in preventing the spread of the disease. The treatment is always tedious, with a tendency to return until all evidences of the disease have been eradicated. The most successful and certain treatment is the use of the thermo- or galvano-cautery. The bacillus frequently penetrates the tissues to the depth of one or two millimeters, hence the cauterization must be deep in order to destroy the germ. The bacillus thrives best in an acid medium. If the negative pole is used for cauterization, with a large positive electrode, there is a deeper action upon the tonsil and the growth is surrounded by alkalin fluids. The point of the galvano-cautery should be thrust into the root of the growth.

I am under obligations to Dr. F. D. Owsley of this city, for translations from the German, of Schech. I am also indebted to the writings of B. Fränkel, Rice, Vanderpoel, Newcomb, Hemenway, Glasgon and others.

The following case of pharyngo-mycosis was kindly referred to me by Dr. Fränkel of Berlin:

The history of the case as given by the patient, Mrs. C. B., is that during August, 1892, she suffered from a slight irritation in the pharynx. There were white spots on the tonsils, which disappeared after a few days, but returned within a couple of weeks. The physician consulted called the trouble a mushroom growth, and said it would require two or three treatments a week for some three months to effect a cure. The treatment consisted of a forcible removal of the exudate by means of forceps. This method of treatment was attended with severe pain and proved unsatisfactory. The patient becoming discouraged consulted Dr. Fränkel of the Berlin University, in November. At that time he found spots covering the tonsils and extending to the root of the tongue. His treatment consisted of swabbing the throat two or three times a week with a 5 per cent. solution of carbolic acid, and he recommended that the throat be gargled two or three times a day with pure brandy. Under this treatment the throat seemed to grow somewhat better, but still the disease was not wholly eradicated.

Having been called to this city, Mrs. B. came under my care Jan. 4, 1893, at which time the pharyngo-mycotic deposit was very extensive upon the posterior pillars of the fauces and invaded the root of the tongue, almost completely covering it, and there were extensive deposits upon the tonsillar substance.

After having confirmed the diagnosis as made by Dr. Fränkel, through microscopic examination of the deposit, I advised treatment to consist of thorough applications of the galvano-cautery. The electrode selected was one made for me in Vienna, and consisted of a very fine elongated platinum point which enabled me to introduce it directly into each one of the crypts of the tonsil affected by the disease, and also to eradicate the punctated growths at the base of the tongue. At first only three or four punctures were made at a treatment, the treatments occurring three times a week. As the patient grew more tolerant of the irritation following the use of the galvano-cautery, the number of punctures per treatment was increased, until I frequently applied the cautery to eight or ten of the mycotic masses at each treatment. The effect secured has been satisfactory to the extent that the disease has not reappeared at any of the foci cauterized.

My experience in these cases leads me to believe that the galvano-cautery treatment of pharyngo-mycosis is the nearest a specific in the management of this disease of anything we have.

Marshall Field Building, Chicago, Ill.

A Case of Triplets, all Males.—Mrs. Albert Stunzi, of East Eighteenth Street, New York City, became the happy mother of triplets, all boys, in the middle of December last. The mother and her sons are getting along unusually well, and the presents of cash baby clothes that showered down on the suddenly increased family were a surprise that did no harm to the prospects of any concerned. Some gifts came to hand from points as far to the westward as Omaha and Denver.

PATHOLOGICAL CONDITIONS FOLLOWING PIERCING OF THE LOBULES OF THE EAR.

Read in the Section on Otology, Pan-American Medical Congress, Washington, Sept. 6, 1893.

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The custom of piercing the lobules of the ear dates from the remotest historical antiquity, being first mentioned in the Book of Genesis. It was practiced by the people of the Orient and by those of the West, and was transmitted from the races of classic antiquity, through the Middle Ages, down to our present times. Ear-rings were held among certain nations in high repute as talismans or amulets. They were, and I believe are still, superstitiously valued as remedies for eye affections. But their principal use was at all times, and certainly is now, that of ornaments, to be worn generally by women. And thus it happens that mothers, who would otherwise protect their little ones from every harm and pain, will not shrink from subjecting them to an unnecessary, inexcusable, and painful procedure, only to adorn them with the coveted jewel. This explains why such a barbaric custom as that of piercing the ears could have survived to our present times.

It is, however, barbaric, not only because of its origin, nor on account of the crude methods by which it is practiced; but more so for the reason that not rarely more or less troublesome, and even fatal consequences have been observed after this procedure. It is my pleasure to report to you to-day a number of such sequelæ of piercing the lobes, some of which seemed to me to be of more than ordinary interest, although there are scattered in literature a goodly number of interesting cases. Before reporting my own, it may be opportune to mention a few of the observations made by others.

