma, why, in certain cases, the stoppage of a discharge from the ear is attended with an increase of hearing; while in others no such improvement is thereby effected.

There are many facts of interest in connexion with Tranch's case that it may be worth while to notice. In the first place, it affords evidence (supposing, of course, that the patient's statement is to be relied on) that inflammation terminating in complete destruction of both

tympanic membranes may take place without pain. Secondly, it shows that improvement of hearing on blowing the nose is not confined to cases of catarrh of the middle ear, but that it extends to those in which there is otorrhœa and an open tympanic cavity. The improvement in the latter class of cases is probably to be explained by the passage of the air through the Eustachian tubes removing some of the discharge, which mechanically obstructs the transmission of the sonorous impulses to the labyrinth. This explanation would appear probable, from the familiar fact of temporary deafness being occasioned by a drop of water lodging on the membrana tympani, as in bathing; and the same phenomenon I have frequently observed in syringing out the ears. Sometimes this operation is attended with improvement in the hearing power, and at others with diminution. The result in the first instance arises from the removal of the discharge which mechanically impeded the hearing; while, in the second case, a greater quantity of water was probably left in the ear than there was previously of discharge.

The following is a summary of the symptoms and the inferences which may be deduced from this and similar cases:—

Objective Symptoms.

1. Aspect strumous; voice hoarse.
2. Tonsils enlarged; mucous membrane of the fauces and palate unhealthy.
3. Purulent discharge from both ears.
4. Fungus in the left ear, and at times in the right.
5. Total destruction of both tympanic membranes.
6. Loss of all the ossicula in the left ear.
7. Loss of all but the stapes in the right.

Subjective Symptoms.

1. Deafness and tinnitus in both ears, most in the left.
2. No pain at any time.
3. Very little sensibility of the tympanic walls.

Deductions.

1. Destructive inflammation leading to a complete loss of the membrana tympani, and nearly all the ossicula, may take place in strumous subjects, without earache.
2. In the present case, the commencement of the disease dated five years back; but it may exist for a longer period without producing so much destruction: and the converse of this is likewise true.
3. The hearing was best in the ear in which no fungus existed, and in which the stapes was present; and it is probable that both the presence of the one and the absence of the other concurred in determining the difference in the hearing power of the two ears.
4. The presence of a fungus is always attended with discharge: its existence in the present case and in all others not only rendered the discharge more obstinate, but impossible to be stopped till the fungus was removed.
5. The presence of a fungus in otorrhœa increases the deafness attendant on that disease; so that otorrhœa with fungus is attended with a greater amount of deafness than otorrhœa without fungus.
6. The improvement in hearing in this case coincided with the opening of the Eustachian tubes; but this improvement may have been caused less by a restoration of the function of these tubes than by the altered condition of the mucous membrane of which their patency was the index.
7. The greatest amount of hearing in the case just related was in May, June, July, and September, and probably in August, had not a catarrh interfered; the least in December, February, March, and probably January, had a note been taken that month; clearly showing the influence of temperature over this class of diseases, and confirming the view before taken of the important part played by the mucous membrane in the production of deafness.
8. This and other cases prove that suppurative inflammation, attended with destruction of the membrana tympani, and loss of some or all the ossicula, may produce a

less amount of deafness than a morbid state of the mucous lining of the tympanum, without loss of any of the component structures of the organ.

[To be continued.]

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ON THE ORIGIN AND TREATMENT OF CHRONIC DISEASES OF THE SKIN.

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NO. IV.

ORDER II. SCALY DISEASES (SQUAMÆ).

SQUAMOUS diseases consist of the conversion of some portion of the epidermis, under a process of inflammation of the dermis, into opaque and thickened laminae. And although the inflammatory action may be either very severe, as in the case of psoriasis inveterata, or so slight as only to be known by its results, as in the fainter forms of pityriasis, still, in all cases the disease is, from first to last, characterised by scales, which differ essentially from the crusts or scabs succeeding confluent vesicles, pustules, blisters, or ulcers. The anatomical peculiarity of this order of diseases does not necessarily constitute it a specific group. Both the origin and treatment of the squamous affections may involve, in common with other chronic affections, considerations of general interest concerning the health and constitution of the patient. The scale itself is a marked distinction; it is unique; but the patient may require depletion or alteratives, tonics or mercury, as the origin of the disease may be plethora, atony, dyspepsia, or syphilis. Yet there is a general distinction between the scaly and other forms of cutaneous disease. They more frequently occur without even the slightest apparent derangement of the general health; they are more frequently hereditary; if left to themselves more disposed to degenerate from bad to worse, than any other order of eruption; they rarely or never recover if left to take their course; and yet, although they have been pronounced incurable by more than one high authority, they are really, for the most part, more tractable than any other kind of eruption. They are, however, certainly very slow both in their advance and in their recession under treatment; and the prospect of recovery will more frequently depend upon the perseverance and faith of the patient than on the skill of the surgeon: so easy and simple is the treatment.

