SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

March 7, 1925.

President—J. KERR LOVE, M.D.

Intracranial Infection by Erosion from Subperiosteal Abscess—T. RITCHIE RODGER, M.D., F.R.C.S.Ed. The paper is published *in extenso* in the *Journal of Laryngology and Otology*, vol. xl., No. 7, p. 451, July, 1925.

DISCUSSION.

The President (Dr J. KERR LOVE) said that, as a rule, when dealing with the mastoid process, it was not necessary to look very far beyond the process for the effects of infection. Dr Rodger, however, had now reported a series of cases in which infection had taken place in a much wider area.

Mr G. J. JENKINS asked whether Dr Rodger had considered any other possible channel of infection in addition to the bone and the blood stream. In the frontal sinus case the infection might have arisen through the development of osteitis between the two layers of bone, eventually ulcerating through the surface, and, at the same time, spreading inwards. One often met with cases in which the affected cells cleared up and the maximum point of infection was extradural giving rise to an abscess. Was it not possible in Dr Rodger's cases that the infection had occurred through the intermediate portion of bone, the extreme area of the infection becoming the maximum and producing an abscess? He (the speaker) thought that alternative methods should be considered.

Sir JAMES DUNDAS-GRANT said there were two classes of case resembling those described by Dr Ritchie Rodger. There was, for instance, the extradural abscess in which erosion had taken place through the bone, which could be detected by the fact that there was œdema and bogginess at a much higher level than in cases of simple erosion from the mastoid antrum. But in those cases there had generally been an evident discharge from the ear, and there was a sort of "shirt-button" bulging, externally and internally. These cases were described by Hartmann many years ago, but the mode of development of the ulceration of the bone was much more evident than in Dr Rodger's cases.

A type of subperiosteal abscess of the temporal region was described by Gruber in great detail, and the description was to be found in Law and Jewell's translation of Gruber's book. He (the speaker) thought that this must have been forgotten, as Reik of Boston brought forward some years

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ago cases of this kind which were thought by him to be new. In these there was apparently no connection with the mastoid cells, but the pointing was at a higher level. If the pointing was above the level of the meatus, it was probably subperiosteal, and, whatever opening was made externally, it was necessary to make another in the roof of the meatus, as a counter-opening. He (the speaker) had seen several cases in which the disease subsided after the counter-opening had been made.

His own experience of frontal sinuses with erosion of bone at a higher level had been somewhat distressing. In one of them a diagnosis of angio-neurotic œdema had been erroneously made; there was perforation through the bone at a higher level than the frontal sinus, and the result was not as good as Dr Rodger reported.

Dr RITCHIE RODGER (in reply) said that all these cases had cellular mastoids; they were not of the dense type of bone. He could only deal with the naked-eye appearance of the intervening bone. This seemed to be healthy. Although, except in one case, the intervening part of bone was not completely removed, it was taken away from both sides, and then chiselling was carried out until healthy looking bone was reached. There seemed to be no osteitis, and in the absence of that he thought it was justifiable to think that the route was the one which he had described. In the frontal sinus case osteitis of the diploë could not be the route, as there was no intervening area.

Otogenic Pterygo-maxillary Abscess—DR DAN M'KENZIE.—Attention has already been drawn to this condition,* and since then two additional cases have come under my notice.

In the first the pterygoid abscess was merely a detail in a severe widespread infection, which terminated fatally.

The second case was that of a woman, aged 29, to whom I was summoned on 6th July 1923, for a mastoid operation. The acute symptoms had appeared shortly after the left ear had been syringed a fortnight previously, for the removal of a supposed ceruminous plug.

When I saw her there was great pain in and especially in front of the ear, where there was much swelling. Difficulty was experienced in mastication. No pain, tenderness, or œdema were present in the mastoid region. The walls of the external auditory meatus were so much swollen that suspicions of a furuncle were aroused. The tympanic region could not be seen, but some debris and desquamated epidermis was removed from the deep meatus. The temperature was running at about 100° F.

The patient was anæsthetised and it was found that pressure in front of the ear led to a copious flow of pus from the meatus. A probe passed into the meatus led through a fistula in the bony floor close to the tympanum into a large abscess cavity, and could be passed as far as the submucosa of the pharynx.

* *Journ. of Laryngol.*, vol. xxix., 1913, p. 309; vol. xxx., 1914, p. 12.

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The auricle was reflected forward by the usual post-aural incision, and a large cast of the meatus was removed disclosing a tympanic cavity full of granulations. The radical mastoid operation proved the original disease to have been cholesteatoma. The pterygoid abscess was drained successfully by enlarging the fistula in the meatal floor.

Pterygo-maxillary abscess is not common. I have on two occasions successfully drained it through a meatal opening close to the tympanum, but, when large, it is perhaps most suitably drained by an opening in the pharynx, as this is the lowest point.

ABSTRACTS

THE EAR.

The Test by Centrifugal Pressure in the Differential Diagnosis of Chronic Deafness. Dr VAQUIER. (*Rev. de Laryngol.*, September 1924, p. 571.)

The author discusses the value of Gellé's test and that of Escat in the diagnosis of ankylosis of the stapes. Escat's test is carried out by holding a vibrating tuning-fork of medium pitch opposite the ear to be tested, and then asking the patient to inflate his ears by Valsalva's method. In normal persons the sound of the tuning-fork is diminished, and the test is said to be positive. In stapes ankylosis there is no diminution of hearing and the test is negative.

In testing 100 normal subjects with Gellé's and Escat's tests the results coincided in all. In 61 cases of otosclerosis Gellé's test was tried thirty-eight times and Escat's sixty-one times; the result was negative in 58 cases and agreed in all. In a number of other cases with deafness of varying degree and origin the tests always agreed, and the author concludes that Escat's intratympanic pressure test is a valuable and reliable method of ascertaining the mobility of the stapes. J. K. M. DICKIE.

Otogenous Abducens Paralysis. K. ULRICH, Zurich. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Vol. ix., Part 4, January 1925, p. 403.)

In the light of a case studied by himself, the author reviews the question of the pathological substratum for the syndrome of otitis with paralysis of the sixth and neuralgia of the fifth nerve, attributed by Gradenigo to an osteitis of the tip of the petrous bone. The case was

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