Hufeland saw a child die of trismus following piercing of the lobule of the ear.[1] Severe inflammation of the lobe, erysipelas of the ear, large granulations around the wound, cutting of the ring through the lobule, and hypertrophic thick scars are some of the possible sequelæ mentioned by Dieffenbach.[2] Fibroids (keloids) have been observed by many authors and are mentioned by Knapp, Agnew, Turnbull, Finley, Bürkner, Schwartze, Politzer, Bacon and others. They occur up to the size of hen's eggs, and are said to be more common among the colored than the white race. Politzer says[3] they are benign, no recurrence taking place after total extirpation. He refers, however, to the case of Agnew,[4] in which a tumor originating in a traumatic scar returned again and again. According to some observers, recurrence of these tumors is not at all uncommon. Knapp has called special attention to the fact that they are liable to recur, and that by frequent recurrence they may become malignant.[5] And in all cases of tumors of the auricle reported in this paper, recurrence has taken place several times. Sexton[6]

[1] Cited from Dieffenbach, Die operative Chirurgie. Vol. II, p. 78. 1848.
[2] J. F. Dieffenbach. op. cit.
[3] Lehrb. d. Ohrenheilkunde. 1893. p. 449.
[4] Trans. Amer. Otol. Soc.. 1882. p. 720.
[5] Cited by E. B. Dench, in Burnett's System of Diseases of the Ear, Nose and Throat. Philadelphia, 1893. Vol. 1, p. 157.
[6] The Ear and its Diseases. N. Y., 1888, p. 112.

speaks of a cleft lobule from ear-rings, and saw even a portion of the lobule slough off. Kirchner[7] says that the lobule is not infrequently the seat of an eczema, originating by preference in the pierced holes. Altschul has reported death from gangrene, following piercing of the lobes in a girl of 9 months;[8] and erysipelas, sometimes fatal, is mentioned recently by Haug[9] as being occasionally caused by the reprehensible practice of piercing the lobule.

It would be easy to multiply the cases, but these will be sufficient to show that there are abundant observations on record to make one reflect, why the voices of physicians, or at least of otologists, are not raised against this "truly barbarous custom," as Roosa calls it. The following cases have come under my observation:

ERYSIPELAS OF THE AURICLE AND FACE.

Case 1.—The lobule was pierced in a child 2 years old, and this was followed by a severe attack of erysipelas, involving the whole auricle, auditory canal and part of the neck.

Case 2.—A lady, 20 years of age, who had not worn ear-rings for some time was, on attempting to do so again, obliged to use some force in placing them. Pain, redness and swelling soon developed in one ear, and the erysipelatous inflammation also involved face and scalp.

Case 3.—Also in an adult, and very similar to Case 2. In this case the general symptoms were very severe, and the erysipelas, after having spread over the face and neck, invaded the pharynx. The patient recovered.

DEFORMITIES.

Two cases of cleft lobule were seen, caused by the ear-rings cutting through. In the one case, both lobules were torn. The clefts were readily repaired by the operation advocated by Knapp,[10] by paring the edges and stitching the little flap left on the posterior lip over the corresponding portion of the anterior lip, thus avoiding a notch in the lobule. The result of the operation was good. The other case of cleft lobe was peculiar. It was that of a middle-aged woman, in whom the ear-ring had torn through the left lobule about ten years ago. Two years later she got tired of wearing but one ear-ring, and she had the left lobule again pierced, close to the old aperture. In the course of time this ring had also torn through, parallel to the old slit, and the woman had now a lobule consisting of three pendants. The narrow, central strip was removed, and the edges of the remaining parts united in the above described manner. The cosmetic effect was good.

One case of enlargement of the opening made for ear-rings, presented a peculiar and even ridiculous appearance. The hole on one side had gradually enlarged, from the weight of the ring, to the size of a lead pencil; and repair was desired by the patient, a young lady of 19 years, for cosmetic purposes. The edges were pared with a cataract knife, united by one suture, and healed readily. (A similar case is described by Roosa.[11])

ECZEMA OF THE AURICLE.

This has been observed in a number of cases to be caused by the wearing of ear-rings, especially when they had accidentally caused small tears of the cutis, and also after forcible placing of ear-rings, when the opening had been closed for some time. It was generally the acute form which was seen, causing swelling, excoriation, formation of unsightly crusts, and bleeding often upon the slightest touch. This form is, as a rule, very painful. Removal of the cause and treatment with ointments (for instance the ung. diachylon) were sufficient to produce a speedy cure. In two cases the eczema had reached the chronic stage; in one, involving the larger part of the auricle, and more especially the furrow along the insertion of the auricle. These cases were more obstinate, but yielded also finally to treatment.