Willan divided scaly diseases into four genera, which he called *lepra*, *psoriasis*, *pityriasis*, and *ichthyosis*. The three former of these are but varieties of the same disease. In *lepra*, the patches have always nearly a circular form; in *psoriasis*, the forms presented are various; and in *pityriasis* the scales are small and delicate; so that the distinctions between these diseases are really frivolous and unnecessary, the more especially as none of them indicate, *per se*, any peculiar or special constitutional lesion. I shall therefore speak of *lepra*, *psoriasis*, and *pityriasis* as *the scaly disease*.

Diagnosis of scaly affections. It is only necessary first to distinguish between the thin, micaceous, and often white and shining scale which is perpetually peeling off, and which is characteristic of this disease, and those flattened scabs or crusts, which result from the drying up of confluent vesicles, etc., and which are of a dark mahogany or straw colour, irregular in form and less regularly detached. In the scaly disease, a handful of scales may be taken from the bed of the patient in the morning after he rises, if the disease is severe and extensive. This does not happen in any other disease.

Prognosis. The scaly disease is eminently curable, but seldom cured. The progress towards recovery is slow, and the remedy (for there is but one) is in bad repute, and every old woman the patient meets with, of either sex, professional and lay, assures the patient that leprosy is an incurable disease, and that if it is cured something worse will

happen, and that it is hereditary and therefore cannot be cured; and as all this is as easily remembered and as easily repeated as it is false and foolish, the patient gets as much plague from without as from within, and often resolves at length that the plague of the skin is more tolerable than the plague of gratuitous advisers. Certainly, if the health is good, which is generally the case, there is fault somewhere, if a patient, afflicted with the scaly disease, however severely, or for whatever length of time, does not recover. No disease is more manageable or more safely curable. Where the patient has been healthy and tractable, I have never found any insurmountable difficulty with the disease. Since I first published my views of the treatment of this disease, no less than four medical men (three of them entire strangers to me) have published cases in the periodicals for the express purpose of corroborating the truth of my representations. And yet I am acquainted with four medical men, who are themselves martyrs to the disease just because they think it cannot be cured.

TREATMENT. The disease may be somewhat relieved by local treatment. Warm baths, not too hot, yield great comfort. The glycerine lotion is also useful when the skin is harsh, dry, or fissured. Where there is much inflammation, leeches are necessary and very useful; and when general depletion is combined with local, the patient may even appear to be getting well. But the scaly disease will not yield to such treatment beyond a certain point. Nor have I ever seen it recover under the use of tar, cantharides, iodine, sarsaparilla, or any other remedy except arsenic in the idiopathic cases, and mercury in the syphilitic, of which last I do not here propose to speak. Nor is it necessary, after what has been written in a former paper, to repeat the directions concerning the administration of arsenic. I shall merely illustrate the practice from cases selected from my dispensary case book as exemplifying the leading varieties of the disease.

CASE I. *Lepra Vulgaris* in a child. D. N., aged 7, a sickly-looking girl subject to head-aches, had been covered over the arms, legs, and abdomen, for four or five months, with circular and oval patches of whitish scales surrounded by an elevated and inflamed margin, and itching much. The scales were thick and plentifully shed. Her mother suffered from the same disease. A small dose of arsenic was prescribed for the child, to be taken three times a day, which did not appear to agree with her, for her tongue became coated, and she complained of thirst and sickness; upon which a dose of calomel and jalap was prescribed, and the arsenic continued. She soon recovered her health; in three weeks the disease was nearly well; and in eight weeks she was discharged cured, and in better health than formerly. The arsenic had clearly nothing to do with the derangement of the stomach; and here is the practical point. *Arsenic is too often made responsible for every deviation from health which occurs under its use.*

CASE II. *Lepra Vulgaris* in a young man. H. S., aged 30, applied at the dispensary, January 25th, 1853, his limbs and the trunk of the body nearly covered with the large confluent patches of *lepra vulgaris*, accompanied with inflammation and fissures, and their usual torments. His health was very good, and the disease was not hereditary nor syphilitic. The eruption had existed eighteen years, and he had been variously treated without any marked advantage. I ordered him a low diet, leeches to the most inflamed portions of skin, a dose of cathartic pills every other night, and ten minims of the liquor arsenici chloridi three times a day. In this he persisted for eleven months, when not a vestige of the disease remained so large as a split pea. Twice in the course of this treatment, symptoms of ardor urinæ and a purulent discharge from the urethra occurred, which immediately got well on intermitting the arsenic and taking diuretics. As he was a remarkably steady man, and married, I feel disposed to attribute the gonorrhœa to the arsenic. I have seen one other case of a similar kind.

CASE III. *Lepra Vulgaris* in an old woman. A widow, aged 62, had had *lepra* for forty-eight years. Her back and limbs were nearly covered with scales, and the loins