## AUSTRIAN OTOLOGICAL SOCIETY.

*Meeting held November 27, 1905.*

*Chairman*: Prof. V. Urbantschitsch.

Dr. F. Alt demonstrated *a Histological Preparation from a Specimen showing Closure of the Sinus with Connective Tissue, which was shown at the last meeting.*

The histological preparation proved that the sinus was completely obliterated.

Dr. Otto Grosser showed *Models of the Human Embryonic Skull.*

One model represented the human skull at the third month of gestation eight times enlarged. A second model showed the region of the right ear fifteen times enlarged. The first model showed very clearly the two methods of bone-formation which are found in the skeleton of the ear.

Professor A. Politzer remarked that the models were of very great interest. Meckel, in his work, left the question whether the processus folianus was formed from Meckel's cartilage or not uncertain. Here it was obvious that the processus folianus originated independently.

Dr. H. Neumann showed *a Preparation of Abscess of both the Temporal Lobe and Cerebellum.*

The specimen was from a girl, aged ten, who had suffered for a year from chronic suppurative otitis media. For three months she had been confined to bed with diffuse headache, fever, rigors, and vertigo. She had severe rotatory nystagmus towards the left side and also a slight horizontal nystagmus towards the right. The left ear was completely deaf, and there was a tendency to fall towards the left side. Abscess on the left side of the cerebellum was diagnosed and operation decided on. On lumbar puncture sterile fluid containing small flakes (of lymph ?) was obtained.

The dura of the middle fossa was found intact. A small collection of pus was found external to the dura in the posterior fossa. The dura was divided and the cerebellum punctured. Fœtid pus, grey-yellow in colour, escaped at high pressure. Immediately after the operation the oscillations of the eye-ball were exactly the reverse of those above described. The temperature fell to normal, and there was no vertigo. The characteristic nystagmus returned

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before the first dressing of the wound. On aspiration of the abscess-cavity a fair amount of thick, non-fœtid pus was evacuated. During the manipulation the rotatory nystagmus towards the diseased side suddenly ceased, but the horizontal nystagmus towards the healthy side still continued. After packing the abscess cavity the rotatory nystagmus was again conspicuous.

On the following day the temperature was 102·5° F. There was diffuse headache, some stupor, paralysis of the left upper extremity, and complete facial paralysis; fundus oculi normal; slight ptosis both sides. A further operation was not allowed by the relatives. Death took place suddenly on the eleventh day after the operation.

The *post-mortem* examination showed meningitis, the inner surface of the dura being covered with a hæmorrhagic exudation 3 mm. thick. In the left cerebellar hemisphere, close to the pons, was a cavity, the size of a nut, with granulating walls. At the anterior end of the right temporal lobe there was also a small cavity enclosed in necrotic tissue; surrounding this in the parenchyma was a wide patch of encephalitis.

The combination of a right-sided temporal abscess with a left-sided cerebellar abscess gives the case a special interest. It is also noticeable that plugging the abscess-cavity produced nystagmus.

Dr. H. Neumann showed *a Preparation in which the Dura of the Posterior Fossa was displaced inwards and the Sinus compressed by a Neoplasm the Size of a small Apple.*

The tumour was hard and covered with smooth dura. A microscopic examination proved it to be an adeno-carcinoma, in all probability a metastatic growth.

Professor A. Politzer said that in a girl killed accidentally he had seen a tumour of the tegmen tympani. The dura was arched forwards, the tumour—a psammoma—arose from the attic and had dragged the tensor tympani out of position. This growth had not given rise to any symptoms sufficiently severe to cause the patient to take medical advice.

Dr. F. Alt recalled a case of mammary carcinoma, with secondary growths in the middle and internal ear, which he had demonstrated.

Dr. Ernest Urbantschitsch showed a case of *Abscessus Dissecans Profundus of an Unusual Type.*

The patient, aged thirty-seven, had enjoyed good health since

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childhood. On September 15 he was obliged to pass direct from a room with a temperature 125° F. to one 64° F. Immediately afterwards pain on the left side of the head commenced and steadily got worse until September 20, when vertigo and fever supervened. The pain was so severe that the patient was deprived of sleep. On October 17 he came to Vienna. The following condition was found: No otorrhœa. No perforation of the membrane, which was in some respects abnormal. No depression of the posterior upper wall of the meatus. Great pain on percussion or pressure over the surface of the mastoid. Swelling of the soft parts over the lower half of the mastoid process. No improvement with fomentation or application of Ung. Credé, so operation decided on on October 20.

In chiselling into the mastoid nothing abnormal was found, as the swelling over the lower half of the process seemed to point to the existence of a purulent inflammation of the cells near the tip of the process; these were opened, with, however, a negative result. Lastly, the sinus was explored, and here suddenly from one to two tablespoonfuls of thick, creamy pus escaped. The bone encircling the sinus was carious. The case appeared to be one of perisinusitis and extra-dural abscess. Immediately after the operation the patient felt better, and could sleep better than he had done for a long time. Two days later he suffered from laryngeal obstruction. Simple remedies did not relieve the swelling in the larynx, and there was a sensation of deep fluctuation in the neck. On the eighth day a deep incision was made at the hinder edge of the sterno-mastoid, three fingers' breadth below the tip of the mastoid process; about three tablespoonfuls of thick, creamy pus escaped. The abscess cavity proved to be fairly extensive, especially in an upward direction.

The case appeared to be one of Bezold's mastoiditis, but the points of interest are that the mastoid cells were not affected by the purulent inflammation, that the purulent process had quite subsided in the middle ear; in spite of this a perisinus abscess had formed and from it a deep extension had taken place into the neck, but the point where the pus penetrated the bone was not found; it certainly was not through the mastoid process as in typical Bezold's mastoiditis.

Dr. Hugo Frey delivered a discourse on *the Anatomy of the Temporal Bone*.

He suggested a more exact nomenclature for the various parts about the petro-squamous and petro-tympanic sutures.

*Knowles Renshaw.*

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