REVIEWS AND BIBLIOGRAPHICAL NOTICES.

- I. *Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations.* By WILLIAM R. WILDE, Fellow of the Royal College of Surgeons in Ireland; Surgeon to St. Mark's Hospital; Honorary Member of the Royal Medical Society of Stockholm, &c. &c. Pp. 506. London: John Churchill. 1853.

(Continued from page 100.)

HAVING, in the preceding number of this Journal, offered some general remarks upon the introductory part of Mr. Wilde's monograph on "Aural Surgery, and the Nature and Treatment of Diseases of the Ear," we now proceed to a more special consideration of some of the topics discussed in the remaining portion of the volume.

Firmly believing that the knowledge of a disease is, generally speaking, half its cure, we have also adverted to the extreme importance, as well as the acknowledged difficulty, of forming a correct diagnosis in aural diseases; without which, indeed, all treatment must be entirely empirical and unsatisfactory, alike to the patient and surgeon. We are, accordingly, much gratified to find, that those points have not only been recognized by the author, but that the diagnostic difficulties, to which we have referred, have also been fairly grappled with in the second chapter of the work, which embraces the "Means of Forming a Diagnosis, and Mode of Examination; with the Application of Remedies." Mr. Wilde has entered very fully into this fundamental part of the subject; and we have no hesitation in saying, that the principles which he lays down, both as to the diagnosis and treatment of ear affections, are such as to approve themselves to every intelligent surgeon; being evidently founded upon the laws of pathology and rational therapeutics. The first step obviously in the process of forming an accurate diagnosis, after having obtained from the patient a history of the subjective symptoms of his case, is to ascertain what are the existing physical signs that present themselves to the eye of the observer, so far as this can be effected, by a careful and minute examination of the organ of hearing itself, together with its accessory parts. For want of such a preliminary examination of the ear, cases of deafness, arising simply from ceruminous accumulation, are, in some instances, very unscientifically treated by counter-irritation, tonics, &c., instead of syringing the meatus with tepid water; whilst, on the other hand, cases not unfrequently occur, in which the ears have been most assiduously syringed, when there was no obstruction to be removed, nor any object to be

gained by the operation. With the view of preventing the occurrence of such blunders, the author has given very full directions as to the proper method of conducting the examination of the accessible portions of the organ of hearing, and the parts connected with it; viz., the external meatus, membrana tympani, Eustachian tubes, mastoid region, throat, &c. Unfortunately, however, for the aurist, a most important part of the auditory structure is placed beyond the field of observation, and must, we fear, ever remain a *terra incognita*, inaccessible to the eye, at least during the life of the patient, unless, perhaps, the mesmerists should kindly lend their aid in the investigation. We consider the internal ear an admirable field for the clairvoyant to exercise his boasted powers upon; and if he is able, with lucid glance, to see through a stone wall, or into the thorax of a patient, he should find no difficulty in penetrating the petrous portion of the temporal bone. If, as alleged, it be true that the mesmerist, in the fifth degree of the process, becomes perfectly cognizant both of his own anatomy, and the internal economy of those with whom he is brought into magnetic contact—and what is still more remarkable, if he is able also to prescribe the most suitable remedies for any lesions he may discover in those hidden parts—we think it undeniable, that his services would be of great value in the treatment of aural diseases. Unhappily for science, however, the whole tribe of mesmerists, whether male or female, so far as our observation goes, appear to acquire, along with their so-called lucidity of vision, an inveterate habit of mystification, if not lying, which renders their revelations of no value. We fear, therefore, that for the present we must rest contented with the exploration of what is visible, by persons of *ordinary* faculties, and consign the *invisible* portions of the organ of hearing to the mesmerists and their satellites, who, we believe, notwithstanding all their pretensions, know about as much of the pathology and internal organization of their own bodies, or those of others, as (it has been wittily said) the rabbit, which brings forth a legion every month, may be supposed capable of comprehending the gestation of an elephant, which, according to Aristotle, goes with young for the space of two whole years, and produces only one at a time.

