plegia—that the condition present is due either to a cerebellar tumor, in spite of the normal discs, or to meningeal adhesions over the motor cortical region, as I see no reason why these conditions could not produce the symptoms as well as those generally found. If the opportunity offers itself for a post-mortem I shall report the results.

211 Peachtree Street.

A CASE OF TRAUMATIC DEAFNESS.

RECOVERY.

By W. H. BATES, M. D.

The chief interest of this case was in the recovery from *symptoms of nerve deafness.*

The patient, aged thirty-two, was the engineer of a construction train carrying a large quantity of dynamite. While traveling at a speed of about eight miles an hour the dynamite exploded. The effect of the explosion was tremendous. Besides wrecking the train, destroying the roadbed of the railroad, and killing many of the employees, houses two miles away had their windows broken, chimneys knocked down, etc. The accident occurred April 19, 1891. The patient was unconscious for a short time. He was able to arouse himself, however, and walk several miles to have his wounds dressed.

Sudden deafness with a bloody discharge from both ears occurred at the time of the accident. He also had a beating noise in both ears. He had a serous discharge from both ears the next day which continued and became slightly purulent. The quantity of discharge was never sufficient to run from the ears in a stream. He also had at times shooting pains through the head which were worse about five days after the accident. There was a scalp wound over the right ear four inches long.

May 28, 1891, began treatment. During the five weeks since the accident nothing had been done for his ears. The deafness had remained the same and the discharge had not decreased. The noise had increased somewhat. Both drum membranes were perforated, and the size of the perforations was about one half of the normal drum membrane. Both perforations were situated in the posterior inferior portion of the drum membrane; the lower end of the malleus handle was uncovered in each ear. The external auditory canals, which were large, were much excoriated. The discharge had a slight offensive odor. The hearing distance for the watch with the right ear was about one inch; for the left ear a little less. The tuning fork was heard better through the air than through the bone, and both aerial and bone conduction were better with the right ear than with the left ear. Aerial and bone conduction were diminished in both ears. Ordinary conversation was heard at about three feet.

After cleansing the middle ear, the deafness and tinnitus were not improved. Inflation improved the hearing for the watch about half an inch in both ears for a short time only; after a few minutes the hearing was the same as before inflation. The tests of the hearing with the tuning fork, together with the history of sudden deafness, seemed to indicate disease of the internal ear.

Treatment was first directed to healing the perforation of the drum membrane; later, such measures were employed as seemed to improve the hearing.

The patient was treated daily for about six weeks and then less frequently. He seemed still suffering from the effects of shock, although more than a month had passed after the accident. He was listless, easily tired, appetite poor, very drowsy all the time, with a dull feeling in his head. The drum membranes showed no disposition to heal or the discharge from the ears to cease. His general condition resembled in some respects the constitutional weakness of diphtheria.

He began taking ten drops of tincture of iron in a goblet of water every half-hour through the day. The dose was increased rapidly and in a few days he was taking a teaspoonful of the strong tincture of iron every half-hour. The iron was well borne by the stomach. His appetite increased and became better than it had been before for years. His head became clearer and his general condition much improved. The drum membranes healed rapidly and the discharge from the ears stopped. These large doses of iron were taken for about a week.

With the improvement in his general condition the iron began to disagree, constipation being the first symptom. At the end of two weeks he could only take ten drops of iron three times daily. The patient also took laxatives when required. Laxatives seemed to lessen the tinnitus.

The local treatment of the drum membranes consisted in gentle syringing with hot water, and the instillation of peroxide of hydrogen into the external and middle ear.

Vaseline applied to the drum membranes seemed to act beneficially in the healing of the perforations and in stopping the discharge.

There was but little or no immediate improvement in the hearing or tinnitus from the use of local remedies in the middle ear; and after the discharge had stopped and the openings in the drum membranes had healed, the hearing was no better. The drum membranes were healed at the end of three weeks' treatment. Cotton worn in the external ears gave the patient great comfort in the presence of loud noises.

June 9, 1891.—The tuning fork was heard better through the bone than through the air. Both bone conduction and aerial conduction had increased, but the gain in bone conduction was much more than the gain in aerial conduction.

The hearing for the watch and conversation had not improved. Inflation produced more improvement in the hearing than at the beginning of treatment. Improvement temporary. Drum membranes still perforated. Discharge less. Tinnitus less.

The Eustachian tubes were open. Nares clear; some congestion. No discharge of mucus from the nose or throat.

Although there was very slight congestion of the nasopharynx, yet treatment to relieve this slight congestion produced very great improvement in the hearing and tinnitus. Cocaine in the nose lessened the noise and improved the hearing temporarily. The cocaine opened the nose more, and the drum membrane on the same side became at once less congested. This action of the cocaine was observed throughout the whole course of the treatment.

Nitrate of silver applied to the vault of the pharynx improved the hearing.

Politzeration during the early period of treatment, when there were symptoms of nerve deafness, produced very slight improvement in the hearing for a few minutes only. At times inflation had no effect.

Later, when the tuning fork was heard better by bone conduction than through the air, inflation produced more decided improvement in the hearing, and this improvement was more permanent. Occasionally inflation lowered the hearing temporarily, or produced no effect in one or both ears.

With increased aerial and bone conduction for the tuning fork, inflation produced the most marked and constant improvement. The hearing was improved more by inflation than by anything else.

June 20th.—The tuning fork was heard better through the air than through the bone. The watch was heard four inches

with either ear; inflation improved the hearing distance to twelve inches.

