letter without an object. (I may here say that I differ *in toto* from him as to the cause of the curvature of the cord, but shall not discuss the matter at the present time.)

Next, with regard to the hoarseness. Here, again, he allows me no opinion upon the subject, contradicts me, and remarks that the voice is hoarse because there is always an interval between the cords. Now, either he has expressed himself very badly, or he will be surprised to hear that there is always an interval between the cords when any sound is being emitted, whether hoarse or clear. Such reasoning leads to the conclusion that everyone who can speak is hoarse. On the other hand, no more common cause of hoarseness exists than catarrh of the larynx, in nearly all of which cases the cords come together without any interval, whenever the individual desires to approximate them.

Lastly, Mr. Browne loses himself in the aid we shall have to diagnosis when we shall be able to distinguish complete bilateral paralysis of abduction due to involvement of both recurrent laryngeal nerves, from the same condition due to involvement of the pneumogastric and recurrent laryngeal nerves of one side only. His readers would have been much interested, I have no doubt, if he had extended this part of the subject, and had shown how the difference could be detected, and what would be the gains derived.

AN IMPROVED SPECULUM FOR APPLYING REMEDIES TO THE EXTERNAL AUDITORY MEATUS.

By F. M. PIERCE, M.D., L.R.C.P.Lond.,
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SOON after commencing the practical study of aural diseases, I was struck with the difficulty of accurately applying remedies to the membrana tympani and walls of the external meatus. With hitherto existing means, only a rough uncertain manipulation is carried out. I am not acquainted with any instrument in use by aural surgeons, at home or abroad, like that I am about to describe.

The speculum which I have designed is simple, and can be adjusted to and kept with an ordinary Brunton's speculum. It is somewhat conical in shape, and measures, from the apex *a* (Fig. 1) to the base *b*, 1.7 inches in length. The base from *c* to *d* (Fig. 1) is 1.4 inches long. It fits into the body of a Brunton's speculum by means of the projecting rim *b*, and which is, of course, of the same size as that on the three specula usually supplied with Brunton's auriscope.

The aperture *a* (Figs. 1 and 2) is oval, and measures three-tenths of an inch in its long diameter. On the projecting rim *c* and *d* (Figs. 1

Fig. 1.

Fig. 2.

Fig. 3. Fig. 4. Fig. 5.

and 2), which measures from the projecting tube *b* three-tenths of an inch, there is an opening, *e* (Fig. 2), through which a fine probe or other instrument charged with caustics and bent to the curve of the

speculum, may be introduced, and applied to any part of the membrana tympani, a polypus, or other spot requiring topical application.

The aperture *a* can be made of any size. I find six-tenths of an inch in length sufficient to allow a free movement of the instrument to use. In the first speculum made for me, there was a small cover fixed by a screw hinge, to slide over the aperture when not used. This was found unnecessary, and has been omitted in the specula recently made. The entire speculum is electro-plated, and costs about eight shillings. Owing to the injury done to the inner surface of the tube, especially at the narrow end, by the various caustics employed, I have found it desirable to substitute gold for silver plating, and intend having a speculum constructed with the apex-half of the cone formed of platinum.

For applying caustics through this speculum, I use platinum-wire probes, mounted in ivory handles, like ophthalmic instruments.

Fig. 3 is the ordinary shaped probe with bulbous extremity.

Fig. 4 has a double enlargement, and is useful for conveying a single drop of any solution to the part selected.

Fig. 5 represents the platinum-wire probe, the extremity being cut with a thread like a screw, for holding a layer of wool soaked in the material to be used.

By means of this speculum, I have been able to apply remedies to the remains of polypi after extraction, without touching the walls of the meatus, or any part other than that intended.

With a curved knife, such as is generally used for the purpose, the membrana tympani can be punctured through this speculum with great precision. Messrs. J. and J. Wood, Manchester, are the makers of this speculum.

ABSTRACT OF LECTURES ON THE SURGICAL TREATMENT OF ANEURISM.

Delivered at the Royal College of Surgeons of England.

By T. HOLMES, F.R.C.S., Professor of Pathology and Surgery.

LECTURE III.

IN this lecture, the subject of inguinal and femoral aneurism was resumed. The lecturer first remarked on the marked contrast between the great success which had attended the "rapid" method of pressure as applied to the aorta or common iliac artery for the cure of iliac or femoral aneurism in the cases recorded in the hospital table already referred to, and the great amount of failure which had prevailed among the cases treated on the ordinary method of pressure without anaesthetics. He then spoke of the treatment by rapid pressure: its rise in the celebrated case of aortic aneurism treated by Dr. W. Murray, and the experience of surgeons since that time. This experience was collected in a table showing all the cases known to the lecturer of aneurisms below the diaphragm treated by "rapid pressure", *i.e.*, by an attempt, whether single or repeated, to cure the aneurism in a single sitting by pressure applied under chloroform. These cases were twenty-three, and they were all from English and American sources, a fact which made the lecturer surmise that he might have missed some in continental practice: six of these were (or were supposed to be) aortic aneurisms. The operation was successful in three, fatal in two, and mitigatory in one case. Ten were iliac or ilio-femoral; of these, seven were cured; in the other three, the attempt failed; and in all, ligature was fatal. Five were femoral; two were certainly cured; one was also cured, whether by this or by the previous treatment was doubtful; in one the operation was fatal; and the fifth died after ligature. The list was completed by two cases of popliteal or femoro-popliteal aneurism; both cured. This list of cases was used to show that the rapid method of pressure has been proved indisputably superior to the Hunterian ligature in the case of those arteries (*viz.*, the aorta and common iliac) where the operation is very fatal, but that there is at present no proof of its superiority to the ligature of the external iliac, and still less to that of the femoral. The fact also that the artery has never been successfully tied after the attempt at cure by rapid pressure is worth notice, though the cases as yet are few.

After a few words about the less usual methods of treatment of femoral aneurism—as manipulation, galvano-puncture, direct pressure, and distal pressure—all of which have been occasionally successful, the lecturer turned to the treatment of arterio-venous aneurism in the thigh. Thirteen cases were referred to, one of which (Beaumont's) has furnished a preparation to the College Museum. The preparation from another (Mr. Oliver Pemberton's), recorded in the forty-fourth volume of the