

"articles when once obtained are very easily used, and the longer time spent in applying a single antiseptic dressing, in comparison with an ordinary one, is more than compensated for by the smaller number of times the dressings have to be applied.

VIII. "The Lister dressing is especially adapted to hospital use. It is a cleanly and pleasant dressing, destructive to pus cells, and hence sanitary in hospital wards. That it is not indispensable to prevent suppuration in favorable cases in private practice is proved by the healing of large wounds by first intention.

IX. "The discharge from an antiseptic wound is purely serous, scanty, and sweet."

Temperature charts from hospital cases were here exhibited. Case I. A. L. Excision of elbow joint. Temperature day of operation 99°, at ninth day it fell to 97½°, and gradually declined to 97°, dressings removed at eighth day, &c., &c. A hand was dressed and the whole method practically illustrated.

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## Progress of Medical Science.

### PERSISTENT TINNITUS AURIUM.

Followed by Symptoms of Cerebral Embolism. Successfully Treated by Ligation of Postr. Occipit. Artery. Read before Medical Society, D. C., November 13th, 1878. By ROBERT REYBURN, M.D., Late Professor Anatomy, Med. Dept. Georgetown University, D. C.

I was called on October 3, 1876, to see Mr. T. G., aged 64 years, and of full plethoric habit, weighing about 175 pounds. He complained of acute inflammation of the internal ear of the left side, which was attended with intense pain, and excessive inflammation also pervaded the adjoining parts of the face and neck. This was treated by hot applications containing soporifics, and the administrations of anodynes internally. After two weeks of treatment an abscess finally pointed in the *meatus auditorius externus*, which was opened, followed by great relief to the patient.

Under the subsequent local use of a solution of nitrate silver, 10 grs. to the ounce of water, and of astringents, this abscess, after a few more weeks, completely healed, without any apparent injury to, or impairment of, the hearing.

Unfortunately, however, while the hearing remained unaffected, a sense of drumming or *tinnitus aurium* succeeded, which in time became so agonizing as to nearly drive the patient frantic. This condition of things continued for

several months, and so distressing was the tinnitus that it entirely incapacitated the patient from attending to any business; in fact, he became so affected that he threatened several times to commit suicide, for, as he expressed it, "life was a burden" to him.

The drumming was always confined to the left ear, was synchronous with the pulse, and was increased by anything which accelerated the action of the heart; also by stooping forwards, or lying down in bed, so that it greatly interfered with sleeping. For about fifteen months the patient remained in this condition, during which time the usual treatment was pursued to the extent of a thorough trial of the whole list of arterial sedatives, and especially were the changes wrung upon digitalis, aconite and veratrum viride. These remedies would relieve for a time, but failed to do more than palliate the symptoms.

Among the sedatives used was hydrobromic acid, which, in doses of (20) twenty minims every (3) three hours, relieved the tinnitus more than any other medicine used.

The patient himself discovered that by applying pressure, by means of a pad placed over the posterior occipital artery of the left side, he could control the pulsation of the artery, and thereby stop the distressing tinnitus aurium. Accordingly, Mr. Fischer, surgical instrument maker, was directed to manufacture a pad with a spring, somewhat upon the plan of Signorini's Tourniquet, which was quite successful, though somewhat troublesome to apply.

I examined a number of times the superficial arteries of the head and neck, and found the posterior occipital artery of the left side to be in the condition called by some medical authors cirroid aneurism, or arterial varix. The artery was much enlarged, tortuous in its course, and very prominent to the touch and sight. Firm pressure upon the artery against the occipital bone would empty it, and it would refill on the pressure being removed with a distinct aneurismal thrill and bruit.

On January 12, 1878, fifteen months after the beginning of my attendance, I was summoned in great haste to see him, and found him lying in an apparent state of collapse. He was vomiting violently; skin cool and moist, and pulse very weak. I was informed that, for a few moments during the onset of the shock, he was unconscious, but he very speedily recovered from this condition and was apparently perfectly rational when I first saw him, which was probably an hour from the time he was first attacked. I found him to be perfectly conscious of all that was passing around him, but unable to communicate with us intelligibly, in consequence of an attack of what is called by Dr. Hammond amnesic aphasia. He protruded his tongue perfectly well when asked to do so, and