mower at work, the point of the scythe penetrating the left side of the abdomen, about three inches below, and the same distance from the umbilicus. I saw her about three hours after the accident occurred, when there was a heap of protruded knuckles of intestine about the size of a large fist. There was severe retching and a feeble pulse.

Having relaxed the lower limbs and raised the pelvis, I endeavoured, with both hands, to enclose and compress the heap of intestine, but could not reduce an inch of it, and during the attempt I could perceive fresh portions of the bowel protrude every time she retched.

I then tried to find the wound, which was so completely hid by the overspreading of the heap of intestine, that I could not see any portion of it. I next took hold of a portion of the bowel between the forefinger and thumb of both hands alternately until I traced it (whether its upper or lower part I cannot tell) to the wound; then, with the point of each forefinger alternately, I was enabled to return portion after portion, and in about half an hour succeeded, without enlarging the wound, in reducing the whole mass.

The wound, which was about three-fourths of an inch in length, was united by two sutures (which were passed through the cutis only), a strip of adhesive plaster, a compress of lint, and a bandage round the body.

A dose of castor oil was given, which operated well in the night. The next morning there was considerable tenderness diffused over the abdomen. She was bled to sixteen ounces. In the evening of the same day, the tenderness continuing, she was again bled to the same amount.

After this the case went on well. The ligatures were stripped and removed about the tenth day. A strip of adhesive plaster, a slight compress of lint, and the circular bandage, were continued about ten days longer, when the wound was completely cicatrised.

REMARKS.

I do not think that, without enlarging of the wound, I could have succeeded in returning the intestine within the abdomen by any other method than that which I adopted. Every attempt to compress the mass seemed to excite the retching, and further protrusion, as stated above, could be distinctly perceived at each effort to vomit.

The retching recurred repeatedly during the reduction with the points of the forefingers, but the protrusion could be effectually prevented by the points of the fingers in the wound.

REMARKS

ON

ABNORMAL SOUNDS IN THE EAR.

By G. KRAMER, M.D., Berlin.

The occurrence of accidental or abnormal sounds or noises in the ear has been accounted for in three ways. 1, It is said that the sound is caused in the interior of the the organ of hearing; 2, That it arises from condensation of air in the cavity of the tympanum; and 3, It depends on tension of the membrana tympani.

num; and 3, It depends on tension of the membrana tympani.

Although experience has never demonstrated the existence of aneurismal dilatation of the small vessels of the internal ear, and although the small calibre of the vessels must render such an accident very improbable, yet Itard seems disposed to admit it in certain cases giving rise to the development of certain sounds in the interior of the ear. This, however, is a mere hypothesis. The pulsations of which some plethoric individuals complain, have likewise been explained by distention of the arteries of the ear; but it is much more probable that sounds of this kind are produced in the sinuous canals through which the blood-vessels pass to the brain, and that they are rather felt in the head than heard in the ear. The same remark is applicable to the sounds which attend aneurism of the primary carotid and arch of the aorta, or hypertrophy of the heart.

As to condensation of air in the cavity of the tympanum, it is impossible to conceive how such an effect could be produced. Previous obliteration of the Eustachian tube must coincide with such an accident; but then the retained air would be dilated by the natural heat of the body, instead of being condensed. Now, dilatation of the air in the cavity of the tympanum is not a cause of "singing" in the ear, for this symptom is as often absent as present in cases of obliteration of the Eustachian tube.

The third alleged cause is likewise inadmissible. The membrana tympani is always in a state of tension, in healthy persons free from the noises alluded to; it is of a shining hue, and very convex outwards; I have never seen this membrane more tense than it should be in several hundreds of patients whom I have examined with the greatest care, and I am unacquainted with any symptom indicative of this pretended excess of tension. The only alterations which it presents are changes of texture; we find the membrana tympani thickened, inflamed, destroyed in part or in whole, opaque, rough, covered with vegetations, &c., without being able to trace any connection between these organic lesions and the production of abnormal sounds in the ear.

It has been affirmed that all obscurity in the diagnosis of increased excitability of the auditory nerve, as a cause of abnormal sound, ceases as soon as the symptom becomes connected with deafness. By deafness we are here to understand diminution and not a complete loss of the power of hearing; for mention is made of deafness which has suddenly ceased on the disappearance of the sounds, while the sudden disappearance of true deafness is a thing absolutely impossible. But deafness (or rather hardness of hearing), accompanied by irregular noises in the ear, is not dependent on some affection of the auditory nerve alone. It is accompanied by various diseases of the auditory apparatus, and this so often, that we cannot admit from the coexistence of deafness with abnormal sounds that the latter depend on increased sensibility of the auditory nerve.

