noise, but the temporary improvements become gradually less until they entirely cease.

Treatment.—Preventative treatment is the only one of value, and this implies that all workers (especially those affected with boiler-makers' deafness) in noisy metal workers' shops should wear sound deadeners. I prefer "Aurotectors."

When that desired day arrives when the Ministry of Health can indulge in legislation for the protection of the various classes of workers, it is to be hoped that the "boiler-makers" will not be entirely forgotten.

SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

February 16, 1923.

Chairman—Sir CHARLES BALLANCE, K.C.M.G., M.S.

Otosclerosis and Osteitis Deformans: A Pathological and Clinical Comparison—G. J. JENKINS, F.R.C.S.—The paper and the discussion will be published in the *Journal of Laryngology and Otology*, July 1923.

Case of Necrosis of the Left Temporal Bone, involving Facial Nerve and Labyrinth, following Triple Infection of Scarlet Fever, Measles, and Diphtheria, in a Child aged 7—J. F. O'MALLEY, F.R.C.S.—7th March 1922: Patient admitted to hospital with scarlet fever and measles (co-existent). Child has been ill four days. Temperature normal. (Under care of Dr W. J. J. Stewart, Medical Superintendent.) 14th March: Temperature 103° F. 15th March: Temperature 104° F. 16th March: Temperature 105° F. Apparently a very severe attack of measles. 22nd March: Nasal discharge and left otorrhœa; purulent conjunctivitis right eye; trace of albumin in urine. 23rd March: Throat inflamed; swabs from nose, throat and ear; positive to Klebs-Loeffler bacillus; 8000 units of antitoxin given twice on that day. 24th March: Redness behind left ear over mastoid; left facial paralysis; incision down to bone under general anæsthesia; no pus; wound packed and fomented; hearing normal (W. J. J. S.). 25th March: Temperature down to 100° F. Less nasal discharge. 28th March: Left facial paralysis continues; in mastoid wound large area of dead bone is seen; hearing impaired

https://doi.org/10.1017/S0022215100024671 Published online by Cambridge University Press

left side. 29th March: Antrotomy; no pus in antrum or mastoid cells (W. J. J. S.).

1st April: Case seen by Mr O'Malley. Wound very unhealthy and not granulating; area of dead bone large and apparently affects whole of mastoid process. 13th May: Chicken-pox. 25th May: Swelling behind right ear; incision down to bone and pus evacuated under local anæsthesia; swab negative to Klebs-Loeffler bacillus (W. J. J. S.); healed uninterruptedly. 1st June: Floor of left mastoid wound occupied by dead bone. 15th July: Sequestrum of bone separated. 15th September: Large piece of bone separated; more dead bone in deeper parts. 7th December: Operation. There was a depressed irregular wound, scarred at the edges, with pus and dead bone in the centre; under general anæsthesia scarred edges resected and trimmed; dead bone removed; plastic of external meatus done and post-aural wound closed; drained through ear as in radical mastoid. 25th January 1923 (present state): Wound healed; slight discharge from ear occasionally; facial paralysis less apparent. Vestibular test: Cold caloric, no response; C2 tuning-fork (right ear closed) not heard.

Mr O'MALLEY said that he had made inquiries about symptoms suggesting that the labyrinth was affected before he saw the case. The Medical Superintendent said there were several attacks of retching on the night of 24th/25th March, twenty-four hours after the onset of the mastoid condition; during the period of the mastoid condition the child was very ill, and could not swallow food, but was nourished with saline and glucose for ten days.

Mr MARK HOVELL said that for a long time past he had felt it greatly to be regretted that the disinfection of the naso-pharynx was not universally regarded as a routine treatment in cases of measles, scarlet fever, and some other infectious diseases. If this were systematically done, he believed it would prevent middle-ear complications in many cases. Disinfection was easily done by spraying collosol argentum through the nostrils.

Sir CHARLES BALLANCE (Chairman) said that he remembered having had diphtheria long ago, before the days of the antitoxin, even before the organism had been isolated; his nose had been sprayed with sulphurous acid, which was very unpleasant, but might have been effectual, as he had no mastoid or ear trouble afterwards and had made a good recovery.

Parotid Fistula in the Scar an Old Mastoid Wound—H. J. BANKS-DAVIS, M.B.—A woman, aged 23; has had operations on both mastoids. Two operations have been performed on the left side.

The secretion exudes from a pin-point depression at the lower end of the scar on the left side. The flow is periodic and "occurs when she is eating."

Mr Norman Patterson has shown a similar case—the condition is not uncommon.

https://doi.org/10.1017/S0022215100024671 Published online by Cambridge University Press

Abstracts

Laceration of Meatus and Tympanic Membrane produced by a Celluloid Knitting Needle—H. J. BANKS-DAVIS, M.B.—A woman, aged 40, with severe hæmorrhage, continued for several hours: the meatus had to be tightly plugged in order to arrest it. It was venous bleeding, and the question is: "What was the source?" Blood came down the Eustachian tube. The patient is well now, except for vertigo. It is unlikely that the jugular bulb was injured.

Mr J. F. O'MALLEY referred to a similar case of injury to the tympanic membrane, in which there were symptoms of the same kind, though the hæmorrhage was not so severe as in Mr Banks-Davis's case. There was, however, considerable vertigo. He (Mr O'Malley) had often wondered what was the pathological lesion which caused the vertigo.

Sir CHARLES BALLANCE (Chairman) said that he remembered the case of a nurse at St Thomas's Hospital, long ago, whose ear had been syringed by another nurse with a long-pointed syringe, which slipped and went through the tympanum, impinging on the inner wall. The patient fell down as if she had been shot, and had very severe vertigo for a long time; she could not resume duty for eighteen months.

ABSTRACTS

EAR.

Beethoven's Deafness. GEORGE CANUYT, Strasburg. (*Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx*, January 1923.)

In a long and sympathetic article the writer tries to throw some light on this subject by an analysis of Beethoven's personal letters. He touches on the great musician's birth at Bonn in 1770, on his early life and achievements, and describes his characteristics. In 1796, at the age of 26, his ears began to be affected. Tinnitus constantly assailed him, day and night, but until 1800 he kept his affliction secret from even his dearest friends. After this period he sought solace and sympathy by writing to his friends of his trouble, but he became more and more of the recluse. Eventually he was forced to use artificial aids to hearing, and these are still preserved at Bonn. In fifteen years from the onset of his deafness, he was totally deaf. He died in 1827 of an abdominal complaint.

Autopsy revealed much ascites and a hobnailed liver. The pinnæ of the ears were large and irregularly formed, with deep and spacious external auditory meatuses. The Eustachian tubes were open, and

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