In the examination of the external meatus and membrana tympani, the author does not employ the speculum in common use, as he believes it quite in vain to attempt to dilate with it the cartilaginous, and still less the osseous portion of the auditory canal. All that can be effected is to *straighten* the meatus as much as possible; and for this purpose he gives the preference to tubular specula, formed on the principle of one invented by Dr. Newburg. This instrument is of a conical shape, and made of silver, an inch and a half long, five-eighths of an inch wide at the greater aperture, and varying from two to four

lines at the smaller extremity. In using this instrument, the patient must be seated opposite the window, in such a position that a full stream of light may fall directly upon the tympanal membrane; and when properly applied, Mr. Wilde informs us, the whole of the meatus, the drum, and even the position of the malleus, may be as distinctly seen as the external surface of the eye. However valuable the tubular speculum may be, we apprehend this statement must be received *cum grano salis*. We have not unfrequently met with persons, the external passages of whose ears were so much obstructed by a luxuriant growth of hairs (more especially in the case of old men), and at the same time so *winding*, that they would defy Mr. Wilde's conical specula to bring the membrana tympani within the range of vision, unless, from some peculiar twist in the optics of the observer, he were able to see round a corner. Whatever instrument is employed in examining the ears, the author very properly cautions the operator to be careful to keep *his own head* out of the light, the interference of which is a very frequent cause of failure with those who are inexperienced in aural examinations. Mr. Wilde does not approve of artificial light, or portable lamps and reflectors, however ingeniously constructed. He considers lamps particularly objectionable on account of the red glare they throw upon the parts under inspection; besides the impossibility of applying at the same time any direct remedy to the part affected, whilst the eye is fixed on the spot. That the solar rays must always be preferable to artificial light, from whatever source derived, is unquestionable; but in our northern latitude (we do not know how it may be in Dublin), the sun, during the winter months especially, so rarely shines, that the employment of artificial means for obtaining light becomes a necessity. Besides, it frequently happens that the ears require inspection after sunset; and in other instances, the patient may be confined to bed, and unable to approach the window. In such circumstances, and when the patient does not feel disposed to wait for sunshine or a brilliant day, Mr. Jordan's portable lamp, or Mr. Avery's reflector, may be used with great advantage. Whilst the membrane of the tympanum is within the range of the speculum, and fairly exposed to view, the patient should be desired to press the air strongly upwards along the Eustachian tubes, stopping the mouth and nose at the same time. On performing this somewhat inelegant manœuvre, if the tubes are free, an immediate expansion of the membranes takes place, and the patient experiences what the author very expressively calls a sort of *thug* in the middle ear, resembling the sound of a bladder suddenly inflated with air. In place of a forced expiration by blowing, Mr. Toynbee has suggested what we consider a more refined and elegant test for ascertaining the perviousness of the tubes. He desires the patient to attempt the act of deglutition, with the mouth and nose closed, and the same effect of expand-

ing the tympanal membrane is produced, provided the Eustachian tubes are open. When, however, the patient, after repeated trials of the above experiment, does not succeed in forcing the air into the middle ear, another expedient must be resorted to, which will be best described in the author's own words:—

"If the patient be unable to inflate the tympanum, and we have reason to suspect some obstruction of the Eustachian tube, or an accumulation of mucus, blood, pus, or other matter, in the middle ear, we may then, should the case require it, proceed to inject air, by the mechanical means of a pump, an elastic tube, and a catheter, into the cavity of the tympanum, while we carefully note the result by means of a stethoscope, or by the ear applied externally. It must, however, be particularly borne in mind, that if the patient is labouring at the time under acute inflammation of the drum or its membranes, or the lining of the Eustachian tube, the catheter is not only inapplicable, but highly injurious. I have latterly found it very seldom necessary to resort to this operation, as the cases in which it is applicable are of much greater rarity than is usually supposed, or than the works of aurists would lead us to believe."—(Pp. 65, 66.)

The author having described the method of introducing the catheter, and inflating the tympanum by means of the air-press, directs attention to the peculiar character of the sounds produced by the passage of the air into the middle ear:—

"In a healthy ear with a free tube, when a stream of air is passed into the tympanum after this fashion, it impinges upon the inner wall of the membrana tympani with a peculiar *thug*, followed by a continuous rustling sound, which is very remarkable, and once heard is not easily forgotten. This is the natural sound, and deviations from it caused by stricture, or obstruction of the Eustachian passage, by a diseased condition of the membrane lining the middle ear, or by collections of mucus, pus, or other fluids in that cavity, produce abnormal sounds of a squealing, rasping, or a gurgling character, which are of value in diagnosing aural affections. Laennec was well acquainted with the phenomena of these sounds, and anticipated that auscultation would become a useful adjunct in determining, not merely the condition of the Eustachian tube, but also the state of the tympanum."

