Mr. Kelson remarked on the slight induration around the sore on the lip, and emphasised the importance of diagnosing these cases early.

Dr. Davis, in reply, said the patient had some carious teeth, but the glandular enlargement was due, he thought, to the specific disease. Induration in these sores was usually very slight. No doubt the infection had entered by a crack in the lip. He had some time ago investigated the spread of the disease in one family in which four individuals were infected through the mouth. Dr. Abraham had informed him that in Africa and elsewhere in the tropics the extra-genital syphilis ran through whole families. Since the notes on this case had been made he had discovered that a sister of the patient was suffering from the disease, mucous patches having appeared in the mouth and on the tonsils.

THE BERLIN OTOLOGICAL SOCIETY.

November 6, 1908.

Dr. Lucae *in the Chair.*

Abstract of the Report of the Proceedings by Dr. Sonntag.

Tinnitus Aurium of a Clicking Character.

By Dr. Grossmann.

The patient was a woman, aged twenty-three. The tinnitus could be heard by others, and was the more peculiar as it gave the impression of originating in the nose since the sound seemed to issue from the nostrils. The cause was a clonic spasm of the M. tensor palati, which could be seen during inspection of the nares.

Exfoliation of the Cochlea.

By Dr. Lucae.

This was a man, aged sixty-five, whom he had had under observation for some years, and whose right ear was the seat of an extensive caries and a cholesteatoma had formed. All operative interference had been declined, so that the treatment had been purely expectant, and two sequestra had been discharged from the inner ear, which represented almost the entire cochlea, after which healing took place within a short while, and the cavity was now soundly covered with epidermis. Shortly before the cochlea had exfoliated the patient remarked that he heard decidedly better

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with the right ear, and on examination it was further discovered that it made no difference whether this meatus was closed or open whilst the left ear was occluded. The patient also observed that he could hear conversation on the right side better whilst in noisy surroundings if he closed the sound ear on the left side. The tuning-forks C 4, C 3 and C 2 were heard on the right side, this fact being determined as follows: The meatus being closed the tuning-fork was held close to the right ear till it could no longer be perceived; the meatus was then uncovered, when it was found that the note could again be heard. C 5 and C 6 were not heard. Some difficulty arose in explaining this condition, as it was not known precisely how much of the cochlea remained.

Dr. Lucae referred to the "noise" apparatus which Bárány had lately introduced for the purpose of absolutely eliminating the perception of one ear whilst the other was being investigated, and remarked that he himself had already, for the last year, adopted a similar method by utilising the oto-massage machine.

Dr. Schäfer considered that the solution of this phenomenon lay in the conduction of the sound-waves through the skull. Possibly also tactile sensibility should be taken into account.

Dr. Dennert had made similar observations to those of Dr. Lucae in a case in which he had had to remove the vestibule, semi-circular canals and cochlea on account of caries.

Dr. Wagener suggested that closing one ear in itself produced noises which interfered with the accurate perception of the other ear. Thus the improvement reported in the case in question should not be regarded as dependent on a maintained power of perception, but as attributable to the removal of a disturbing influence from the sound ear.

Dr. Lucae, in reply, said that he had carried out the tests in this case in the following manner: The hearing was first tested with the sound ear closed and the diseased one open, and then, whilst the tuning-fork could still be heard by the diseased side, the sound side was suddenly opened, and then also the note was still heard in the diseased ear because the power of perception in the sound side was depreciated. The fact that some musical sounds and conversation were heard on the diseased side pointed to the conclusion that there were still some "islands" of hearing remaining.

Dr. Clauss remarked, in reference to Weber's test, that when the tuning-fork was placed on the vertex the sound-waves were not merely confined to the bone but also set the air in the meatus in

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motion, as, indeed, Dr. Lucae had demonstrated both in the cadaver and the living subject. When the ear was closed the sound-waves were reflected on to the tympanic membrane and the note thereby intensified.

Dr. DENNERT said that sound-waves were conducted with less intensity by air than by media of a firmer character. Weber's test was of little value for purposes of differential diagnosis by itself on account of the varying consistency of skull-bones, and it should only be regarded as corroborative, the chief point being to test the hearing by air-conduction.

Dr. LUCAE reminded the meeting that he had previously described a test which showed that the intensification of the sound during Weber's test was dependent on the relation both of the meatus to the lower tuning-forks and of the length of the sound-waves to that of the meatus, and that the intensification of the sound was due to resonance.

Dr. DENNERT recommended caution in the investigation with conversation tubes, as different results were obtained with tubes of different diameter.

CYSTICERCUS RACEMOSUS OF THE BASE OF THE BRAIN CAUSING DISTURBANCE OF HEARING.

