# Societies' Proceedings

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**Aneurism of the Right Inferior Tympanic Artery**—Dr LEWIS.—A woman of 48 years had applied for relief of a peculiar noise in the right ear. For some two years previously she had suffered with tinnitus, giddiness and deafness on both sides, but lately an added noise had occurred in the right ear, of special discomfort, and more severe when lying down. The tympanic membranes were about normal in appearance and the functional examination revealed: C.V. at 1 metre. Whisper a.c. both sides. Weber to the right. Rinné, right negative, left positive. Schwabach reduced each side. (Right more than the left.) No spontaneous nystagmus, by-pointing or fistula symptom. Response to rotation about normal each side. X-ray and ocular examination negative.

The exhibitor had also shown the case, as one could see, on the lower border of the membrane, close to the periphery, a very active pulsating right reflex, which appeared to originate within the membrane. The pulsation was synchronous with the heart beat and could be controlled by pressure on the carotid artery. In his opinion the pulsation was due to a lesion of the inferior tympanic branch of the ascending pharyngeal artery, which he submitted was due to a small aneurism of the vessel.

**Hæmatotympanum and Facial Paralysis following Fracture of the Skull**—Dr FORSCHNER.—Case occurred in a man who on the 7th December last fell in the street and was brought into hospital in an unconscious condition, from which he did not recover for eight hours. Since then his hearing in the right ear had been affected. On examination a hæmatotympanum could be seen associated with a slight nystagmus towards the left, whilst later a paresis of the right buccal and ocular branch of the facial nerve had occurred, which rapidly developed into a complete right facial paralysis. X-ray examination showed two fissures in the right temporal bone.

The exhibitor regarded the cause of the facial paralysis as due to a secondary hæmorrhage in the facial canal. He had brought the case for demonstration under these circumstances to demonstrate the present condition, which he considered was due to a secondary bleeding into the facial canal, although he agreed with the usually accepted suggestion that such cases were more often the result of a reactionary inflammatory œdema.



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