SOCIETIES' PROCEEDINGS.

AUSTRIAN OTOLOGICAL SOCIETY.

Meeting held October 30, 1905.

President: Prof. v. Urbantschitsch.

Secretary: Dr. Hugo Frey.

Professor Politzer showed *a Histological Preparation from a case of Suppuration of the Labyrinth.*

The preparation came from a man, aged forty-two, suffering from phthisis. He had chronic middle-ear suppuration and a mass of granulations in the tympanic cavity. Weber's sign was positive on the affected side. On a radical operation being done the tegmen tympani was found carious. The posterior fossa of the skull and the sinus were exposed. The sinus was covered with granulations. Several days later death ensued from extension of the lung disease. The decalcified bone was cut in sections from behind forwards. The following conditions were found:

The fenestra ovalis was filled with a mass of purulent granulations which extended into the vestibule. The stapes was so dislocated that the foot-plate lay against the inner wall of the vestibule (a condition not hitherto reported). One of the crura of the stapes was missing, and only fragments of the other remained. The fenestra rotunda was also full of granulations and pus, the membrana tympani secundaria was perforated, and the inner wall of the labyrinth and the utricle covered with granulations. The facial canal was laid bare, its wall being entirely destroyed (no paralysis had been observed clinically). On the promontory was a carious patch from which a fistula ran forwards. Nowhere was there any new bone-formation.

In the cochlea pus was found in the scala vestibuli, on the basilar membrane and the membrane of Reissner, and in the scala media. No changes were found in the remaining parts of the cochlea. This explained the Weber's test. It might be suggested that the stapes was dislocated during the operation; it was hardly possible, however, that it could have been driven against the inner

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press

wall of the vestibule through the mass of granulations, especially in the almost complete absence of the crura.

Professor v. Urbantschitsch showed *a Patient who had suffered from a Discharge from the Attic and Headache for Eighteen Months.*

The effect of syringing out the attic with "salicyl-spirit" was tried preliminary to operation. Through the mistake of an assistant one day, instead of salicyl-spirit, 5 c.c. of carbolic acid was injected into the tympanic cavity. The mistake was noticed at once and the ear thoroughly syringed with water. The following day there was swelling and pain. A tampon was placed in the ear to prevent stricture or atresia. The profuse discharge of pus which made its appearance immediately after the injection quite ceased in three weeks. Since then the ear had been quite dry; the meatus was quite uninjured.

Professor Urbantschitsch remembered a previous case in which concentrated carbolic acid was placed in the ear with the result that the tympanic membrane was permanently destroyed.

Professor Politzer remarked that Burckhart-Morian had described a case twenty years previously in which also after the introduction, by mistake, of concentrated carbolic acid the suppuration completely ceased. In spite of this he would not risk using it.

Professor Pollak said that he had lately had several cases of attic suppuration in which he had been thinking of doing the radical operation, but after treating them by the application of pads soaked in perchloride of iron solution a lasting cure was obtained.

Dr. v. Hammerschlag showed *a Pupil of the Deaf and Dumb School whose case presented some Points of Interest.*

The boy was born on November 19, 1894. His parents—father forty years of age, mother thirty-four years—were not blood relations. He had six brothers and sisters, who, according to the parents, were all normal; as they did not live in Vienna they could not be examined. The child was born deaf; he first commenced to walk at three and a half years.

Although the parents were not related, and in spite of the fact that in the entire ancestry of the child no case of collateral affection could be discovered, and that there were six brothers and sisters who certainly were not deaf, the case was probably one of hereditary degenerative deafness, as the following facts show.

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press

The ear-drums on both sides were approximately normal. No sign of any acoustic power was observed; the child had never attempted to speak. The condition of the eyes was important; there was rotatory nystagmus, the result of congenital amblyopia; the fundus was normal. The forehead was very narrow; there was a protruding upper jaw, high palate, and on the left side an undescended testicle; from the forehead to the vertex ran a streak of white hair.

The condition of the nervous system was as follows: The child had an unsteady, flat-footed gait, the upper part of the body swung backwards and forwards; when going slowly the child staggered frequently from side to side, the movement reminding one of a drunken man. There were also other symptoms of cerebellar ataxia. The boy was a complete idiot, and had not so far shown ability to understand pictures.

The combination of derangements, deafness from birth, congenital amblyopia, and partial albinism, showed that the child must be regarded as an hereditary degenerative deaf mute in spite of the absence of the usual family history.

Dr. F. Alt exhibited *an Anatomical Preparation showing Cure of Thrombosis of the Sinus.*

The specimen came from a man who died of purulent meningitis subsequent to caries of the tegmen tympani and of the posterior wall of the pyramid. Almost the entire transverse and the sigmoid sinuses were filled with a solid cord, the size of a quill. No change was found in the other sinuses. Dr. Alt said that in the pre-operative days of otology frequently cases of purulent thrombosis of the sinus which got well without active interference were observed. The preparation submitted showed the condition of a sinus after cure of a septic thrombosis. No lumen remained, the sinus being completely occluded by dense fibrous tissue.

Dr. Alexander referred to a case seen at Neusser's clinic in which all the sinuses were obliterated on the affected side. In a further case of pyæmia caused by ear disease there was purulent thrombosis of the sinus and extra-dural abscess; in this case the focus of disease in the sinus was closed off by a mass of connective tissue.

Dr. Ernst Urbantschitsch showed *a Case in which Ménière's Symptom-Complex was Cured by a Gynæcological Operation.*

The patient had suffered from typical attacks of Ménière's dis-

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press

ease (deafness, loud noises, nausea, vomiting, dizziness) for two years, and had been confined to bed in consequence.

