AUSTRIAN OTOLOGICAL SOCIETY.

February 21st and 22nd, 1898. ("Monats. für Ohrenheilk.")

Prof. GRUBER showed

1. A patient with *Bilateral Obliteration of the External Meatus following Chronic Otorrhœa.* The closure was due to bony thickening covered by normal skin. The question of operation was under consideration.

2. A patient in whom, after the radical operation, the *Posterior Wall of the Carotid Canal separated as a Sequestrum*, exposing the artery, which could be seen pulsating. In the region of the promontory a firmly fixed sequestrum could be seen and felt, and at the upper part of the cavity the pulsations of the brain were plainly visible. Fearing hæmorrhage Prof. Gruber had the common carotid tied. The case is under observation.

3. Eight cases of *Successful Radical Operation for Caries of the Temporal Bone and Cholesteatoma.* Gruber considers that no further operation is necessary to keep the cavity in the bone open. When the cholesteatoma ceases to form, such cavities either do not close at all, or, if they do, their closure is free from risk. Gruber then spoke at length on cholesteatoma. He concludes that it occurs almost exclusively in the middle ear in cases of chronic suppurative inflammation of the mucous membrane, with or without caries. Other modes of origin, such as by the extension of epidermis from the external meatus, no doubt do occur, but are certainly extremely rare. He believes that deficient access of air to the inflamed parts favours the formation, hence its frequency in the antrum, attic, and mastoid cells. For the same reason Eustachian obstruction favours it. In accordance with this view Prof. Gruber recommends in such cases the inflation of air from the external meatus. A little attic tube attached to a Politzer's bag may be used. The tube is introduced through the perforation, and the air blown in various directions.

Dr. BING remarked on the frequent presence of granulations, and suggested that the epithelium in the neighbourhood soaked up pus, and became swollen and loosened. Hence the value of alcohol drops as a de-hydrating agent.

Dr. SPIRA alluded to primary cholesteatoma of the external meatus as a case in which no inflammation was present. He regarded granulations as a consequence rather than a cause of cholesteatoma.

Prof. POLITZER on *Permanent Perforations of the Membrana Tympani.* Small perforations heal and leave no trace, but in larger ones the membrana propria is not replaced, and regeneration takes place from the epidermis or from the mucous membrane, probably most frequently the latter.

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He showed *Preparations from Three Cases of Healed Permanent Perforations.*

In 1 and 2 there was epidermal thickening of flat nucleated cells, extending over the edge of the perforation and gradually passing into the epithelium of the mucous membrane of the tympanum. The membrana propria was cut off sharply at the edge of the perforation, and overgrown by the thickened mucous membrane.

In 3 the epidermis-covered edge of the perforation shows on the outer side a raised swelling, the fibres of the membrana propria are sharply cut off, and the inner or mucous layer is thickened, vascular, cystic, and firmly united with the cuticular layer at the edge of the perforation. The cuticular layer is also greatly thickened, and presents on section an almost polypoid appearance. The thickenings consist of vascular nucleated connective tissue, covered with more or less cubical epidermal cells, which can be traced over the edge of the perforation down the inner surface towards the floor of the tympanum.

The persistence of dry perforations is thus certainly due to epidermal cells spreading over the edge of the perforation, and Politzer thinks that this process might be induced, in certain cases, by irritating artificially the epidermal surface with trichlor-acetic acid before proceeding to make the artificial perforation.

Dr. C. BIEHL. *On the Closure of Healed Perforations by the Application of Trichlor-acetic Acid.*

Of twelve cases seven were successful. The number of applications varied from four to thirteen, at intervals of from four to eight days. The strength of the solution used varied from ten to fifty per cent. A little roll of wool on the end of a probe was used to apply it. Neither size nor situation of perforation is any contra-indication. Pin-hole perforations are often most troublesome. Where the perforation is in a cicatrix, or where the edges are calcified, it is of course unfavourable. Pain is slight. Suppuration occurred once, and hæmorrhage once, possibly from the caustic touching the mucous membrane of the tympanum.

Dr. SINGER referred to the formation of little crusts of secretion on the healing edge of the perforation. They should be removed with forceps. In pin-hole cases he applies a vigorous inflation (Valsalva), and passes a fine probe dipped in the acid through the opening, so as to stimulate the inner surface of the membrane. Greatly improved hearing followed in many cases. The cicatrices in successful cases are not depressed, nor sharply bounded, nor dark in colour, and they cannot be sucked out by Siegel's speculum. They are nearly as thick as the rest of the membrane, and probably contain fibres of the membrana propria.

Dr. GOMPERTZ obtained complete closure in sixteen out of twenty-nine cases, and partial closure in eight. In many of the successful cases the perforation extended right up to the tympanic ring. He used ten per cent. cocaine on a pledget of wool. In a great majority of cases hearing was improved, and sometimes tinnitus was lessened.

