As regards treatment, injections of ether and alcohol into the tumours themselves might be attempted.

A further report on the case would be given.

Case of Para-Œsophageal Abscess.—C. WIETHE.

This case had been brought forward at the previous Meeting in November and was now shown after a normal convalescence and with a healthy condition of the wound. The patient was able to swallow better and felt very well. On the other hand, the condition of the wound indicated a peculiarity which had been observed in similar cases, namely, that the para- and retro-œsophageal space was only occupied with spongy cellular tissue and showed no tendency to granulate, but the margins of the wound were granulating to such an extent that it was difficult to prevent the wound closing.

AUSTRIAN OTOLOGICAL SOCIETY

Meeting June 25th, 1934

Abstract of Proceedings from the Monatsschrift für Ohrenheilkunde, October, 1934

By A. R. TWEEDIE

CASES

Unusually severe Pyæmia following bi-lateral acute Otitis Media. Recovery.—L. HOFFMANN.

In a boy aged 9½ years, following a sore throat, an acute otitis media occurred on both sides, with a spontaneous perforation at the commencement of *November,* 1933, and continued till *November 20th,* 1933, when the condition was associated with a high fever. After an afebrile interval of four days, as the temperature again rose and was accompanied by frequent vomiting, the child was admitted to hospital on *November 25th,* 1933.

Examination.—General picture of severe septic infection with icterus, temperature 36 to 41° C.; enlargement of the spleen and liver. Culturable hæmolytic streptococci in the blood. As other sources of infection could be excluded the cause was attributed to the aural condition, which showed profuse bilateral otorrhœa with central perforation of the membranes, but without any œdema of the meatal walls or the post-aural region and no local pain or tenderness. *November 30th,* 1933. *Operation.—Right Ear*: Purulent mastoid content under pressure. Sinus found lying unusually far forward. Bone chiefly sclerotic and cellular only in the retro-facial area. The antrum was very deep and difficult to discover, but

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contained only a slight amount of secretion. Puncture of the sinus revealed normal fluid content.

Left Ear: Only a small amount of free pus was found. Sinus in almost normal position.

The following day the child had improved, but on *December 2nd* a painful swelling occurred on the dorsum of the right foot, and as this was an obvious metastasis, and as the right ear was so definitely the chief offender, the right internal jugular vein was ligatured. The temperature rose again the same evening to 40° C., accompanied by a rigor. On *December 5th* a very painful septic infection occurred in the left hip joint, but the general condition of the child improved.

From *December 9th* to *14th*, 1933, the temperature varied from 37 to 41° C. with rigors, and did not respond to treatment with Omnadin, Detoxin, injections of the child's own blood, or Cardiazol-Chinin. An attempt was made to control the pain with Pyramidon and Pantopon. In addition, a blood transfusion of 300 c.cm. was given.

December 22nd, 1933.—The swelling on the right foot was now ready for incision and a large amount of pus was evacuated; seven days later an abscess in the left hip joint was also incised. At this time pneumonia occurred and lasted for about a fortnight.

January 10th, 1934.—As the condition did not improve, the child was treated with streptococcal serum and later was also given on three occasions an intra-muscular injection of 10 c.cm. of his mother's blood. No response, however, occurred to any form of treatment, and on *January 13th*, 1934, another metastatic abscess was opened, in the right shoulder joint.

The next five months demanded very considerable and continuous attention to the various abscesses, but the general condition of the child gradually improved and he was able to be discharged for further observation on *June 8th*, 1934.

Acute Otitis Media with Sub-dural Abscess.

—M. BUCKBAND.

A woman, aged 49, was admitted to hospital on *May 29th*, 1934, with a history that in *April*, 1933, following pain in the right ear, with tinnitus and diminution of hearing, she had had otorrhœa in *April*, 1933. This had since continued, although the tinnitus and depreciation in her hearing had improved.

Since *October*, however, a right-sided temporal headache commenced which had gradually increased in severity, and since *January*, 1934, the temperature had been about 38° C.

Examination.—On admission temperature 37·9° C. Pulse 38. Pupils and cranial nerves, nothing abnormal detected. Nose occupied with crusts and fœtid secretion with underlying atrophic mucous membrane and a large defect of the septum. Pharynx and

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larynx similarly involved. Otherwise normal. Ears: (Right) Mastoid apex tender. Meatus occupied by profuse mucopurulent secretion. Slight œdema of the postero-superior meatal wall. Membrane dark red, no details visible. Anterior inferior perforation. (Left) Normal. Hearing: (Right) whisper a.c. Middle-ear type of deafness. Tube normally patent but no improvement on inflation. (Left) Normal. Vestibular apparatus right and left, nothing abnormal detected.

X-ray Examination.—Right mastoid almost acellular except around the antrum—this area was hazy. No other signs of bone infection. Sinus normal in position but, after repeated examination, an area of destruction was apparent towards the mastoid apex three days later. General examination and Wassermann Reaction normal. Repeated aspiration of the middle ear showed the presence of *B. proteus*. The temperature remained sub-febrile but as the patient continually complained of right-sided headache, as the otorrhœa persisted and a tender swelling occurred over the antrum region, and as further examination indicated a slight increase of the area of destruction, operation was undertaken on *May 12th*. A perisinus abscess containing some 12 c.cm. of pus was opened with the first blow of the gouge and the underlying sinus was found to be necrotic. On continuing the operation the antrum was opened, and exposure of the dura of the middle fossa released some 25 c.cm. of pus under pressure. As the dura was covered with granulations it was still further exposed till a healthy condition was found.

