Austrian Otological Society

Otomycosis—DAN MCKENZIE, M.D.—Patient, a foreigner, aged 35, had irritation and discharge from the left ear of some months' duration.

The external meatus was slightly swollen, and on the floor close to the membrane, which was reddened, a small mass like wet tissue-paper was visible. Close inspection revealed a whitish mould.

Report by Dr F. H. Teale:—*Culture from the mould from ear.*—The mould belongs to the Mucor group, and has the characters of *Mucor mucedo.* The black efflorescence is due to the sporangia.

Grown on glucose agar: *Mucor corymbifer* (with pear-shaped sporangia) has been described as causing inflammatory lesions in the external auditory canal, but *Mucor mucedo* seems to be uncommon.

Mr G. J. JENKINS (President) said that as the appearance in a test-tube varied with the culturing, he did not see why it should not vary in the ear. The organism would only fructify, as the mushroom did, within a small range of temperature. The present mycelium was one of the rarer types. These organisms caused a good deal of trouble; sometimes much ulceration.

AUSTRIAN OTOLOGICAL SOCIETY,

22ND FEBRUARY 1926.

Monatschrift für Ohrenheilkunde, April 1926.

(*Abstract of Proceedings by Alex. R. Tweedie, F.R.C.S.*)

Malignant Neoplasm of the Inner Ear: Facial Paralysis due to a Neoplasm: Carcinoma of the Auricle—H. NEUMANN.—These cases were shown mainly with a view to drawing attention to their treatment by the new method of X-rays preceded by intravenous injection of sugar. The details of treatment are not given, nor the effects produced—Neumann proposed to bring the cases before the Society later, so as to demonstrate the results of this treatment.

Hysterical Symptoms after the Radical Mastoid Operation—H. NEUMANN.—A man on whom the radical mastoid operation had been performed in 1917 had been kept continuously under treatment owing to the complaint of vertigo.

The following phenomenon could be now demonstrated: If the patient were directed to look to the left a fine horizontal nystagmus in both eyes occurred, which lasted a few seconds; the left eyeball then turned straight forwards, so that the two eyes converged. Associated with this position, the pupils became contracted and the patient giddy. Similar conditions obtained if the eyes were directed to the right, or, even if he looked directly forwards and pressure were

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applied anywhere on the head or body, a spasm of convergence occurred.

The exhibitor recalled four similar cases which he had seen with Politzer; Neumann regarded the condition as an hysterical manifestation.

Labyrinthitis due to Shock—G. BONDY.—A labourer, aged 54, who had been employed on a lathe as a coppersmith since 1898, but whose work had been for the past seven years in an almost noiseless environment, had noticed, for some years, a gradual depreciation in his hearing.

On the 5th February, his son had to be suddenly taken to the Lunatic Asylum, where his wife was told he could scarcely survive the night. The news resulted in a great shock to the father (the labourer), who complained of severe stabbing pain in the heart and appalling pain in the head; everything went round, and he noticed a sudden decrease of hearing in the left ear. After a sleepless night, severe giddy attacks occurred with headaches, and the same condition of deafness persisted.

Examination, on the 20th February, revealed both tympanic membranes normal; Weber to the right (better ear); Rinné; negative, right; positive, left; bone conduction shortened. Tuning-fork placed on the left mastoid process was referred to the right side. Air conduction for all tones equally shortened; whisper right, 3 metres; whisper left, 2 metres; nystagmus of the second degree to the right with typical by-pointing, and falling reaction in accordance with variation of position of the head.

Application of hot water to the left ear reversed the nystagmus; otherwise his general condition was normal, except that blood-pressure was 150 and the aorta dilated.

Nystagmus induced by Caloric Reaction and Alteration of Position—E. RUTTIN.—A student, aged 17, contracted scarlet fever in 1925. Before this, and during and after the fever, the ears were always normal. On the 1st November 1925 he had a sudden attack of giddiness with vomiting; deafness and tinnitus on the right side. The giddiness lasted four days, during which it was necessary for the patient to remain in bed.

He continued to suffer from tinnitus and deafness in the right ear, but the giddiness had ceased.

On 3rd February 1926 examination revealed the tympanic membranes normal. Hearing tests; right, conversation 1 to 1½ metres; left, whisper normal. Weber to the left; Rinné positive on both sides. Schwabach right, shortened.

No spontaneous nystagmus or by-pointing: Responses to rotation about normal.

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Caloric reaction, right; after irrigation for three minutes with water at 18° C. slight nystagmus to the left appeared, which was not increased by continuing the irrigation. Associated with this there was very slight vertigo and practically no disturbance of the pointing reaction. The patient, however, felt so uncomfortable that he lay down on his right side; at once, severe giddiness and a marked rotatory nystagmus to the right occurred and lasted about a minute.

After the nystagmus and giddiness had passed away every possible alteration of position failed to induce this phenomenon again. Caloric reaction, left; after irrigating the left ear with water at 18° C. for ten minutes, a fine nystagmus to the right was induced which with further irrigation was not increased. Associated with this there was very slight vertigo, but no disturbance of by-pointing.

This test was also associated with considerable discomfort, but every possible alteration of position did not again induce nystagmus or giddiness.

The oculist reported the eyes as normal.

The exhibitor discussed the phenomenon but could not suggest any explanation.

