

JACKSON (C.)

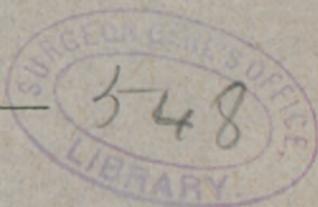
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The Aural Masseur in the Manhattan Eye and
Ear Hospital.

BY CHEVALIER JACKSON, M.D.
PITTSBURG, PA.

presented by the author

REPRINTED FROM
THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
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THE AURAL MASSEUR IN THE MANHATTAN EYE AND EAR HOSPITAL.

The aural masseur described by me in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION of May 11, 1895, had given me such good results in the treatment of defective hearing and tinnitus aurium, in cases of otitis media catarrhalis chronica, that I sent an instrument like my own, some six months ago to Dr. D. B. St. John Roosa for a thorough trial and opinion on its merits. He placed the instrument in the Manhattan Eye and Ear Hospital, where it was tested thoroughly in charge of Dr. Bretano Clemens who has sent me the following report:

I submit to you some results of my observations of the use of your electro-pneumatic masseur in cases of tinnitus aurium. Of late years so many instruments have been brought to the notice of the profession for the relief of this distressing affliction, and the advantages of each have been so strongly maintained by their various supporters, that I undertook the task of ascertaining the special field of usefulness of your masseur with some prejudice against it. The relief obtained in a number of cases in which other known methods and remedies had failed, however, has convinced me of the merits of the instrument, and of the correctness of the principle upon which it is founded. My tests of it have been made in all classes of cases of non-suppurative ear disease associated with tinnitus aurium, viz., otitis media catarrhalis chronica, including, the hypertrophic and the atrophic forms; disease of the auditory nerve, and in the mixed form where the sound-conducting and sound-perceiving apparatus are simultaneously involved. It will be seen from the details hereafter

given, that some cases were more promptly benefited than others, and that in a few, the tinnitus was so much intensified that further use of the method was out of the question.

In applying the instrument, I was particularly cautious *not* to depend upon a patient's statement that the machine was "working," but by substituting the pneumatic speculum of Sieglé for the ear tip you sent with the masseur, I could distinctly observe the movements of the membrana tympani and malleus to my entire satisfaction.

The usual hyperemic conditions observed after using the Delstanche masseur, I have never witnessed after an application of your instrument.

Premising, that upon the whole, the use of your instrument has demonstrated its value to my mind, the following are the details of a few cases which I have been able to observe, and which will serve to facilitate the further study of its application:

Case 1.—Male, physician, aged 55. Applied for relief of tinnitus on Feb. 5, 1895. History: distressingly loud tinnitus, like escaping steam, and distressed for past ten years; occasional attacks of vertigo which are slight; plethoric, and unsteady in walking. Objective examination: both membranes very opaque, some retraction and hyperemia along the malleus handle.

Tests: watch R., 0-60; L. 0-60; whispered voice R. 0. L. 0; no improvement after inflation. Absolutely no bone conduction for forks C1, C2, C3 and C4. C fork was perceived only for an instant. Slight aerial conduction of low tones only.

This patient had been treated by many famous otologists of this country, but derived no benefit from their efforts. Removal of the ossicles was advised several times, but absolutely refused. The masseur was used with no effect for several weeks, applications being made tri-weekly, but on March 15 he reported with much glee that the noise had suddenly left him the night before for the first time in many years, and remained away for twenty-four hours. He is much improved; the noises though present, are not distressingly loud. This treatment

was continued for several weeks longer, and he then departed for Augustine, Fla., much better and freer from tinnitus than ever before.

Six cases similar to the one quoted have been much benefited, the tinnitus becoming intermittent or remaining continuous with less intensity.

Case 2.—O. M. C. C. Female, aged 22, general housework, applied for relief of tinnitus aurium and deafness on Feb. 28, 1895. History: deafness principally in left ear, for past two years and rapidly growing worse. Tinnitus constant, and of pulsating variety, intensified by recumbent position. Deafness right ear for past two months—tinnitus ringing, not constant. Hears better in quiet place. Objective examination: right ear, membrana tympani cloudy, dull, and slightly retracted. Left ear, membrana tympani very much retracted, so that the malleus handle is nearly horizontal; cloudy, slightly hyperemic. Sieglé shows malleus to be rigid. Nose: rhinitis hypertrophica chronica. Luschka tonsil slightly enlarged. Eustachian tubes closed.

Tests: watch R., 5-60 after catheterization 12-60; L., c-60, after catheterization, 3-60. Right ear, C, 23-21; C1, 18-10; C2, 28-20; C3, 18-10; C4, 25-12. Left ear, C, 8-25; C1, 8-12; C2, 15-25; C3, 13-10; C4, 15-10.