Eighteen months since a colporhaphy was performed to cure a prolapse of the uterus; for six weeks afterwards the attacks were much less frequent, and since then there had only been three attacks, two of them quite short, and all three after severe emotional disturbances. During the last twelve months there had been no attack. On examination of the ears, the ear-drums were seen to be slightly opaque, the Eustachian tubes were quite patent. On the right side there was severe deafness. There was horizontal nystagmus towards this side. It was difficult to explain the influence of the gynæcological operation on the attacks. Dr. Urbantschitsch suggested that possibly the anæsthetic was in some way responsible.

Dr. Heinrich Neumann showed (*a*) *a Patient who was attacked by an Acute Otitis after a Nasal Operation.*

Six days after the operation there was a rigor, with high fever and symptoms of a mastoiditis. Under local anæsthesia the mastoid process was opened, without, however, any relief to the symptoms. Thinking that there might be a thrombosis of the jugular vein, Dr. Neumann exposed it at the lower end of the sinus. Severe bleeding prevented the examination of the vessel-walls, and showed that at least there was no obstructing clot. The rapid improvement of the symptoms, however, after the operation, seemed to point to the presence of a partial thrombosis.

(*b*) *A Child, aged eleven months, who suffered from Transitory Facial Paralysis after a Radical Operation.*

The paralysis came on after the cavity had been packed, and lasted several hours.

Professor v. Urbantschitsch suggested that it might have been caused by hyperæmia.

(*c*) *A Patient, aged sixty, who for four months had suffered from great Pain in the Ear and loud Subjective Noises.*

After Politzer's air-douche there was temporary vertigo and tinnitus, which ceased on inclining the head forwards. The mastoid process was anæsthetic. After paracentesis, pus, apparently under great pressure, escaped. Latent mastoiditis was diagnosed, and the mastoid process trephined. A bacteriological examination of the pus showed the presence of a diplococcus.

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press

Dr. BIEHL remarked that in these latent abscesses diplococci were generally found. He had had three cases, in all of which were diplococci of great virulence.

(*d*) *A Specimen showing an Abscess of the Cerebellum.*

Professor POLLAK described *Methods for carrying and keeping aseptic Dressings and Small Instruments.*

The method for the former consisted of small boxes in which the sterilised dressing was wrapped up in a bandage form, so that only the amount required for immediate use need be disturbed; for the latter, of a conical glass tube, with cap, filled with sterilised liquid paraffin, in which a paracentesis needle or other small instrument could be kept ready for immediate use.

Professor POLLAK also showed *an Instrument for Vibration Massage of the Ear-Drum.*

It consisted of an oval, hollow ball of soft rubber, which was introduced into the meatus, making it air-tight, and was then vibrated by means of a motor.

Dr. ALEXANDER showed four cases:

(*a*) A workman, aged seventeen. Suffered from chronic suppurative otitis media and interna. Cholesteatomata. Fistula of external semicircular canal. Facial paralysis. The radical operation was performed, the labyrinth removed, sinus and dura mater of posterior fossa exposed. The case made a good recovery. Bacteriologically the diplococcus pneumoniæ was found.

(*b*) A turner, aged eighteen. Suffered from chronic suppurative otitis media. Thrombophlebitis of sinus lateralis, bulb, and jugular vein. Pachymeningitis externa and interna of posterior fossa of the skull. The radical operation was done; the sinus, bulb, and internal jugular exposed; posterior fossa opened; pus and thrombus removed from the internal jugular, and a clot 6 cm. long from the lateral sinus. Afterwards some prolapse of the cerebellum; otherwise a good recovery.

(*c*) A case of chronic suppurative otitis media, thrombophlebitis of the lateral sinus, with perforation to the exterior, and formation of an extra-dural abscess. Radical operation. The sinus was exposed and its lateral wall removed. The internal jugular was exposed in the neck and ligatured. An uninterrupted recovery.

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press

(*d*) A child, aged six, with symptoms of meningitis. The cerebro-spinal fluid was cloudy but contained no bacteria, optic neuritis, chronic suppurative otitis media, abscess of the temporal lobe, radical operation, opening and draining abscess, recovery. During the convalescence dysphasia, bradyphasia, right-sided hemianopia, and paralysis of the right extremities supervened, but eventually the recovery was complete.

Knowles Renshaw.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

One Hundred and Sixth Ordinary Meeting, May 4, 1906.

CHARTERS J. SYMONDS, F.R.C.S., *President, in the Chair.*

The following communications were made:

THREE CASES OF SYPHILIS IN ONE FAMILY, (?) COMMUNICATED BY ORAL INFECTION FROM ONE TO THE OTHER; WITH PHOTOGRAPH.

Shown by Dr. H. J. DAVIS. The three patients were exhibited. The first to develop syphilis was a child aged eleven. There was no evidence of genital infection, and she was a virgin, and first attended under his colleague Dr. Abraham, in the skin department of the West London Hospital last autumn, with a "dusky, macular eruption on arm, legs, body;—tonsillitis, severe adenitis, and enlarged glands in neck and groin, but no appearance of primary sore." She was treated with mercury, and the rash soon vanished under treatment.

The child's grandmother, aged sixty—a widow fourteen years—nursed and slept with the child during her illness. Last December she became ill, and in February came under his (Dr. Davis') care, looking extremely ill with tonsillitis, adenitis, a typical rash, and early iritis, and she was at the present moment suffering from virulent syphilis. There was no evidence of any primary sore.

A fortnight ago the child's aunt, who was inhabiting the same flat as the child and her grandmother, attended in the surgical out-patient department of his colleague Mr. Baldwin, with a

https://doi.org/10.1017/S1755146300177546 Published online by Cambridge University Press