BY DR. BENDA AND DR. SCHWABACH.

The patient was a woman who suffered with giddiness, left-sided headache, and extreme deafness in the left ear. The tympanic membrane was normal on both sides, the range for whispers on the right normal, on the left almost *nil*. The discs were choked, and she had facial paralysis on the left side. Weber was referred to the right ear; there was no nystagmus. Lumbar puncture revealed a clear fluid under raised pressure. Disease of the inner ear was diagnosed, due to a tumour of the cerebellum involving the eighth nerve. At the autopsy a *Cysticercus racemosus* was found at the base of the brain, with inflammatory thickening around the facial and auditory nerves.

Dr. BENDA, who performed the *post-mortem* examination, said that he had found a *Cysticercus racemosus*, a form of the *Cysticercus cellulosæ*, which, as Zenkers has pointed out, exhibits a preference for the meninges, and which takes a rather long time to develop. One could even see with the naked eye that the tumour invaded the medulla. Other cysticerci were also found in the ependyma. The condition had given rise to a certain amount of giant-celled

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infiltration, so that in this respect there was some resemblance t syphilitic and tubercular tumours.

A Tumour of the Petrous Bone Associated with Multiple Paralyses.

By Dr. Bielschowsky and Dr. Schwabach.

This occurred in a woman whose tympanic membranes wer normal, who had facial paralysis, and suffered from dizziness an vomiting. A tumour lying in the angle between the pons and th cerebellum, involving the eighth nerve, was diagnosed. Th hearing on the right side was normal, on the left side complet deafness. There was no nystagmus. Weber to the sound ear.

Post mortem a tumour was found invading almost the whol petrous bone.

Dr. Bielschowsky laid stress on the paralysis as a means o differential diagnosis. No less than eight nerves were paralysed which was to be explained by the growth in the petrous bon pressing on the nerves as they issued through the foramina. A tumour in the angle between the pons and the cerebellum did no affect the nerves so soon. On the other hand, a tumour in th petrous bone was usually slower in its development. The lack o cerebellar symptoms, cerebellar ataxia, and conjugate deviation o the eyes all were in favour of a growth of the petrous bone.

Dr. Sturmann had examined the larynx in this case and had at once been able to recognise paralysis of the arytænoideus posticus; later complete recurrent paralysis had occurred.

Dr. Wagener asked if the caloric nystagmus had been investigated.

Dr. Schwabach replied that this had not been tested, since at the time when this case first came under observation (three years ago) no importance was attached to this test.

Dr. Wagener considered that the failure of response to the caloric tests was a very early symptom in cases of tumour of the eighth nerve. Multiple paralyses were of little value in differential diagnosis, since tumours of the petrous bone commenced in various positions. The condition of the tympanic membrane was the most important point, as tumours of the petrous bone were nearly always associated with middle-ear disease. X-ray pictures were also of use, because lesions of the mastoid process could be demonstrated by this means.

Dr. Grabower agreed with Dr. Bielschowsky as regards his

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view of tumours in the angle between the pons and the cerebellum.

Dr. WAGENER had found the same symptoms described in nine cases of tumour involving the auditory nerve, viz. choked disc, destruction of the cochlea, failure of vestibular reaction, and facial paralysis.

Dr. BIELSCHOWSKY did not rely on any one single symptom, but was in agreement with the other speakers as regards the value of choked discs in cases of cerebellar tumours.

Dr. SCHWABACH, in conclusion, took exception to the statement that tumours of the petrous bone were nearly always due to middle-ear disease; in his case the tympanic membrane was normal.

GUMMA OF THE MASTOID PROCESS WITH SYPHILITIC LESIONS ON THE FLOOR OF THE NOSE.

BY DR. BRUNCK.

A CASE OF LUXATION OF THE INCUS.

BY DR. BEYER.

The patient, after a fall on the stairs, suffered from a discharge in the ear and tinnitus. In the right ear the hearing was normal, on the left side whispers were only heard *ad concham*. Weber was referred to the diseased side. As the discharge ceased a whitish protuberance could be detected in the posterior superior quadrant, which gave the impression of bone to the probe and which could only be the dislocated incus. Dr. Passow had removed the incus under a general anæsthetic; the long process of this ossicle was found to be broken. The tinnitus ceased immediately after the operation, and the patient could now hear whispers at a distance of three to four metres.

ALEX. R. TWEEDIE.

Dr. O. T. FREER, Professor of Laryngology at Rush Medical College, Chicago, U.S.A., has been elected Corresponding Fellow of the Danish Otological and Laryngological Society.

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