Caution is necessary with atrophic membranes or things will be made worse. In one case he obtained complete healing by applying the thin

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skin from the inside of an eggshell as a support (or splint) to the weak spot.

Dr. ALT referred to the importance of removing little crusts of dried secretion, often so small as to be more easily felt with the probe than seen.

Dr. PANZER showed *Preparations illustrating the Anatomy of Acute Tympanitis, from a child.*

The mucous membrane was swollen and infiltrated with round cells; there was enlargement of the blood vessels, and lymphatics in the deeper layers; here and there projecting from the surface were granulation masses, especially on projecting ridges of bone in the antrum, which, with the adjoining mastoid cells, was also affected. Much of the epithelium was shed, and there was a perforation close to the short process. Most of the exudation occupied the posterior lower quadrant, bulging the membrana tympani. Granulation tissue filled the space between the ossicles and outer wall of the attic; the tendon of the tensor tympani and the chorda were surrounded by granulations. The facial canal showed a defect, and the peri-neurium and nerve fibres were affected by the inflammation. This shows how easily facial paralysis may arise in children from acute tympanitis.

Prof. URBANTSCHITSCH. *Defects of Hearing in Deaf Mutes.* Results generally confirmatory of those already published.

1. In cases in which the two ears are not equally affected the left ear is generally the better of the two.
2. Deafness to all notes is rare.
3. Affection of one ear only is rare: two per cent.
4. Some hear best the higher notes of the scale, some the lower, and some the middle; but the results vary in the same patient on different days, notes which are audible on one day being inaudible on another day, and *vice versâ*.

Dr. HAMMERSCHLAG. *Reflex Contraction of the Tensor Tympani. Is it Dependent on the Cerebral Hemispheres?*

Politzer proved that the tensor tympani is supplied by the fifth. Hensen proved that in the dog the muscle contracts constantly to the stimulus of sound, especially high notes. (Sensory stimulation of the meatus, cochlea, or memb. tymp. secondaria causes no contraction of the muscle.)

Pollak found that destruction of the cochlea stopped this contraction. The sound waves first affect the cochlear nerves and then the central nervous system, whence they are reflected to the muscle.

Hammerschlag's method was to detach the auricle and meatus and turn them forward, strip the membrana tympani off the long process of the malleus, dislocate the head of the bone from the incus, and turn the long process of the malleus outwards, so that the movements caused by the contractions of the tensor tympani might be more easily observed. A shrill whistle was used to stimulate the tensor.

Dr. Hammerschlag found that reflex contractions of the tensor tympani to the stimulus of sound occurred after complete removal of

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both temporal lobes. Further, when the section of the brain was made in such a way as to cut off the cerebral hemispheres and basal ganglia from the medulla poris and cerebellum, the reaction of the tensor to sound was still as readily obtained as in the uninjured animal, which proves it to be a true reflex action, produced in the same way as the majority of reflex actions. He divided the medulla above the respiratory centre, and did not require to use artificial respiration.

Pollak, who divided the medulla lower down, and used artificial respiration, found that section of the medulla at the lower level stopped the reaction. *William Lamb.*

January 25th, 1898. ("Monats. für Ohrenheilkunde," Feb., 1898.)

Prof. GRUBER showed a *Rare Malformation of the External Ear.*

The auricle is rudimentary and the tragus very small, and behind the tragus is a little round opening, bounded posteriorly by a slight cutaneous elevation, which is continued below into the flap of skin representing the lobulus. Above this cutaneous elevation is a second swelling about the size of a small walnut, the skin over which is continuous with that of the cheek. Above this last-named swelling is a curled-up fragment of cartilage, representing the upper end of the auricle. In front of this fragment of cartilage, and about three centimètres above the other opening, is a second smaller opening exuding pus.

The lower opening admits a probe for one and a-half centimètres in the direction of the external meatus. The upper opening leads into a passage which runs medially and posteriorly till the sound can be felt moving freely in the large swelling above the lobulus. Pus can be pressed out of this swelling till it is collapsed.

Gruber considers the case to be one of deformed auricle with rudimentary external meatus, combined with a congenital aural fistula of unusual length (two centimètres). The swelling behind the auricle is an abscess, such as is known to arise in connection with congenital aural fistula.

The PRESIDENT remarked that congenital aural fistulæ sometimes furnish a milky fluid which is not pus. They generally run parallel to the meatus. In this case the axes of the two channels cross.

Prof. GRUBER showed a *Case of Post-Scarlatinal Otitis in which the Stapes were thrown off spontaneously.* The hearing improved. Rinné, negative; bone conduction prolonged.

Prof. POLITZER remarked that in such cases the malleus and incus were often shed as well as the stapes. He had seen bilateral cases, followed by total deafness.

Prof. URBANTSCHITSCH. *Two Cases of Weakness of Memory from Double Tubal Catarrh.*

1. The patient is a waiter. As soon as the feeling of pressure in the ears comes on he cannot recognize the guests in the restaurant, forgets

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their names, and confuses their orders. The passage of Eustachian bougies relieves him (although there is no considerable stricture), but the good effect only lasts one day. Inflation has no effect.