TUMORS OF THE AURICLE.

Case 1. Fibroma (Fibro-chondroma) of Auricle.—The patient, referred to me in August, 1887, by Dr. Wright, was an unmarried lady, 32 years of age; white. Had been troubled as a child with painful swellings of both lobules, which caused her to discontinue wearing ear-rings at the age of 17. At the age of 22 she noticed that the old swelling in the right lobule, which had been pierced higher than is the custom, and very close to the antitragus, began to grow, until it had reached the size of a small cherry. Two years thereafter it was removed, but showed signs of recurrence within a year. Three years ago, and five years after the first operation, it was again removed, but began soon to reappear, until it had reached the size of a small chestnut, involving the whole lobus. Removal was effected by a V-shaped excision, and the edges brought together by sutures. The tumor had not returned two years after the operation, the last time I saw the patient.

The microscope showed within a dense connective tissue formation, the structural elements of cartilage sparingly interspersed. A case of fibro-chondroma of this region has also been reported by Strawbridge.[12] The appearance of cartilage in a tumor of the lobule, finds its explanation in the fact that the lobule is not entirely free of cartilage. There is, as W. His[13] has shown, an unciform strip of cartilage below the antitragus, called by him *lingua auriculæ*, which is the cartilaginous support of the lobule of the auricle.

FIBROMA OF THE AURICLE.

For the history of the following interesting case and the specimen I herewith present to you, I am indebted to my friend, Dr. O. Landman of Toledo, Ohio:

Case 2.—Mrs. C. E. J.; white; age 35. When 15 years old, her ear-rings were caught on a pillow, and both forcibly torn out. The wound healed, but later on a "lump began to grow" on both lobules. Two years afterwards both lobules were partially amputated. The left tumor has never returned. The tumor in the right ear returned six times, and reached an operable size about every three years. There were six operations after the first. Two years ago Dr. Landman saw the case for the first time, when the tumor had reached the size of an English walnut, involving the larger part of the auricle. He operated by amputating the entire auricle. About eight weeks ago the lady was seen again. There were at that time no signs of recurrence. The microscopic examination showed the tumor to be a characteristic fibroma, containing possibly a little more yellow elastic tissue than is usual in this kind of tumors, but which might be expected from the structures involved.

KELOID OF THE AURICLE AND FACE.

Case 3.—Miss E. P. H. of Indiana; white; 35 years old; was seen one year ago. When 18 years old a small nodule developed in the right lobule, close to the puncture. This began to grow, was painful, and was excised. Within the following seventeen years the recurrence of this tumor was the cause of untold misery for the sensitive woman. In the course of time she was operated upon six times with the knife, and caustics of every description and in untold quantities had again and again been used. Electrolysis and hypodermic medication had been tried in vain. The pain produced by these different therapeutic agencies,

7 Schwartze's Handb. d. Chrenheilk. 1893. Vol. II, p. 18.
8 Ibid.
9 Arch. f. Chrenhlk. Bd. 35, p. 142.
10 Archiv. of Ophth. and Otol., Vol. III, No. 1.
11 A Practical Treatise on the Diseases of the Ear. New York. 7th Ed. 1891. p. 104.
12 Trans. of the Amer. Otolog. Soc. 1875.
13 Arch. f. Anat. u. Physiol. 1889. V. and VI.

especially the caustics, and the frequently unbearable pain within the growth, had undermined her health. When I saw her, a little over one year ago, there was a solid sessile tumor, the size of about a silver quarter, extending from the region below the tragus into the cheek. The lobule and lower posterior half of the auricle were gone, and from the edge of the rest of the auricle a dense and unyielding cicatricial tissue extended into the integument below and behind the ear. The tumor was flat, about one-sixteenth of an inch elevated above the surrounding skin, ordinarily pale, and not sensitive to the touch. At the time of menstruation it was usually congested, and slightly more elevated, and caused, especially at such times, but occasionally also during the intervening period, the most intense and lancinating pain.

The tumor was removed by an elliptical incision in healthy tissues, care being taken to lift it with a portion of the subcutaneous adipose tissue from its location. After severing, by deep incisions, some of the cicatricial bands behind and below the tumor, I was enabled to close the wound by sutures. Primary union. There remained a thin linear scar, the pain disappeared within a few days, and there have been no signs of recurrence as yet, one year after the operation. On former occasions the tumor showed signs of reappearance within six months.

