vertigo followed a left radical mastoid operation for continued suppuration, when a piece of bone-chip was found in the region of the foramen ovale covered by a tough fibrous diaphragm. Unfortunately the chip was lost. No cholesteatoma found; absence of malleus and incus.

Before operation.—Foul left-sided discharge; hissing tinnitus on left; no nystagmus but patient is unable to look to right on account of increased vertigo; subjective rotation to left, "floor seems to rise"; patient tends to fall forwards; past-pointing to left with left arm only and very marked positive fistula sign on left. Right ear dry.

	Right.	Left.
Whisper	12 inches.	Nil.
Conversation	Over 18 feet.	At meatus.
Lower limit	256 d.v.	512 d.v.
Absolute bone-conduction to 512 d.v.		Diminished 10 secs.
Rinne		Negative to 512 d.v.

AUSTRIAN OTOLOGICAL SOCIETY

Meeting February 25th, 1935

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, May, 1935

By A. R. TWEEDIE

CASES

Isolated Loss of Function of the Horizontal Semi-Circular Canals in Lues.—JOSEF FISCHER.

A woman, aged 33, was shown who had been referred to the Exhibitor's Clinic with diagnosis of "Sklerosis Portionis" and the request for a report on the aural condition. On examination, the aural fundi were normal, conversation range normal. No depreciation of bone conduction, no spontaneous nystagmus, disturbance of equilibrium or fistula symptoms, but, whilst there was no response to the caloric test on either side, the galvanic reaction was normal.

Rotation showed a normal but much reduced nystagmus in respect of the frontal canals and a normal reaction for the posterior vertical canals, but no nystagmus was elicited in testing the horizontal canals on either side.

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Blood.—Wassermann positive.

The case was shown as an example of an unusually isolated lesion of the horizontal canals and also as indicating the importance of otological examination, since the department which had referred the case to his Clinic had stated that the changes in the " portio " were *not* of a luetic nature.

In commentary, Neumann referred to the case of a woman, aged 26, who had lately attended his Clinic with a one-sided keratitis and slight depreciation of hearing on both sides. The keratitis was parenchymatous and was considered to have no relation to the lues by opthalmologists in Vienna, Zürich and Hamburg. In this case the caloric reaction was lost but the rotation reaction retained on both sides—in view of which fact he had still considered that lues was the most likely ætiological factor and had therefore requested a most careful examination of both the blood and the cerebrospinal fluid for a report on the Wassermann reaction but had only received the reply that these afforded no suggestion whatever of a luetic infection.

He was therefore forced to the conclusion that absence of the caloric reaction with retention of a normal response to rotation could not be regarded as pathognomonic of lues. He made these remarks, not as criticisms of the ætiology of the case shown by Fischer,—the diagnosis of which was proved,—but by way of drawing attention to the fact that such cases of atypical response to the vestibular tests were not necessarily always associated with this infection.

Exacerbation of right-sided Chronic Suppurative Middle-ear Disease following removal of Polypus. Temporo-Sphenoidal Abscess. Radical Operation. Recovery. —F. ALTMANN.

A girl, aged 4, was admitted to hospital on *December 8th*, 1934 with the history that she had suffered from a continuous right-sided otorrhœa since six months old.

Eleven days previously a polypus had been removed, since when the temperature had varied between 38° and 39° C.

On admission, the temperature was 39·6° C. and the pulse 115. Mental condition normal. Marked neck stiffness and positive Kernig. Babinski, negative. Pupils, cerebral nerves, and nose, normal. Tonsils enlarged.

Ears.—(Right) Meatus occupied with fœtid secretion. Total destruction of tympanic membrane. Granulations on inner tympanic wall and antro-attic region occupied by cholesteatoma.

(Left) Normal.

Voice range (Right) 20 cm. Prompt caloric reaction. No fistula symptom.

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Physician's and Oculist's report.—Nothing abnormal detected. Cerebrospinal fluid cloudy. No raised pressure but polymorphonuclear leucocytes in abundance. Culture sterile.

Immediate Operation.—Mastoid sclerotic. Cholesteatoma. The dura of the middle and posterior fossae as well as the sinus having been freely exposed by removal of the bone, a large fistula was found behind the petrous bone leading into the middle cranial fossa, exploration of which evacuated a very offensive abscess. Rubber tube drainage, which appeared to function well.

9.12.34. Temperature 38·1° C, pulse 125. Restless. Wound re-dressed but tube found not functioning. A smaller tube was therefore substituted.

10.12.34. Temperature 38·3° C. Generally much improved. Wound re-dressed. Tube again not found draining and therefore removed and abscess cavity lightly packed with iodoform gauze.

11.12.34. Temperature 37·1° C. Re-dressed. Gauze in abscess cavity removed. Cavity itself irrigated with H_2O_2 and re-packed as before.

Although the outer dressings were changed in the meantime, the gauze in the abscess cavity itself was now left undisturbed for thirty days, in spite of intercurrent measles and pneumonia, when it was gradually shortened and finally completely removed on *January 22nd*, 1935. The general and local condition were then completely satisfactory, and on *February 7th* the patient was discharged with a healed operation wound.