Bacteriological examination of the pus showed the presence of *Streptococcus mucosus*. Uneventful recovery occurred but with a hearing still reduced to the range of whisper at 5 cm.

Thrombus of the Sinus and Jugular Vein reaching to the Vena cava.—F. FREMIL.

A preparation was shown, taken from a boy aged 6 years who, from the first year of his life had suffered from a chronic fœtid right otorrhœa.

Four weeks before admission to Hospital the otorrhœa had greatly increased, accompanied by high fever and frequent rigors. For this condition he was treated by his local doctor for two weeks. The child was admitted to the Hospital in a moribund condition.

An operation was immediately undertaken and revealed a suppurating cholesteatoma with sinus thrombosis. Ligature of the jugular vein showed continuation of the thrombosis, reaching as low as the clavicle where the ligature was applied to the thrombosed vessel. Twelve hours later the child died and at the *post mortem* examination both lungs were found to be occupied by abscesses, and a thrombus in the jugular vein was found to extend, as described, to the superior vena cava.

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In commentary, the remark was made that unfortunately such cases were not uncommon, and it was suggested that the preparation should be shown at the next Meeting of the Children's Specialists, as a complete lack of recognition of such aural complications existed amongst some of these.

Suppuration of the Zygoma and Attic with extension of the abscess beneath the Parotid Gland.—E. RUTTIN.

A boy, aged 9, had a sore throat which began on *May 17th*. Shortly afterwards he complained of pain in the right ear, associated with a transitory otorrhœa. Admitted to Hospital on *May 23rd*, 1934.

Examination.—Right tympanic membrane injected and infiltrated. Details not visible. Mastoid not tender. In front of the ear from the zygomatic region and reaching down to the parotid, an œdematous tender swelling was found with a normal area intervening between it and the auricle. Hearing: whisper at 1·5 metres. Weber not lateralized. Rinne, negative. Bone conduction increased.

Left ear normal.

X-ray Examination.—The mastoid processes on both sides were highly pneumatic. The left was rather more so than the right, and on the right side all the cells were hazy, the boundaries being obscured, especially in the area of the posterior root of the zygoma.

May 28th, 1933.—*Operation*. An incision was made behind the ear extending over the auricle to some 3 cm. in front of the ear. The temporal muscle was split longitudinally and elevated from the underlying bone, where a small fistula was found leading into the posterior root of the zygoma; when this was followed up, a tablespoonful of pus was evacuated. The greater portion of this abscess lay under the parotid. The complete mastoid operation was performed, disclosing an extension of the osteitis over the sinus and the middle fossa, but both the sinus and underlying dura in these situations appeared normal. The appearance suggested a *Streptococcus mucosus* infection. The posterior portion of the zygoma which was similarly affected was also removed, and the plastic operation was then completed, a drainage of the parotid area also being made. Recovery was uninterrupted.

Acute Mastoiditis and Nephritis.—K. LOWY.

After some preliminary remarks on the pathological association of these lesions, the Author offered a report on his observations in respect of cases which had demanded some form of mastoid operation, between the years 1927-33.

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His results are summarized as follows :

(1) In the majority of such cases the local recovery of the mastoid wound ran a normal course.

(2) An acute nephritis followed in ·7 per cent. of cases of acute mastoiditis.

(3) The aural lesions sometimes suggested a local manifestation of nephritis and in other cases appeared as a separate primary affection.

(4) Otogenous nephritis would appear to occur chiefly in childhood, under the age of 15.

(5) In almost all cases the patient completely recovered from the nephritis after the mastoid operation.

REVIEW OF BOOK

The Medical Annual: A Year-Book of Treatment and Practitioners' Index. Fifty-third year, 1935, pp. 600. Bristol: John Wright & Sons, Ltd.; London: Simpkin, Marshall, Ltd. Price 20s.

The Medical Annual is, if possible, more overflowing with good things than ever. The staff of abstractors seem more keen as they become more distinguished in their special lines, instead of relaxing in their efforts as the successful are apt to do.

Mr. F. W. Watkyn-Thomas deals with diseases of the Ear, Nose and Throat with his characteristic thoroughness, and as the most pressing chapter in ear diseases is the death-dealing meningitis, we turn to it, and find fresh enterprise, such as the direction of inflation of the intrathecal space with acetylene gas, and intra-carotid injection of antiseptics. The results so far are not very brilliant. Neumann's and Ruttin's results seem to be encouraging. Otitic meningitis will doubtless continue to number its victims but Mr. Watkyn-Thomas may be depended on to report to us any progress made in the direction of cure. The functions of the saccule—and an organ with such highly developed nerve-supply *must* have functions—in the light of the Wever-Bray response seem connected with vibration-sense and reception of sounds by bone-conduction (Hallpike). The utricle is necessary for forward movement. References are given to important papers on these interesting researches. Lesions producing nerve-deafness are well summarized (p. 114) and discussed. The abstractor realizes that our knowledge

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