The microscopic examination, made by Prof. Kramer of the Cincinnati College of Medicine and Surgery, showed the removed tumor to be a true keloid. The epidermis was atrophied, and hairs, hair-follicles, and glands were entirely absent. The Malpighian layer was distinctly preserved, but there were only scanty traces of papillæ. Immediately below them, and arranged in layers parallel to the surface there was a dense mass of fibrous tissue in which here and there blood vessels, some compressed, appeared. Among the bundles of fibrous tissue, occasional elastic fibers were noticed, and also, frequently, groups of spindle cells. Below this was a looser connective tissue, with many cellular elements, and a gradual merging into adipose tissue. It is too early as yet to say whether the last removal will not be followed by a recurrence.

It is true that most authors insist upon the possibility, and even probability of a return of these growths after operations. But no treatment has as yet been devised that will actually give better results; while Erichsen,[14] though admitting their liability to return after excision, calls this their only treatment. And in this case, the almost intolerable sufferings of the patient, whose best years had been sacrificed in the battle with this baneful disfiguration, compelled me to do something that gave her at least a slight chance of a permanent cure.

These cases do not demonstrate anything new, but having occurred under my own observation lead me to believe that they are still more frequent than we usually think. And while in most cases no serious consequences result from the folly of piercing the ear lobes, yet there occur, from time to time, cases where a life is at stake, or where the enjoyment of life is seriously interfered with. It is time that this relic of barbarism ought to be relegated where it belongs,—to the by-gone follies of superstition and fashion. And the day is, I hope, not far distant, when it will be considered an evidence of brutality to have a tender and unprotected child subjected to such an unnecessary and mutilating procedure.

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[14] The Science and Art of Surgery, Vol. II, p. 314.

THERAPEUTIC INDICATIONS OF RHEUMATIC PATHOLOGY.

BY THOS. O. SUMMERS, M.A., M.D., F.Sc.S. LOND., D.D.S.
WAUKESHA, WIS.

Notwithstanding the fact that the literature of medicine is teeming with disquisitions and discussions upon the subject of rheumatism, there appears to be nothing within the whole range of pathologic investigation upon which the profession to-day stands so greatly at variance as upon this, perhaps the most cosmopolitan "of all the ills that flesh is heir to." Theory after theory has been propounded and exploded; remedy after remedy proposed and rejected until the whole "Pharmacopœia" has been exhausted, and the shelves of the apothecary crowded to overflowing with charlatan nostrums and proprietary preparations sufficient to float a fleet, in the apparently vain effort to find relief from this universal and intractable malady.

While, therefore, I do not propose to add anything to the fund of actual information on the pathologic principles upon which rheumatism is founded, I do propose to bring out and apply those principles in such a manner as to establish the true line of therapeutic action in its treatment.

It is very often the case that, in those diseases which are most common, the treatment is so generally ineffectual on account of the fact that our therapeutic leaders overlook the very simple pathologic principles which govern them, in their vain search for some occult factor in the problem which in reality does not exist. Most undoubtedly is this true in regard to the disease under consideration, as I hope I shall be able to demonstrate.

A great deal of the nebulosity which hangs about the subject of rheumatism arises from its peculiar relation to those specific disorders with which it has been classified by pathologists as *cousin-german*—such as syphilis, scrofula, tuberculosis *et id omne genus*—known to ultimate pathologic analysis as *leucocythemic* in origin.

I do not know that I could introduce this discussion in a more striking manner than by the relation of a little incident which occurred to me some eighteen years ago, while an associate editor of the *Nashville Journal of Medicine and Surgery*. Being the youngest of the editorial staff, the "*make-up*" of the *Journal* was left to my supervision. Our old foreman, "Father" Brown, as we familiarly called him, was a regular copy-*fiend*. He was never satisfied without a lot of extra "*live matter*" from which to select in "making up." One day I entered the composing room and was greeted by the old man with a regular tirade, on account of not having just the amount of matter necessary to fill out a little space, and he wanted me to prepare it at once. I snatched up some galley proof paper and began to write just what came first into my head. I had just left my microscope, upon the stage of which was resting some preparations of corpuscles from pus, from rheumatism and from normal blood which I had been comparing. So in the little "take" which I handed over to the old foreman I simply announced the conclusion at which I had arrived only a few moments before, that the cause of pain in rheumatism was undoubtedly due to the migration of the white blood corpuscle which, continuing to live out-