Vertical Nystagmus in connection with Carcinoma of the Right Temporo-sphenoidal Lobe—E. URBANTSCHITSCH.—Woman, aged 59, in November 1925, first complained of darting pains in the hands, feet, neck, and chest, with severe headache. General illness and vomiting followed two weeks later, with loss of sight and memory. On examination, on 18th December 1925, there was found neck stiffness; there was no ataxia, but markedly increased patellar reflexes and spontaneous horizontal nystagmus. On lumbar puncture, the cerebro-spinal fluid showed a pressure of 380 in the sitting position; Nonné, negative; Apalt, positive; Pandy, positive.

Vomiting continued, neck stiffness increased, Kernig was positive, and spontaneous nystagmus to the right was present.

On 2nd January 1926 cochlear apparatus was about normal. Spontaneous nystagmus on deviation of the eyes to either side and vertical nystagmus were present, also spontaneous by-pointing inwards.

On 19th January, very active spontaneous nystagmus, chiefly downwards with normal response to caloric reaction on either side.

On 31st January, death. Post-mortem revealed a carcinomatous tumour, the size of a bean, in the right temporo-sphenoidal lobe, also dilatation of the ventricles and cerebral œdema.

Other neoplastic deposits were found in the liver and left mamma, the latter being probably the primary lesion.

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Societies' Proceedings

THE OTO-RHINOLOGICAL SOCIETY OF PARIS.

11TH FEBRUARY 1926.

(Abstracted by Michael Vlasto, F.R.C.S.)

A Case cured of Migraine—DISBURY.—The patient, a woman, aged 30, had suffered from migrainous headaches since childhood. She had also sustained a number of head injuries. The latter factor had contributed towards the aggravation of her symptoms and a marked anxiety phobia was present.

All the cutaneous nerve areas of the face and scalp were found to be hyperæsthetic. Treatment consisted in stretching the nerves by digital massage of the face and scalp. After a few applications of this treatment the symptoms disappeared.

Nasopharyngeal Polypus operated upon by the Methods of Doyen and Denker and Electro-coagulation—G. LAURENS.—The exhibitor showed a lad, aged 16, with a nasopharyngeal polypus associated with profuse epistaxis. Removal of the polypus "per vias naturales" was first carried out. The post-operative results were as usual. At the time of the operation, however, an extension of the growth was observed, and in the course of a few days it became as extensive as the original swelling.

The second operation was performed by Denker's method and the removal was complete. A fortnight later, a fresh, small neoplastic outgrowth was observed. On this occasion, the growth was treated by electro-coagulation (two applications at 8 days' interval). Under the influence of the diathermy, the pseudo-recurrence disappeared almost entirely. At that time it was as small as a haricot bean and was tending to disappear completely.

G. LAURENS laid stress on the efficacious and prompt improvement which resulted from the electro-coagulation treatment.

G. WORMS drew attention to the important evidence adduced by radiography in these cases. He instanced a case where the X-ray showed an extension of the growth into the sphenoidal sinus, thus influencing the operator in selecting the paranasal instead of the buccal route of approach.

The After-effects on Respiration from Removal of Adenoids—DU PASQUIER.—The results are based on the examination of 155 children who had been operated upon for adenoid hypertrophy. He found that in 62 per cent. of cases immediate relief was obtained from respiratory obstruction. This result was chiefly observed in cases where the child's constitution was robust and where the respiratory obstruction was slight and of recent date. On the other hand, in cases where the children were puny, the chest undeveloped and the obstruction of old standing, it was not sufficient to rely on Nature to

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restore nasal breathing. In such cases one must assist Nature with respiratory exercises.

Of the 38 per cent. of failures, 4 per cent. are due to the persistence of nasal obstruction, 14 per cent. to glossoptosis and 20 per cent. to a defect in the mechanism of readaptation to nasal breathing. It is these latter cases which respond so well to breathing exercises.

DISBURY said he had experimented with compressed air douche treatment, which he found a very useful addition to the usual breathing exercises.

G. WORMS did not consider that the removal of adenoids always solved the problem of respiratory obstruction in children. He recommended rubber tubes in the nasal fossæ. He found this method perfectly harmless and a useful adjunct to breathing exercises.

Compressed Air Tube in the Nasal Fossæ in Cases of Epistaxis—G. WORMS and G. F. GAUTIER.—The apparatus consists of an outer envelope of thin rubber. Through the lumen of the envelope passes a rigid tube which allows the air to circulate freely to and from the nasal fossa. The outer envelope and the tube are connected together at their extremities, and leave a free space which can be inflated at will by means of a pneumatic bulb. Nasal breathing can be carried on, and at the same time the outer envelope is in firm and extensive contact with the nasal mucosa.

This apparatus can be used advantageously after a submucous resection or after the division of adhesions.

G. LAURENS raised the objection that the apparatus was painful; at the same time, he admitted that it was efficacious and easy to insert.

ABSTRACTS

SURGICAL DIATHERMY

(*Abstracted by H. V. Forster, F.R.C.S., from the Acta Oto-Laryngologica*, vol. vii., Fasc. iv.)

1. *Surgical Diathermy in the Region of the Head and Neck*, by Franz Nagelschmidt, Berlin.

The author describes how a deeper coagulation effect may be obtained with less volume of current by the suitable placing of the indifferent electrode; if placed at a distance, the current follows the line of least resistance and any directing effect is lost. Weaker currents cause weaker depth effects than strong ones, and obviate drying up of the tissue and charring.

After surgical diathermy, the zone of hyperæmia and lymph pressure tends to exudation and not to absorption. During the healing process

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