CASE 23.—**Case of Deafness for Diagnosis.**—G. B. BRAND, M.B.—Female, aged 19. Since diphtheria six years ago gradually increasing deafness. No history of suppuration. Noises in the head. Paracusis not marked. Responses to various tests of hearing are variable from time to time. Wassermann reaction negative. Upper air-passages healthy except for some bad teeth. Hearing tests on 29th November 1929: Bone-conduction, watch heard on both mastoids and frontal; does not hear whisper or conversational voice; loud voice heard at about 1 foot on both sides; Schwabach normal; Weber lateralised to right side; tuning-forks C 32-2048 heard by air-conduction in both; monochord to 18,000 d.v. Eustachian tubes patent; no improvement on catheterisation. Caloric test: Syringing with cold water produced well-marked nystagmus to the opposite sides in both ears—right side, 50 seconds, left side, 40 seconds. Past-pointing and falling reactions normal.

Dr FRASER said he thought this patient was hysterical. The patient was able to hear a watch on her forehead and on both mastoids, and yet one required to shout in her ear to enable her to repeat the words. It seemed to Dr Fraser to be practically impossible that anybody should be able to hear a watch on the forehead and mastoids and yet should require to be shouted at before she would repeat. The vestibular reactions were quite normal. According to Dr Hurst, this would at once place her in the category of hysterical deafness.

Dr J. P. STEWART asked if there was any treatment for a case of hysterical deafness.

Dr LOGAN TURNER suggested isolation or starvation.

Dr BRAND said he had watched the girl very carefully and had been convinced that there was a functional disturbance. The question of malingering could be ruled out.

AUSTRIAN OTOLOGICAL SOCIETY.

MEETING OF 28TH OCTOBER 1929.

(*Abstract of Proceedings, Monatsschrift für Ohrenheilkunde*, December, 1929.)

By A. R. TWEEDIE, F.R.C.S.

Labyrinthitis, Chronic, Purulent or Tuberculous. Sterile Meningitis. Labyrinth Operation. Recovery—E. RUTTIN.—Girl, aged 21. First applied for treatment in March 1929, complaining of right otorrhœa of some days' duration. On examination, the meatus was found occupied with pale granulation tissue, the appearance of which strongly suggested tubercle. The histological report of the specimen, however, did not support the suspicions.

https://doi.org/10.1017/S0022215100034769 Published online by Cambridge University Press

The patient did not attend the Exhibitors' Clinic again, but on the 30th July, he was asked to see her by a colleague, under whose care she had been admitted some two weeks previously, with symptoms of meningitis. (Giddiness, vomiting, headache, neck stiffness, Kernig and double vision on looking to the right, and a right facial paresis.) Cerebrospinal fluid was cloudy and under raised pressure, but no tubercle bacilli were found. Since, however, there were numerous scrofulous scars on the neck with signs of old adhesions in the lungs and pleuræ, she was being treated as a tuberculous meningitis; but, as the daily temperature fell between 37 and 39, the headache, neck stiffness and Kernig remained unaltered, whilst the facial paresis increased, and the patient complained of pain in the right ear. Ruttin had been called in.

Examination now showed the *right* aural meatus occupied by a large polypus, which now was deep red, with almost complete loss of hearing.

Weber to the left. Rinné definitely negative. Bone-conduction reduced. Caloric reaction, carried out by means of an attic cannula passed beyond the polypus, was negative.

No spontaneous nystagmus. No by-pointing and no fistular symptoms. *Left* ear normal.

Rotation Tests.

Head erect—

Rotation to the Right, nystagmus to Left . . . 7 secs.
„ „ Left, „ Right . . . 6 „

Face downwards—

Rotation to the Right, nystagmus to Left . . . 6 secs.
„ „ Left, „ Right . . . 5 „

Head on right shoulder—

Rotation to the Right, downward nystagmus . . . 4 secs.
„ „ Left, upward „ . . . 3 „

Facial paresis in all 3 branches.

Movement of the head unrestricted, except for marked resistance of pressing movement of the head forwards or backwards.

Reflexes scarcely increased—definite Kernig and Babinski. No clonus—slight ataxia of both upper extremities. Wassermann negative. Ocular fundi showed slight redness of the pupillæ, otherwise normal.

The case strongly suggested a tuberculous meningitis with a co-existing tuberculous labyrinthitis, but at the same time the possibility of non-specific purulent diffuse labyrinthitis and meningitis could not be excluded. The results of the rotation tests indicated a "compensation." The labyrinthitis had apparently existed from March to July.

https://doi.org/10.1017/S0022215100034769 Published online by Cambridge University Press

Since, therefore, if non-tuberculous, operation might help, whilst, if tuberculous, no harm would be done, the labyrinth operation was performed on the 4th July, when the antrum and middle ear were found full of granulations and cholesteatomatous material, the facial canal eroded, and exposure of the posterior and middle fossa revealed a normal dura.