The greatest caution is required in regulating the passage of the air into the middle ear, otherwise very unpleasant results may follow. Mr. Wilde goes on to say:—

"Before we apply the ear or the stethoscope to the patient's ear, we should partially turn the stopcock, so as to let a little air pass through, for frequently, especially if the patient is at all nervous, the first jet of air may cause him to start, and perhaps to derange the catheter. The operator should now apply the bell'd extremity of the stethoscope over the concha, by which means its bore is almost directly over the external meatus; and having applied his ear to the other end of it, he should turn the stopcock of the air-press with his own hand, and thereby regulate with greater precision the force and volume of the stream of compressed air which passes up."—(P. 71.)

"Were we to allow too great a stream to pass through the tube, the desired object would not be effected; the current of air, not able to find entrance through the Eustachian tube, would force back and disadjust the mouth of the catheter, with a loud gurgling noise, like that heard when gargling the throat, and cause considerable annoyance and even pain to the patient by its regurgitation. Therefore it is that the operator should with his own hand regulate the force of the current, while at the same time he listens to its effect upon the ear. This, then, is the operation about which we have heard so much, and from which death is said to have occurred in two instances in London some years ago.

Simple and easy of performance, however, as it now seems, I must suppose that it is occasionally performed with roughness and even violence. I remember, a few years ago, seeing a dragoon officer, who laboured under mucous accumulation of the ears, and as he was himself unable to force air into the tympanal cavity, it was deemed advisable to resort to the operation which has just been described. Accordingly, I desired an assistant to bring in the air-press, while I proceeded to arrange the other preliminaries, merely informing the patient that it was necessary to make an examination which would put him to a little inconvenience, but not cause any pain. He eyed the preparation with considerable anxiety, and at last exclaimed, 'Oh! I know now what you are going to do, and I am determined not to have that thing rammed up my nose again; for the last time it was done, I was put to such pain and bled so much that I fainted.'"—(Pp. 72, 73.)

Those who, like ourselves, are enabled to cast a retrospective glance of thirty years, or even a much shorter period of professional life, upon past events, must have been often struck with the predominant influence of fashion in the treatment of disease. Many illustrations of this might be given, did our limited space permit.

In connection with the inflation of air into the tympanum as a cure for deafness, we cannot avoid recurring for a moment to the period of its introduction, which may be considered quite an epoch in aural surgery. Being resident in Paris during the winter of 1831-32, when "tympanal inflation"* was the fashionable cure for deafness, and considered worthy of a special report by a learned academician, we had the privilege of being repeatedly present at the consultations of Dr. Deleau, and witnessing the operation performed by him. We still retain a very vivid impression of our first visit, and all the circumstances connected with the process of inflation. We were much struck with the dexterity of the operator in the introduction of the catheter into the Eustachian tube, as well as the nonchalance of the patients in submitting to the operation;† but, above all, the portentous size of the air condenser, which seemed capacious enough to inflate a moderate-sized balloon, exceedingly amazed us. On comparing the dimensions of the air machine with the minute cavity of the tympanum, we marvelled at so large an expenditure of air, as the tympanum could not possibly contain it. We felt somewhat in the same position as the rustics, who were lost in wonder how the head of the village schoolmaster could hold so much learning—

"And still they gazed, and still the wonder grew—

That one small head could carry all he knew."—*Goldsmith*.

We speedily discovered, however, that the air, after filling the tympanum, rushed out again, regurgitating between the parietes of the tube and the catheter, thereby *dilating* the passage, if contracted. We confess we were greatly relieved to find that the air so forcibly blown into the middle ear found a vent in this,

* Extrait d'un ouvrage inédit intitulé. 'Traitement des Malad. de l'Oreille Moyenne.'

