Dr. H. J. Davis asked if any of the members had ever seen a case in which the bridge of the nose had fallen in after the resection operation.

Mr. Scanes Spicer said that a true falling-in of the bridge did not occur as a result of resection, and that any objection to the operation based upon such a fear was largely theoretical. At times one saw a dimpling of the bridge after operation, but it did not amount to a deformity. He himself had operated upon children as young as three or four. He did not like the method recommended by Dr. Pegler. Another reason for operating at once in the present case was that as a result of the unilateral nasal obstruction the development of the face was being interfered with, and irregularly formed orbits with consequent strabismus might result.

Dr. Fitzgerald Powell could not agree with the advice to operate upon a patient so young. It would be better to wait until the nose was fully developed. Nothing was to be gained by operating at the present moment; there was no deafness, for example. He had never seen strabismus result from nasal obstruction.

Dr. Lambert Lack said that falling-in of the bridge of the nose was not imaginary, for he himself had seen it occur. But the danger did not exist in adult cases, only in children, and in them the deformity appeared from six months to two years after operation.

Dr. Dan McKenzie believed that there was a certain amount of risk in removing a portion of the septal cartilage in early life. He thought, however, that the question could not be definitely settled until the children who had been operated upon had grown up, and at the present time the resection operation had not been long enough in vogue to supply a sufficiently large number of decisive cases.

Dr. H. Tilley had seen dimpling of the bridge in an adult follow an application of the plough too high in the nose.

The President thought a discreet operation desirable in this case.

Dr. Cathcart, in reply, remarked that the case was a peculiar one in some respects. Enlarged tonsils and adenoids had been removed without relieving the obstruction to breathing. He did not think that the removal of a window would be sufficient. He also had seen falling-in of the bridge after septal resection, the nose becoming tip-tilted as if the septum had been fractured.

AUSTRIAN OTOLOGICAL SOCIETY.

June 28, 1909; *Monats. f. Ohren., year* 43, *No.* 10.

Professor v. Urbantschitsch *in the Chair.*

Abstract of the Proceedings.

Tuberculous Tumour of the Lobule of the Ear.

By H. Frey.

This occurred in a girl, aged twenty-two, who was stated to have suffered with a swelling on the left side of the neck during

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childhood. This, after incision, healed in some three or four years. Four years ago Dr. Kaufmann had removed a tumour from the lobule of the ear, which, however, had commenced to reappear in about a year. The case was first seen by Frey ten days ago, when he had found a swelling about the size of a cherry situated in the lobule, bluish, not tender or painful, the skin over it being thin and not presenting anything peculiarly characteristic of lupus. It was removed under a local anæsthetic and found to be a typical tubercular granuloma. It was suggested that its occurrence was due to an accidental infection from the previous disease in the neck.

Otitic Abscess of the Left Temporo-sphenoidal Lobe.

By F. Alt.

A man, aged twenty-eight, who had been treated in the ordinary way for a left-sided discharge from the ear, due to destruction of the membrane and suppuration in the attic, since the end of January in the "Rudolfsspital," was ultimately submitted to the radical operation on May 18. The bone was abnormally eburnated and the antrum almost obliterated. Up till now the patient had shown no cerebral symptoms, but on the fourth day after the operation a slight paresis appeared and was succeeded by the whole picture of aphasia—loss of memory, sensory and motor aphasia, partial alexia and agraphia, and the pulse-rate dropped to 54, so that all pointed to an abscess in the left temporo-sphenoidal lobe. On May 27 a further operation was therefore undertaken. As the roof of the antrum had been removed at the previous operation the approach was made in this situation, and the dura was found not outwardly altered in appearance but not pulsating. It was opened by a crucial incision, and an exploratory puncture having revealed the presence of pus, the brain was then incised and about 60 c.cm. of foul-smelling matter evacuated. The cavity was swabbed clean with peroxide of hydrogen and packed with iodoform gauze. The pus contained bacilli and cocci, which had not yet been identified with certainty. The aphasia slowly passed off, and in nineteen days the patient could name objects shown to him, and in a few days the other associated symptoms disappeared as well. The discharge ceased in ten days, and the patient, whose general condition was excellent, left the hospital on June 23.

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Simultaneous Affection of the Auditory and Facial Nerves.

By Is. Braun.

A man, aged twenty-four, applied for treatment at the ear department of the Kaiser Franz Josef Ambulatorium on April 18, complaining that he had been the victim of noises in the right ear and giddiness for two days, and had been unable to close the right eye since the day before. Present condition: Paresis of the frontal, palpebral, and buccal portions of the right facial nerve. When standing or walking with the eyes closed falls to the right. Spontaneous nystagmus to the left on looking directly forwards, and even also when the eyes are directed towards the right, but much weaker, with a slight rotatory element (114 jerks to the minute). After ten revolutions to the right horizontal nystagmus to the left, whilst the same number of revolutions to the left evoked only a slight nystagmus to the right, but quite transitory, and soon overshadowed by the spontaneous movement to the left. Caloric reaction to cold water in the right ear did not affect the character of the spontaneous nystagmus to the left. Both tympanic membranes normal. Functional condition of the right ear very much impaired indeed, that of the left ear normal. Weber to the left. As he had had syphilis at the end of 1908 he was treated accordingly, and in some two months' time the symptoms had all very much improved, and his range for whispers in the left ear was about 4 metres.