Treatment; Eustachian catheter and menthol vapor. The pneumatic masseur was used, but each application increased the intensity of the tinnitus in the left ear, to such an extent that further use of it had to be discontinued.

In another case, exactly similar to the one first quoted, the result was equally unfavorable after using the masseur. Therefore, in twenty-two cases of otitis media catarrhalis chronica, associated with tinnitus aurium and treated with your masseur, two cases were unfavorably influenced, and twenty more or less benefited.

The following brief report will show how quickly relief follows the application of the masseur in some cases of O. M. C. C.:

Case 3.—Female, aged 35, servant; came to the hospital on Jan. 15, 1895 for treatment. History: deafness followed an attack of scarlet fever fifteen years ago, and is gradually growing worse. Tinnitus aurium in right ear. Hears better in noisy place. Objective examination: right membrana tympani moderately retracted, cloudy. In left ear the local appearances are similar.

Watch R., $\frac{1}{2}$ -60; L.c.-60. No improvement after inflation.

Whispered voice, right, three inches; left whispered voice, six inches. Forks: right C, 0-33; C1, 5-11; C2, 14-23; C3, 8-12; C4, 10-8. Left C, 15-33; C1, 7-12; C2, 16-21; C3, 12-12; C4, 15-8. Vertex test heard better in left ear.

Treatment: the electro-pneumatic masseur relieved the tinnitus at once. After three applications the noises disappeared, and have not returned up to the present time. The deafness remained uninfluenced.

MIXED CASES.

Case 1.—Female, aged 46; first came to hospital April 19, 1894, for treatment. History: deafness for past fifteen years, gradually increasing; hears better in a quiet place; considerable tinnitus aurium in both ears, which is always much increased during an attack of acute rhinitis. Objective examination: both membranes much thickened, slightly hyperemic and moderately retracted.

Watch R, 0-60, slight increase after catherization. Left 0-60, after politzeration, 0-60. Whispered voice R. E., three inches. Whispered voice L. E., two inches. Vertex test (Weber) heard better in right ear. Forks: right, C, 14-11; C1, 10-4; C2, 26-0; C3, 8-0; C4, 6-0. Left, C, 13-8; C1, 7-4; C2, 25-0; C3, 7-0; C4, 8-0.

Nose: rhinitis hypertrophica chronica. Tubes closed.

Treatment: the Eustachian catheter, menthol vapor, and an occasional passage of an Eustachian bougie, with the use of the Delstanche masseur, which was employed for six or seven months, with but indifferent results.

Three months' use of your pneumatic masseur gave only transient relief from the noises. On March 21, 1895, the tinnitus was louder than ever before since being under treatment. She had taken fresh cold. On April 4, 1895, she reported considerable improvement, and on the 13th, that the tinnitus disappeared from right ear entirely, it remaining in the left, but very feebly. Tuning fork tests were made on April 13 with following result:

Right, C, 7-10; C2, 10-0; C4, 8-0; Left, C, 8-11; C2, 0-0; C4, 8-0. Watch, right, 1-60. Left, 0-60. Right, whispered voice, eight inches; left, ten inches. The masseur treatment will be continued.

Case 2.—Female, aged 40, housekeeper, first came to hospital for treatment Jan. 22, 1895. History: afflicted with deafness and tinnitus for many (?) years. Three weeks ago took a heavy cold, and has been growing rapidly worse. Tinnitus principally left, constant and whistling. Objective examination: membrana retracted and very cloudy. Sieglé demonstrated no ankylosis of hammer. Chronic follicular pharyngitis, tubes closed.

Tests: left ear, watch 0-60, after catherization 0-60. Whispered voice two feet, after catherization two feet. Vertex test

(Weber) heard equally well in both ears. Fork test: left C, 12-15; C1, 10-5; C2, 10-3; C3, 8-4; C4,12-4. Treatment: electro-pneumatic masseur and Eustachian catheter. Two days later reports that the tinnitus is exactly the same; the masseur only gave relief for eight or ten hours. Four days later, much improved, the tinnitus remaining away for a longer period after each application.

This case gradually improved and finally ceased attending the clinic. Ten cases corresponding to those quoted were treated with varying results. Some were promptly benefited, while others only experienced amelioration from the existing tinnitus.

A. The electro-pneumatic masseur affords relief to many patients suffering with tinnitus aurium. How permanent this relief may be, must be determined by more extended observation.

B. The use of the instrument is apparently contra-indicated in cases where the existing retraction of the membrana tympani and malleus causes an increased intra-labyrinthine pressure.