† L'Ouïe et la parole rendues à Honoré Trézel.

or in some other way; for it is obvious, that when the catheter is firmly engaged in the tube, and the compressed air is allowed to rush in too strongly, an *explosion*, or some other dire accident, must inevitably follow, unless the patient happens to be provided with a safety-valve in the shape of a foramen in the membrana tympani. Mr. Wilde refers to two fatal cases (p. 46) that must have occurred from a want of caution in inflating; and we have no doubt that many such results would take place, were the compressed air to find its way into the middle ear in every instance in which the operation is attempted. We believe that, in some instances, the catheter does not enter the Eustachian tube at all; and, as a matter of course, the air, instead of rushing into the tympanum, finds its way into the œsophagus, and from thence into the stomach of the patient, where it can produce no worse symptom than temporary flatulence. The rationale of tympanal inflation is simple enough, and may be explained in a few words. Most persons have observed, either in themselves or in others, when labouring under cold in the head, that some degree of deafness is often experienced, arising either from tumefaction of the tubes, or mucous obstructions in them, preventing the free entrance of air into the tympanum. In such circumstances, it may also have been noticed occasionally, that whilst blowing the nose strongly, a sudden crack takes place in the interior of the ear, from the entrance of air into the tympanum, which at once restores elasticity to the drum, and hearing to the patient. Hence the invention of the condensing apparatus, and the artificial inflation of air. But it is obvious that only a very small volume of air is required to inflate the tympanum; and, consequently, much ingenuity as well as *air* have been unnecessarily expended in the contrivance and employment of the condenser. We believe that a gum elastic bottle, with no stronger pressure than that of the hand, or simply blowing with the mouth through the catheter, when fixed in the tube, is quite sufficient to supply the requisite amount of air to the tympanum. Indeed, we are satisfied that, in so far as the mere inflation is concerned, in most cases every man may become his own aurist, by adopting the simple expedient of stopping his mouth and nose, and then making a forcible expiration. Whenever the air can thus be forced into the drum, artificial inflation, by means of the catheter and condenser, is quite unnecessary. It has been alleged, however, by the advocates of insufflation, that it acts beneficially by *blowing away*, or dispersing mucous obstructions; and also, by dilating the tubes when contracted. We apprehend that the forcible inflation of air is more likely to *blow* the mucus farther into the tube, and perhaps into the cavity of the tympanum; and, with regard to the supposed dilatation of the passages, the effect must be only momentary, if not altogether imaginary. Instead of the *blowing-in* process, we think that the principle of exhausting the air, suggested by Dr. Turnbull (or

what the author designates "*sucking*" the patient's tubes as much as possible), is, theoretically at least, more feasible than Deleau's method, and better calculated to bring down mucous obstructions. However this may be, the artificial insufflation of air as a remedy for deafness, has long since passed the culminating point of its popularity, and is now, we believe, but rarely practised in this country; although, on the continent, it still has its advocates. It is evident that Mr. Wilde, from his experience of tympanal inflation, has formed no very high estimate of its value, and he very properly condemns its employment in the diagnosis, when the patient is able to inflate his own tympanum, or when there is reason to suspect the existence of inflammation in the parts involved in the operation. Before quitting the subject of inflation, we would beg to suggest an improvement in the *pumping* part of the process, which we think might be tried with advantage by those aurists who still practise the ærial method of cure upon a large scale. As the condensed air is very soon expended in the process of inflation, it has occurred to us that it would be a great saving of manual labour to *work the pump* by means of a small steam-engine, similar to those used for grinding coffee in grocers' windows.

The author next proceeds to consider the injection of fluids, for the purpose of washing out the tubes and middle ear; as, also, the introduction of gases, ethereous vapours, &c., with the view of improving the condition of the mucous membrane, or stimulating the nervous expansion on its surface; but upon these subjects we do not now enter, as they will fall more naturally to be considered when referring to "nervous deafness." Having ably described the most approved methods of aural examination, together with the condition of the throat, tonsils, mucous membrane, as regards its colour, turgescence, or degree of relaxation, and the character of the voice, from which something may be gleaned, Mr. Wilde directs special attention "as to the existence of tinnitus aurium, and if such be present, what are the peculiar characters of it; and whether the patient refers the noises to the ears or to the interior of the head." As a diagnostic, however, in aural diseases, Mr. Wilde thinks that the value of tinnitus has been greatly overrated. The Latin term, "tinnitus aurium," which appears to be the generic name for those unnatural sounds in the ears that produce so much distress to deaf persons, does not convey to the mind an accurate idea of the varied phases of this obstinate affection. Tinnitus aurium means literally a singing or tinkling sound in the ear, which is only one form of the affection. The French* writers employ a variety of terms, indicative of the peculiar character or tone of the sounds; for example, *bruissement*, *murmure*, *sifflement*, *bombement*, *tintement*, *bourdonnement*, &c.; but, however diversified the pitch of the sounds, they must all

* Itard. *Traité des Maladies de l'Oreille*, 2nd vol., p. 14.

be viewed as modifications of the same malady. In point of number and variety, the causes of tinnitus are justly entitled to the name of legion.