Braun considered the most probable cause of this condition to be a circumscribed basal meningitis, venereal in origin, and submitted that this case might help towards the establishment of the differential diagnosis between intra- and retro-labyrinthitis, inasmuch as in this instance the affection of the two nerves did not run a parallel course, but that the symptoms referable to the vestibular branch reached their maximum intensity earlier than those due to involvement of the auditory nerve, and he reminded the audience of the discussion which had taken place at their last meeting in this relation.[1]

Congenital Deformity of Both Auricles with Complete Atresia of the Meatus; Operation on One Side with Improvement in the Hearing.

By E. Ruttin.

A boy, aged five, was brought on May 6 by his mother with the

[1] See report, Journ. of Laryngol., Rhinol., and Otol., December, 1909, p. 702.

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request that an operation might be performed. He was admitted to the clinic and watched for some two weeks. It was found that the patient could hear no call or shout, but showed some response to a rattle or trumpet close to the ear. Rotation revealed a typical normal reaction on both sides. In spite of the inability to promise any result in the light of these circumstances, at the very urgent request of the mother that at least on one side something should be tried, Ruttin consented to operate. To this end he decided to try and manufacture a meatus with the hope of improving the hearing. The bony meatus was non-existent, and only represented by a strand of fibrous tissue and fat. The antrum was large and contained portions of the ossicles, consisting of an incus with a much attenuated long process and merely the articular surface of the malleus. These were removed, and from thence outwards a channel was formed and a meatus shaped by manipulation of the soft tissues. The day after the operation the boy could hear a shout at a distance of seven metres.

Ruttin considered that no rule could be laid down for any procedure in these cases, but that in many instances it was worth while to expose the antrum and be guided by the conditions there found as to any further procedure.

Fistula in the Ampulla of the Superior Semi-circular Canal.

By R. Bárány.

Three years ago the exhibitor had performed the radical operation on the left ear of this patient on account of chronic suppuration. A similar condition was also present at that time on the right side, and now an acute exacerbation had taken place, and a very marked fistula symptom was obtainable. At the radical operation, on the right side, a cholesteatoma was found in the antrum, the sinus lying exposed and surrounded with pus. After further exposure of the sinus it was discovered that it was occluded by a thrombus of an emissary vein in its immediate neighbourhood. This was removed and the sinus itself found to be quite healthy, so the jugular was not tied. On investigation of the tympanic cavity no fistula was seen in the usual situation over the horizontal canal, but over the ampulla of the superior canal. Since the patient was practically deaf in the left ear, and could still hear conversation at two metres with the right ear, the labyrinth was not disturbed. His hearing remains unchanged, and the fistula symptom is still present.

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TWO CASES OF LABYRINTH FISTULA CORROBORATED BY OPERATION, WITH PECULIAR RESPONSE TO GELLÉ'S TEST.

BY R. BÁRÁNY.

Both these patients could hear, and the reaction to Gellé's test was abnormal. Aspiration and compression both produced an intensification of the tones, which could be with certainty demonstrated, and never gave rise to subjective noises. This all pointed to the conclusion that the diminution of the sound which occurred in Gellé's test was not due to any effect of the intra-labyrinth pressure. Also the fact that no subjective noises were produced during this experiment negatived the view that these were dependent on an increase of pressure within the labyrinth.

ALEX. R. TWEEDIE (*trans.*).

AMERICAN LARYNGOLOGICAL ASSOCIATION.

Thirty-first Annual Congress, held at the Harvard Medical School, Boston, Mass., May 31, June 1 and 2, 1909.

(By courtesy of the *Medical Record.*)

PRESIDENT'S ADDRESS.

Dr. A. COOLIDGE, jun. (Boston), delivered this address. He spoke of the new Harvard buildings, in one of which the Congress had assembled, as a noble gift given in trust for the benefit of the profession as a whole. He spoke of the great number of new instruments devised for work in laryngology and rhinology, and said that enthusiasm sometimes carried the profession beyond the proper limits. Allusion was made to the recent death of Dr. F. I. Knight, of Boston, a founder of the Association, and one of the earliest and most successful teachers in America in this department. Information was given with reference to the courses of instruction in laryngology in the Harvard School, there being eight instructors engaged in the work. Dr. Coolidge thought that in connection with the more formal exercises of medical meetings much good might follow informal discussion in small groups and the explanation of favourite theories. It was recommended that the de Roaldes prize to be established by the Association should take the form of a medal. Attention was called also to the work of the committee on nomenclature.

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