Several days ago the openings in the drum membranes had closed, the discharge had stopped, and the tinnitus had ceased.

Politzeration and treatment of the vault of the pharynx were continued until the hearing became normal.

August 15th.—Hearing normal for tuning fork, watch, and conversation.

December 1st.—Patient still has normal hearing.

Summary.

May 28th.—Symptoms of nerve deafness.
June 9th.—Symptoms of middle-ear deafness.
20th.—Symptoms during recovery from middle-ear deafness.

131 West Fifty-sixth Street.

An Opportunity for a Medical Missionary.—Two ladies, Mary and Margaret W. Leitch, who for seven years have been missionaries in Ceylon, have issued the following circular:

We are very desirous of finding a fully qualified physician to go as a medical missionary to Ceylon under the American Board. We would be truly grateful to you if you could direct us to any one who you think would be a suitable candidate. He should have had a good general and thorough medical education with some hospital or private practice. He should be a man of earnest piety who would consecrate his talents to the service of Christ. He should possess sound health and some executive ability, as the work which he will be called to do among 316,000 people in the northern province will be a large and important one. He should be a married man. We are hoping to find one who, with his wife, would be able to go to Ceylon at least by the end of this year. He would be expected to take up and extend the work of the late Samuel F. Green, M. D.—a missionary of the American Board for twenty-two years in Ceylon—who during the last years of his stay in that island treated, with the aid of his native assistants, as many as 10,000 patients a year. The salary of the doctor and his wife ($1,200 a year, the salary usually paid to missionaries in Ceylon), also the amount required for outfit and passage, have been secured. In Ceylon there is a large, comfortable mission house ready for their use, also a dispensary, and a building for medical students; and the funds are now being pledged for the erection of a large hospital, the American Board having authorized us to secure $10,000 for that object. There will be an income in the country from fees of paying patients and Government grant which will amount to over $1,000 a year, which may be used in the conduct of the work. The endowment of ten beds in the hospital and of ten scholarships has been given or promised, also the sum of $90,000 is promised, in legacies legally executed, toward a general endowment. There are at present eight missionary families in the province working in connection with the American and two English missions. There are about 3,000 native communicants in the churches of these missions and about 15,000 children in their mission schools. There are several higher educational institutions, girls' boarding schools, an industrial school, and a flourishing college. Tamil is the vernacular of the people, but the English language is becoming widely known. The field is an exceptionally attractive one, and the outlook hopeful, as the work has been successful among the higher castes, and it is believed these high-caste converts will take a share in the work of winning India to Christ. The ladies' address is No. 17 Lafayette Place, New York.

Bequests to Hospitals.—By the will of the late Mrs. Robert L. Stuart, of New York, the New York Cancer Hospital will receive $25,000; the Hahnemann Hospital, $10,000; the New York Ophthalmic Hospital, the Western Dispensary, the Dispensary of the Homœopathic Medical College, the Northern Dispensary, and the Northwestern Dispensary, $5,000 each; and the Presbyterian Hospital, the New York Eye and Ear Infirmary, the Manhattan Eye and Ear Hospital, the Hospital for the Ruptured and Crippled, and the Woman's Hospital, each a large share from her estate.

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ALBUMINURIA AND LIFE INSURANCE.

At a recent meeting of the Hunterian Society of London there was a discussion of the relations of albuminuria to life insurance. The *Medical Press and Circular* for December 9th contains an abstract of the debate. Dr. Hingston Fox opened the proceedings with a paper, which was commented upon by Dr. Pavy, Sir William Roberts, Mr. Clement Lucas, and others. Dr. Fox based his paper on his notes of the uranalysis in the cases of 282 applicants for life policies—all of whom were males except two. Albumin was found in thirty per cent. of the cases. This percentage depended on the fineness of the tests employed; coagulation by boiling was chiefly relied upon. The albuminuria of organic renal mischief was found in only eight cases out of the 86 of albuminous urine. Of another type, called "permanent albuminorrhœa," there were two cases; in one of these albumin was known to have been present at least two years, with apparently no disturbance of the health, while in a second case it was said that albumin had been observed from time to time during a period of seventeen years. The risk in such cases may be accepted under specially arranged terms, if the age is under forty, provided the diagnosis is clearly made out. Under the head of albuminuria from "loaded urine" the proportion of cases was very high, numbering 22 in 86. This might be called an albuminuria of "city life," or "civic albuminuria." Oxalate of calcium and uric acid are not infrequent in these cases, and glycosuria is more rarely an attendant symptom. This disorder is, as a rule, amenable to treatment, and if it passes away the applicant should not be rejected. Of cardiac albuminuria the ratio was as high as 20 in 86. The risk in these cases is to be judged apart from the uranalysis. Dr. Fox includes under this heading, to which he gives the name of "albuminuria of unstable circulation," both the functional and "cyclic" forms of this affection.

Dr. Pavy, who has been officially employed with insurance questions for many years, stated that he was a firm believer in the existence of a functional albuminuria which did not lead up to structural disease. Many cases of cyclic albuminuria were dependent upon the position of the body, and were not improperly styled "postural," the early morning excretion being usually free from albumin, which appeared in the middle of the day and was gone again at bed-time. An alteration in the mode of life will affect the amount of excreted albumin. Dr. Pavy is in the habit of requiring four specimens of urine—one passed at the rising hour, one at noon, one at 6 P. M., and the fourth at bed-time. If the patients are in bed during the day, the character of the urine is changed. As has been shown by Dr. Hingston Fox, these persons are known by their mobile disposition,