"I know no symptom concerning which a more cautious prognosis should be given, as it is one common to almost all, and peculiar to none, of the diseases of the ear. Like *muscæ volitantes* in the eye, it (tinnitus) may exist as an isolated symptom, or it may be an attendant upon several aural diseases. It is often caused by cerebral disease; therefore we should carefully inquire whether it is felt in the head or in one or both ears; it is sometimes an accompaniment of derangement of the circulating, digestive, or uterine organs; of congestion of the brain, hæmorrhage, hypochondria, hysteria, chlorosis, anæmia, typhus, influenza, or simple catarrh; of closure of the external meatus, obstruction of the Eustachian tube, and impaction of the auditory passage with wax, a foreign body, or even a hair resting on the tympanal membrane, as well as engorgement of the lining membrane, or mucous collections in the tympanal cavity, and also nervous deafness, will all produce it." "It seldom or never co-exists with an open tympanal membrane, and, therefore, perforation of the drum has been resorted to, and occasionally with effect, to relieve patients of this distressing malady."—P. 82.

As tinnitus appears to depend on a great variety of causes altogether independent of the condition of the *membrana tympani*, we fear that perforation will rarely succeed in removing it. Mr. Wilde is of opinion that non-vibratility of the membrane of the drum is one cause of this affection. Of the correctness of this opinion, we have no doubt; but we believe, also, that it is often associated with a relaxed state of the membrane. This we have been able to verify in the case of a lady, a martyr to tinnitus, who, from the too frequent habit of expanding the *membrana tympani* by a forced expiration, to relieve her deafness, had produced so great a degree of mobility in the drum, that, on desiring her to inflate the tympanum, the membrane could be distinctly seen to bulge outwards into the meatus. This lady imagined that her ear possessed the power of producing and reproducing sounds within itself, altogether independent of sonorous vibrations from without, like an *Æolian harp* acted upon by the air, and giving out a great variety of fitful notes, according to the state of the atmosphere. Although frequently connected with anæmia, tinnitus seems to depend, in many instances, upon congestion of the brain. In such cases, the indications of cure are obvious, and no time should be lost in relieving the vessels by the local abstraction of blood. We have lately seen a case of tinnitus, with throbbing in the ears, almost immediately relieved by a single cupping below the mastoid process, after the unsuccessful employment of a great variety of treatment. Itard* admits of only two forms of this affection, namely, the true and the false; the former depending upon plethora, or a dilatation of some small artery in the internal ear; the latter is purely of a nervous character, and is to be met with in persons of sedentary and studious habits, and in those of hysterical or hypochondriacal temperament. Whether

* *Traité des Maladies de l'Oreille*, ut supra, tome ii. p. 15.

this distinction be true or false, we pretend not to say; but, in either case, tinnitus is alike disagreeable to the patient. Tinnitus is, in truth, a very mysterious as well as obstinate affection, and its proximate causes, we fear, are never likely to be fully explained. There is a popular superstition amongst the Danes,* that a ringing in the left ear betokens that somebody is speaking ill of you; but good, if the ringing be in the right ear. Itard relates the case of a lady (Madame de Souvray), who was tormented by a continual noise in her ears, exactly resembling "*le bruit des flammes*," brought on by an alarm of fire in the room where her only son was sleeping. This case having originated in a shock of the nervous system, Itard concluded that the means of cure must be sought for elsewhere than in "pharmacy and surgery;" and finding that his patient experienced some relief from driving in a carriage over a very rough road, and, upon one occasion, from hearing a drum beat for more than an hour, he advised her to continue this noisy regimen, and to occupy her ears as much as possible in listening to the sound of a clarionet or a violin, upon which, fortunately, her husband could play very well, and also to reside in the most noisy part of the town. Madame de Souvray, who appears to have been a very intelligent lady, having derived some benefit from adopting this "*régime bruyant*," inquired of Itard whether it might not be advisable to take up her residence in a *water-mill*, as she happened to be the owner of one, and could easily establish herself in it. Itard at once approved of the suggestion; and, after a sojourn of two months in the mill, Madame de Souvray was completely cured of her tinnitus. Rousseau appears also to have been a great sufferer from this obstinate malady, which haunted him, like a spectre, for upwards of thirty years. He describes it as "*un bourdonnement grave et sourd, un murmure plus clair comme d'une eau courante, un sifflement très-aigu*," along with which the "*vapours*" largely mingled. But as the vapours is a disease peculiar to happy people (*gens heureux*), he inferred that he was one of the number, and consoled himself with the reflection—"les pleurs que je versais souvent sans raison de pleurer; les frayeurs vives au bruit d'une feuille ou d'un oiseau; l'inegalite d'humeur dans le calme de la plus douce vie; tout cela marquait cet ennui du bien-être qui fait pour ainsi dire, extravaguer la sensibilité."†