Labyrinth operation.—Opening of the semi-circular canal—removal of the posterior wall of the vestibule, without any flow of fluid. Cochlea found occupied with granulations. No stapes in oval window. Wound left open. Uneventful convalescence, and discharged as an out-patient on 13th September.

Molluscum Contagiosum in External Auditory Meatus—L. FORSCHNER.—A girl, aged 11, reported that she had suffered for a long while with a small swelling in the ear which lately had increased in size. On examination, the meatus was found almost completely filled with a small pale red swelling, from the apex of which on slight pressure greyish matter could be expressed. The swelling was excised and the histological report was as described in the title of the exhibit. No other lesion could be found elsewhere in the body.

Condition of Hearing after Injury by Electricity—Dr FORSCHNER.—Man, aged 29, received a current of 120 volts whilst at work in August 1927, which caused immediate loss of consciousness. He was admitted to the hospital, and recovering consciousness in about four hours, complained of giddiness. The chest and right hand were burned.

Some four months later his hearing became rapidly worse. Functional examination now revealed severe nerve deafness both sides. Whisper at about a quarter of a metre, and bone-conduction reduced.

Caloric reaction (Kobrak's method).—Nystagmus was induced after a latent period of some 10 seconds and a duration of 75 seconds. Rotation in each direction induced a nystagmus lasting about 20 seconds. There was therefore a slight hypersensitiveness of the vestibular apparatus, as shown by the caloric test, although rotation gave a contrary result.

Aural Fundus.—Normal in appearance both sides.

The exhibitor remarked on the small amount of literature on the subject, but considered that the result of examination indicated a lesion in the neighbourhood of the auditory nucleus.

Circumscribed Labyrinthitis with Attic Sinus. Healing of the latter with Irrigation. Radical Operation. Recovery. Improvement in Hearing.—Professor OTTO MAYER.—Man, aged 45, who complained of giddy attacks for many weeks and right otorrhœa since childhood.

https://doi.org/10.1017/S0022215100034769 Published online by Cambridge University Press

Examination.—Right ear. Large defect of posterior half of the membrane and adjacent bone, occupied by cholesteatoma. X-ray examination showed a cellular structure of the mastoid process.

Hearing.—Right whisper at 20 cm. Left normal.

Spontaneous horizontal rotatory nystagmus to the left. Positive fistula symptoms even on removing the tragus.

After treatment for ten days with irrigation the fistula symptoms had disappeared and the radical operation was undertaken via the meatus, when a large antrum was found only partially filled with purulent cholesteatoma. The remnants of the malleus embedded in granulations were removed. No sign of incus could be found. Local recovery was rapid, the cavity being epidermised in eighteen days, when the hearing had improved to a range of whispering at $1\frac{1}{2}$ metres.

Meningitis as an Early Complication of Acute Otitis Media.—M. TAMARI.—Child, aged 6, was admitted to hospital on the 9th August 1929 with history of left otitis media and meningeal symptoms for the last four days. The day before admission the child had also vomited and complained of headache.

On examination the membrane was markedly injected—no tenderness over the mastoid process. Temperature 37.5° F. Marked neck stiffness. Positive Kernig. Hypoæsthesia of the skin.

Lumbar puncture revealed a turbid fluid with marked positive Pandy and Nonne-Apelt reaction, and a large number of lymphocytes. At the operation cells of a pneumatic mastoid were found lined with a reddened mucous membrane, but contained no secretion. The dura of the middle fossa was œdematous, but otherwise without pathological changes. Lumbar puncture was repeated daily—associated with intravenous injections of cylotropin.

The content of cerebrospinal fluid gradually showed less cells, the headache and neck stiffness disappeared, and after fourteen days she was sufficiently well to be discharged.

No cultural organisms were ever obtained in the cerebrospinal fluid.

In the discussion which followed, the description of the exhibit was strongly criticised.

Note on Nine Cases of Antrotomy Operated on by Lempert's Method.—R. LEIDLER.—In order to obtain experience as to the value of this procedure the exhibitor had himself operated in accordance with the technique as suggested by Lempert (see *Journal of Laryngology and Otology*, 1929, p. 338). He had found the approach fairly easy in eight cases and the after-treatment simple. In one of the cases a post-aural fistula occurred, which, however, healed uneventfully, and in one of the cases the operation had to be abandoned and resort made to the usual post-aural operation on account of severe hæmorrhage.

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