The case had been shown as a condition which is not very frequent in a child so young and as demonstrating that the tubal method of drainage was unsatisfactory, whilst iodoform gauze packing left undisturbed for thirty days was successful.

Otitic Temporo-Sphenoidal Abscess—treated by gauze packing left undisturbed several days. Recovery.

—E. VERMES.

A woman, aged 33, who had suffered many years from deafness in the left side was admitted to hospital on *November 28th*, 1933 complaining that ten days previously, following a sore throat, she had had severe pain in the left ear associated with raised temperature and, for the last four days, otorrhœa and headache.

Examination indicated an infection of an old cholesteatoma.

The following day the temperature rose to 38·8° C. Cerebrospinal fluid clear but with twenty lymphocytes to the c.cm.

Neurological report.—Negative except for a slight tenderness over the cervical vertebrae. Oculist's report.—Negative.

A radical operation was undertaken for evacuation of the cholesteatoma, when the dura of the middle cranial fossa and the

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lateral sinus were found to be already exposed pathologically, but puncture of the sinus revealed normal bleeding.

December 1st, 1933. Recurrent left headache and vomiting.

December 3rd, 1933. Condition unchanged. Temperature 39·2° C. Sensory aphasia. Ocular fundi normal.

December 4th, 1933. Aphasia more definite. Per-severation. Temperature 39·5° C. Cerebrospinal fluid opalescent. 500 polymorphonuclear cells to the c.cm. Exploratory puncture of the middle cranial fossa with evacuation of a large amount of fœtid pus. Filiform drainage tubes laid into the abscess cavity some 2·5 cm. with apparent slow but functional action.

December 5th, 1933. Increasing stupor—drainage tube inefficient. Abscess cavity opened with sinus forceps and packed lightly with iodoform gauze.

December 8th, 1933. General and local improvement.

December 10th, 1933. Commencement of shortening of gauze packing which was repeated at intervals, but not finally removed until *January 28th*, 1934, thus having been left *in situ* for fifty-two days.

March 11th, 1934. The patient was able to be discharged completely healed.

A lengthy discussion followed on the after-treatment of abscess of the brain in which many took part, comparing the various forms of drainage with tubes, filiform bougies and this method of light packing by gauze, which was gradually removed after having been left in position for many days. The general conclusion was, that each of these methods had their particular use, and, that which form should be adopted, was a matter for judgment by the surgeon in charge. The opinions expressed supported, a dictum attributed to Neumann, that every otologist who had been successful with one particular method continued to use this method until he met with a fatal failure.

Extensive Sinus Thrombosis. Temporo-Sphenoidal Abscess following acute exacerbation of Chronic Suppurative Middle-ear Inflammation.

—Ernst Urbantschitsch.

A man, aged 37, was transferred from the Medical Department of the Hospital on *June 6th*, 1933 with the history that he had suffered from a right-sided otorrhœa for five years and that some two weeks ago he had severe headache (chiefly sub-occipital) with giddiness, rigors and a temperature reaching 40° C.

Examination.—Pupils equal, normal reaction. Pulse 156. Neck stiffness. Normal reflexes. Albuminuria.

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Blood count: leucocytes 12,300, mature forms 79 per cent., immature forms 13 per cent., lymphocytes 8 per cent., monocytes nil, eosinophils nil, protoplasm hazy.

Ears.—Right: large defect of tympanic membrane. Profuse otorrhœa. Left: nothing abnormal detected.

Rinne, negative. Weber to the right. Spontaneous nystagmus to the right. Caloric reaction prompt. No fistula symptom.

Reflexes.—Abdominal lacking. Patella, right greater than left. Achilles absent. No Babinski. No foot clonus. Calves and eyeballs very tender on pressure. Marked neck stiffness and Kernig. Partly delirious. Commencing papillitis right.

June 8th, 1933. As the fever continued to be pyæmic and the patient became unconscious and two rigors had occurred and lumbar puncture showed a clear fluid but a slightly raised pressure, a radical operation was performed. A large peri-sinus abscess was found with extensive involvement of the sinus wall and destruction of the middle ear and attic by a cholesteatoma, and associated with extremely offensive pus under pressure.

As the dura of the middle fossa on exposure showed very clear inflammatory disturbance, the underlying brain was explored and an abscess containing about 1 drachm evacuated. The sinus was now laid bare in its whole extent, opened, and a large thrombus removed but even then, only incomplete bleeding was obtained. The internal jugular vein was ligatured. Four hours later the patient died.

Pus in the abscess contained streptococci and anærobic gram positive bacilli—the cerebrospinal fluid was sterile.

VIENNA LARYNGO-RHINOLOGICAL SOCIETY

Meeting March 5th, 1935

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, August, 1935

By A. R. TWEEDIE

CASES

Injury to the right maxilla. Hæmatoma distorting the antrum. Involvement of the trigeminal nerve.

—L. FORSCHNER.

A man, aged 40, was shown who fourteen days before had fallen downstairs against the corner of a table. He was able to get up and return home but suffered severe pain. The face and eyes were swollen to such an extent, associated with such severe epistaxis,

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