With regard to the treatment of tinnitus, Mr. Wilde candidly admits the inefficacy of medicine to afford any relief in numerous cases. He says, "we may remove the original disease, give a healthy action to the affected organ, and restore its functions, yet will the noise remain." In a subsequent part of the volume, he mentions

* Northern Mythology: Popular Superstitions of Scandinavia, North Germany, and the Netherlands. London, 1851.

† Confessions, Part 1^{re}, liv. 5 et 6; *passim*.

that the *arnica montana** is the only medicine that seems to possess any power in relieving this very obstinate and distressing affection. The preparation Mr. Wilde finds most efficacious, is the tincture both of the flowers and leaves, of which he begins with fifteen drops, three times a-day, along with some cordial tincture. As this medicine, which savours somewhat of homœopathy, is rather irregular in its action, its effects must be carefully watched, and the dose gradually increased or lessened, according to circumstances. Mr. Wilde believes, and we think very justly, that the greater number of aural diseases are originally of an inflammatory character; and, therefore, he strongly advocates local depletion, either by cupping or leeches. He gives the preference, however, to the latter, and directs them to be applied around and within the edge of the meatus, behind the tragus, and, if necessary, in front of that prominence. As leeches, however, frequently give rise to erysipelas of the head and face, regard must be had to the idiosyncrasy of the patient. The author recommends counter-irritation behind the ear, by blisters, kept open by means of Albespeyre's plaster. In chronic cases, accompanied by thickening of the *membrana tympani*, tartar emetic ointment is the most effectual method. Where there is neuralgic pain, extending from the ear over the side and back of the head, Mr. Wilde has found the compound camphor liniment, with extract of belladonna, a most useful application. He very properly condemns pouring any stimulating or sedative fluids into the ear, as this practice is often the cause of myringitis. The author has no faith in electro-magnetism, galvanism, or electricity, in relieving deafness; but he is of opinion that mercury acts most beneficially in diseases of the ear, simply on account of its specific efficacy in arresting or controlling inflammation, or removing its products. He employs the milder forms of this medicine, either as an alterative, or to keep up a gentle action upon the mouth. The bichloride, in combination with Peruvian bark, is, perhaps, the most efficacious form for administering mercury; and, in strumous inflammation in children and young people, it is quite a panacea. "It is the best remedy for inducing absorption of lymph deposits in the *membrana tympani*, and general thickening and opacity of that structure." Whilst using this combination, patients improve in health, absolutely growing fat; and it rarely induces ptyalism. When, however, the medicine produces pain in the stomach, or griping, it should be given an hour or two after meals. As deafness has sometimes been attributed to the over-use of mercury, Mr. Wilde has made particular inquiry after such cases, and he has invariably found, on examining the *membrana tympani*, this structure thickened and opaque, the result of specific inflammation, which it

* The following is the formula for the tincture:—"One ounce and a half of the flowers to a pint of rectified spirit of wine; macerate for fourteen days, and strain; or, of the leaves, the same quantity infused for a similar period in proof spirit."—P. 255.

cannot be supposed could have been produced by mercury, although some practitioners, more especially the homœopaths, entertain the idea that it will produce iritis. The preparations of iodine and potassium, as also cod-liver oil, will be found efficacious in aural affections, just as they act favourably upon the general health, or the diseases of other organs.