2. A German-Russian lady who teaches French. She suffered from middle ear catarrh. As this got more marked her French vocabulary became more and more limited till she could not teach at all. Her German speech was not affected. After treatment by Eustachian bougies she gradually recovered her French, and by continuing the use of the air douche she was quite well in six months.

Prof. URBANTSCHITSCH also showed *Preparations from Two Fatal Cases of Otitis.*

1. Otorrhœa of ten years' duration, for which the radical operation was performed. On the fifth day the patient complained of intolerable headache, and died suddenly. *Post-mortem.*—A fistula was found on the upper surface of the petrous bone, medially from the superior semi-circular canal. The dura mater at this point was discoloured—greenish. In the cerebellum was a large fœtid, chronic abscess.

2. Otorrhœa of twenty years' standing; agonizing occipital headache, vomiting, and vertigo. At the operation large cholesteatomatous masses were removed from the middle ear. Patient felt better, but the head continued retracted, and death occurred on the sixth day.

Post-mortem.—A fresh thrombus in the transverse sinus, extending into the jugular vein. A fistula in the petrous bone leading into the cholesteatomatous cavity. Subdural septic pus. Discoloration and necrosis of surface of cerebellum corresponding to the fistula.

Dr. HAMMERSCHLAG showed a *Case of Cured Serous Perichondritis of the Auricle following a Blow.*

Puncture and injection of weak iodine was the treatment adopted at first. Afterwards the puncture was repeated four times, and a compress applied.

HAMMERSCHLAG also showed *a Patient on whom the Radical Operation had been performed.*

She had suffered from chronic otorrhœa, with loud rushing noises in the ear and frequent attacks of severe vertigo, generally with loss of consciousness. As the least attempt to cleanse the ear caused intense vertigo and loss of consciousness the radical operation was performed.

The antrum and attic were found stuffed with cholesteatomatous masses. The patient is now free from her attacks and can bear the wound to be packed with gauze, or washed out with the full strength of the irrigator. She can now bear firm pressure upon parts of the inner wall, the least touch upon which used invariably to produce vertigo and loss of consciousness.

Prof. POLITZER showed *So-called Polypoid Growths of the Mucous Membrane of the Middle Ear.*

On the inner wall of the tympanum in new-born children, at the anterior part, little ridges of bone may be seen running from behind

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forwards, and joined by little cross ridges. The "growths" are nothing more than the folds of hypertrophied mucous membrane covering these bony ridges. In adults this part of the inner wall is smooth ; but the same condition is seen in them on the floor of the tympanum, which is ridged and uneven. *William Lamb.*

SOCIETY OF HUNGARIAN AURISTS AND LARYNGOLOGISTS.

("Monatschrift für Ohrenheilkunde," Feb., 1898.)

The PRESIDENT (Herr VON NAVRATIL) showed (1) *A Case of Plastic Operation for Scleroma of the Nose and Upper Lip.*

The nose flap was taken from the forehead and included periosteum.

2. *A Case of Extreme Deviation of the Septum to the Right.*

The nose pointed to the right, and the right nostril would hardly admit a probe. The nostril was slit with a pair of scissors, and a piece of cartilage fourteen by nine millimètres was removed, with complete relief of all symptoms—nasal obstruction and dryness of throat.

HULTL showed a *Patient who had Fallen under a Mill Wheel.*

The nasal bones were destroyed and a hole was left at the root of the nose as big as a dollar. The free edge of the septum was visible in the hole. The only soft parts left were the tip and alæ, and the septum mobile. Hultl cut one flap from the remains of the soft parts at the root of the nose, and turned it downwards to fill the gap, the skin surface being towards the interior of the nose and the raw surface outwards. The edges of the gap having been freshened, this flap was stitched into position, leaving thus a large raw surface twice the size of the defect. To cover this raw surface a large flap of skin and bone (outer table of frontal bone) was cut out from the forehead with knife and Krause's circular saw, driven by a dental drilling machine. The flap was loosened with a sharp osteotome. The bony part of the flap was next sawn lengthways, so as to form an arched bridge of the nose, and stitched into position, its raw surface resting upon the raw surface of the first flap. Primary union and a faultless profile resulted.

POLYAK. *A Case of Lupus of Nose and Face.*

In the interior of the nose there were exuberant granulations on both sides of the septum, with suppuration. Eighty per cent. lactic acid was applied, after curetting. Other speakers considered the nasal disease to be tubercle (one bacillus was found in twenty sections) ; but the disease, although of four years' duration, was still superficial.

ZWILLINGER. (1) *A Case of So-called Prolapse of the Ventricle of Morgagni.*

The process is a chronic hyperplastic trophic catarrh, which may affect (*a*) the surface of the true cord ; (*b*) the lateral wall of the ventricle ;

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