To prove this assertion I have taken from my notebook one thousand cases of diseases of the ear, and I have classed them in two series, according as they were or were not accompanied by accidental sounds; the species of disease was noted in each case after

careful examination. The following are the results obtained:—

	With sounds.	Without sounds.
Erysipelatous inflammation of the meatus and obstruction by cerumen	72	22
Inflammation of the glandular apparatus of meatus	11	10
Inflammation of its cellular tissue	8	0
Inflammation of its periosteum	1	3
Acute inflammation of membrana tympani	3	1
Chronic inflammation of membrana tympani	95	81
Congestion of Eustachian tube	40	44
Contraction of Eustachian tube	11	8
Obliteration of Eustachian tube	2	0
Inflammation of cellular tissue of cavity of tympanum	2	1
	245	170
Increased sensibility of auditory nerve	462	123
	707	293

1000

In all these cases the power of hearing was more or less diminished. In 707 of them the deafness was accompanied by abnormal sounds; and we should, therefore (if the doctrine alluded to be true), admit increased excitability of the auditory nerve; but this was absent in 245 of the 707 cases. The coexistence of deafness and "singing" in the ears is not, therefore, a certain sign of exalted excitability of the acoustic nerve, since it does not occur in 245 out of 707 cases; while of 585 cases, in which this increased excitability did exist, 123 were unattended with any trace of abnormal sounds in the ear. The mistake of writers on this subject depends on their explanation of abnormal sounds considered as a symptom of disease.

From the numerous observations which I have made, it appears to me that the duration and interruption of these sounds, their intensity, weakness, and infinite degrees of diversity are in no way connected with any particular affection of the auditory apparatus. The same individual may labor under the same form of disease in both ears, yet he shall hear the sounds on one side and be free from them on the other. Hence we must conclude that the cause of these sounds remains enveloped in the greatest obscurity, and that we cannot attach to them the slightest importance in the diagnosis of the diseases of the ear. Some writers tell us that when the affection is confined to a single ear it announces some lesion of the peripheral extremity of the nerve; but that when both ears are attacked, and especially if some trouble of vision coexist, we may conclude that the central extremity of the nerve is implicated.

I can affirm that the occurrence of accidental sounds in the ear on one side as well as on both is observed in various diseases of the auditory apparatus, without any sign that the auditory nerve has suffered, either in its peripheral or central part. On the other hand, increased excitability of the auditory nerve almost

always attacks both sides at the same time (or at least very nearly so), and gives rise to a remarkable change in the moral faculties, to depression of spirits, nervous headache, disinclination to study, and disturbance of the sleep, without any proof that the central part of the auditory nerve is affected. That such is the case is proved by the immediate benefit obtained in this form of disease by use of gentle excitants, directed, in the form of vapor, towards the peripheral extremity of the nerve, through the Eustachian tube, the cavity of the tympanum, and the fenestra ovalis.

As to coincidence of this state with disordered vision, I am convinced that the latter depends on some change near the origin or trajet of the optic nerves, which has no connection with any analogous change in corresponding portions of the auditory nerve.

It has been said that deafness connected with accidental sounds in the ear presents the following peculiarity:—Compression of the carotid arteries dissipates the false sounds and the deafness with them. I have never seen any example of this kind, nor is the assertion supported by a single case. Itard, indeed, cites one case, but it is far from conclusive. On compressing the carotids he succeeded in almost entirely removing the abnormal sounds; but he does not tell us that the accompanying deafness was *almost entirely* removed with them.

In the treatment of this affection local and general blood-letting is commonly employed, from the idea that it is connected with congestion; but we cannot admit the propriety of this mode of treatment if we reflect on the variety of diseases with which the existence of abnormal sounds in the ear is connected. In cases of nervous deafness blood-letting would be certainly injurious; it would have a very doubtful effect on the sounds, and would inevitably increase the deafness.—*Ann. de la Chir. Française*, Jan. 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, FEBRUARY 11, 1843.

On Tuesday last Mr. French obtained leave from the House of Commons to introduce a bill for the better regulation of the medical charities in Ireland. We have some misgivings about the policy of any one, not connected with the Government, introducing any measure relative to Irish medical charities, so soon after what we must call the defeat of the Government on that question. Mr. French, however, represents the opinions of a large body of the profession in Ireland, and as Irish medical men may be allowed to know what is best suited to their own interests, we shall not venture to dissent from them.

That the medical charities of Ireland required to be placed under some efficient control was abundantly demonstrated by the statements of the hon. member. The number of establishments in Ireland dedicated at present to the gratuitous relief of the sick poor is 774. They consist of 9 hospitals in Dublin, supported by Parliamentary grants; 11 lunatic asylums, 41 in-