We now pass on to the "statistics and nosology of ear diseases," which form the subject-matter of the third chapter of the work, and in our examination of it we shall be very brief. The statistics of the ear having been, moreover, the *fons et origo* of some very deadly feuds amongst aural surgeons, we feel it to be dangerous ground, and must, therefore, tread it lightly. Of the value of *correct* statistics there can be no reasonable doubt, and in their application to aural diseases, or those of other organs, we believe them to be of the utmost importance. It is obvious, however, that, in order to be of any value at all, the data upon which they are founded must be sound, otherwise the most erroneous conclusions will be drawn; and, therefore, statistics, in our view of them, imply something more than merely collecting and arranging *facts* in support of a favourite theory. The process of sifting and scrutinizing statistical data is, however, by no means an easy task, and more especially when the facts are alone accessible to the statist himself. In the present instance, we have to encounter no difficulty of this kind; and in the examination of Mr. Wilde's registry of ear cases, as recorded by him, amounting to 2,385, it ought to be borne in mind, in forming an estimate of the authenticity and value of the table at page 102, that the cases were not investigated and treated in private practice, but publicly, at St. Mark's Hospital, in the presence of a class of advanced students and young medical men. In order to secure the utmost accuracy, we find, moreover, that a short-hand writer, familiar with medical terms, was always in attendance, to take notes of the cases, which were afterwards corrected by the author himself, and therefore, we think, no doubt can be entertained of their correctness. "Out of the 2,385 cases recorded, we perceive that 579 were simply cases of impaired hearing, produced by impaction of the external auditory passage with cerumen; 114 of so-called nervous deafness; 25 of tinnitus aurium, unaccompanied at the time by deafness or any apparent disease; 14 of otalgia; 7 of deaf-dumbness, either congenital or acquired; 2 of accidental hæmorrhage from the tympanal cavity; 7 of congenital malformation; 20 of collapsed membrana tympani; and 2 of tumours of the auricle—making in all but 770 diseases of the ear, not directly traceable to inflammation or its effects." In reference to the inflammatory origin of aural diseases, it must be taken into account that this very frequent cause of deafness, in a great number of instances, comes into operation in childhood, and is often associated with other diseases of a still graver character than the ear affection, by which

the latter is masked, so as often to be altogether overlooked, until the convalescence of the patient, when, unfortunately, irreparable injury has been done to the organ of hearing, and no treatment, however scientific, can be of any avail. Although not involving the life of the patient, there is, perhaps, no malady that requires more prompt attention than deafness; and none, we believe, to which the maxim of the poet is more applicable—

“Obsta principiis, sero medicina paratur
Cum mala per longas convaluere moras.”

It was our intention to have proceeded to the examination of the author's views on other important subjects, very ably discussed by him in the succeeding chapters of the volume; but having already exceeded our limits, we are for the present precluded from extending our observations any farther. In concluding, therefore, our notice of Mr. Wilde's treatise on Aural Surgery, we believe we are fully justified in saying, that it contains much valuable information respecting the diseases of the ear, and the most approved methods of treating them. His descriptions of disease are clear and distinct, and his practice decided, as well as judicious. We cordially recommend the work to the notice of the profession generally; but more especially to those members of it, who, if not already engaged in the practice of aural surgery, may contemplate devoting their attention to it, and are not deterred by “l'aridité du sujet,”* a dryness, however, which is only in appearance, and will be found to vanish entirely under the learned touch of the author.

In common with other works issuing from the same press, the volume is well printed; and, with the exception of the word ceruminous, which is almost uniformly spelt *cerumenous*, and occurs pretty frequently, it is remarkably free from typographical errors.

II. *A Treatise on Tuberculosis, the Constitutional Origin of Consumption and Scrofula.* By Henry Ansell. London: Longman, Brown, Green, & Longmans. 1852. Pp. 779.

“WHOEVER reflects that the origin and perpetuation of this disease, are attributable less to the nature of man's constitution, and the necessary effects of the agencies by which he is surrounded, than to his own negligence or contempt of natural laws, his ignorance, his imprudences, or his follies—whoever considers the importance to the happiness of the whole human race, of the questions herein contained, and admits that the faculties of man are bestowed that he may avert evil and promote his own welfare—whoever allows that the subject has never yet been thoroughly investigated, and

* *Traité des Maladies de l'Oreille*, p. 3.