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PROF. URBANTSCHITSCH *in the Chair.*

Abstract of the Proceedings.

A CASE SHOWING VARYING RESPONSE TO BOTH CALORIC AND ROTATION TESTS.

BY DR. ERNST URBANTSCHITSCH.

A boy, aged seventeen, blind from his first to his third year, had suffered since the age of six with a bilateral aural discharge commencing on the right side, on which the otorrhœa was constant, whilst on the left it occasionally subsided. The radical operation was performed on the right side in December, 1910, together with ligation of the jugular, and a like treatment on the left side in January, 1911. The interest of the case centred around the functional condition of the vestibular apparatus, which was present on both sides although the hearing was depreciated. Before the operation the nystagmus in response to rotation, although weak, was equal, whilst no effect whatever was obtained to the caloric test. After the operation a response to the caloric test could be elicited, but no nystagmus could be detected after rotation although during rotation it could be observed. Nothing could be seen on inspection to account for this condition, but Fröschels referred to an account of a similar case in the *Annales des Maladies de l'Oreille*, where the author considered that the horizontal canal alone must have been destroyed.

TWO CASES OF ONE-SIDED DEAFNESS AFTER SALVARSAN.

BY DR. O. BECK.

CASE 1.—Rash first appeared at the end of January, 1911. Examination proved a normal condition of the ears. February 1, intra-muscular injection; Wassermann, March 15 and 28 negative. Patient then began to notice loss of hearing. April 4, examination showed—left ear normal, right ear Cv at one metre, whisper at 10 cm. May 5, symptoms of acute destruction of the right labyrinth appeared, deafness being absolute and the vestibular apparatus completely unresponsive; Wassermann negative. May 10, in addition facial paresis noted. April 12, intra-venous injection; complement negative. Six days later the facial paresis was much improved, the vestibular apparatus definitely but very slightly responsive; deafness absolute. April 27, another intra-venous injection. No further improvement up to date. Serum reaction still negative.

CASE 2.—January 16, first appearance of rash. January 23, intra-venous injection; hearing normal. February 4, intra-venous injection. About the middle of March patient noticed some deafness and examination on April 3 showed both vestibules responsive, but total deafness on the right, whilst the hearing on the left was reduced to Cv at one metre. Lesion of the internal ear type; Wassermann negative. April 24, urine contained arsenic, Wassermann negative, aural condition unaltered.

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Dr. O. Mayer had seen similar symptoms in two cases of lues in whom salvarsan had not been used. The negative Wassermann reaction in these cases of Beck's, however, suggested that these lesions were not due to syphilis. It was most important to determine what symptoms were dependent on salvarsan and what on the disease. Beck could offer no definite statement as to the relation of such symptoms to the exhibition of salvarsan, but merely submitted the fact that since the use of this drug more cases of labyrinthitis and affections of the cochlear nerve were observed than under treatment by mercury.

Another Case showing "Compensation" to Rotation Nystagmus.

By Dr. E. Ruttin.

A woman, aged thirty-seven, who had had a chronic suppurative discharge from the right ear since childhood, had been for some time suffering with vomiting, giddiness and headache. Polypi said to have been removed on two occasions. Right side totally deaf, no caloric response, but the after-nystagmus following rotation both to the right and to the left was of almost equal duration. For this reason Ruttin diagnosed long past destruction of the labyrinth and expected to find the wall of the labyrinth much involved at the operation, during which procedure, indeed, the promontory was seen to be much flattened and no signs of the oval window could be detected. The case, in conjunction with other similar ones previously noted, served to illustrate the fact that the occurrence of such compensatory nystagmus enabled one to diagnose a long past and complete destruction of the labyrinth.

A Temporo-Sphenoidal Tumour affording Symptoms of an Affection Situate in the Left Posterior Cranial Fossa.

By Dr. E. Ruttin.

As the presence of a cerebral tumour was suspected a man had been examined by both Ruttin and Beck, who, however, except for a very small depreciation of hearing on the left side and a very slight symmetrical nystagmus, could find nothing from an otological point of view to confirm such a lesion. Shortly afterwards a coarse horizontal and rotatory nystagmus to the right was noted combined with a vertical downwards directed nystagmus. Left ear totally deaf; a very obvious difference in the caloric response on the left side, whilst the duration of the after-nystagmus with rotation to the right was thirty-five seconds and with rotation to the left forty-five seconds. Pointing reaction both before and after irrigation and rotation were normal. As the neurological finding also pointed in the same direction Ruttin diagnosed the presence of a tumour in the left posterior cranial fossa. The patient died very shortly, and at the *post-mortem* a large tumour was found in the left temporo-sphenoidal lobe.

Bilateral or Medially Situated Tumour involving the Eighth Pair of Nerves accompanied by Excessive Irritability of both Vestibular Apparatus.

By Dr. Ernst Urbantschitsch.

A man, aged sixty-five, who for some twenty-five years had suffered from a nervous disease and deafness and lately from increasing attacks

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of giddiness, was sent on from the eye clinic with the report that he had optic neuritis. Aural examination: Tympanic membranes normal. Loudest shouting only heard a.c. on either side. No spontaneous nystagmus. Cold water irrigation produced an enormously strong nystagmus on the right side in 35″ and on the left side in 20″, which increased directly the irrigation was stopped, that is, directly the nystagmus appeared, and lasted some minutes. Nystagmus so induced to the left persisted even for 100″ when cold water irrigation was applied to the left ear, when a period of rest occurred for 5″ and then a right-directed nystagmus appeared, the patient becoming quite delirious during this test. Simultaneous irrigation of both ears evoked after the use of 700 c.cm. of water a trace of rotatory nystagmus to the right accompanied with some giddiness. Two slow rotations either to the right or left produced a brisk reaction, *i. e.* nystagmus to the same side during rotation followed by nystagmus to the opposite side accompanied with giddiness on stopping. On account of the condition of the patient galvanic tests were not tried. It was of great interest to note that in spite of the extreme irritability of each organ separately that, during simultaneous irrigation, the sense of equilibration was preserved, an observation which Urbantschitsch stated has not hitherto been made.

Alex. R. Tweedie (*Trans.*).

Abstracts.

NOSE.

Officer, D. McM.—Deviations of the Nasal Septum. "Australian Medical Journal," August 12, 1911.

Officer mentions that nasal obstruction in children is sometimes due to septal deformity, and that cases which have been operated on two or three times for adenoids without relief are remedied by an operation on the septum. The submucous resection is the best operation, but sometimes cannot be carried out on children when the Asche is substituted. Developmental errors account for more cases than traumatic causes. The effects of nasal obstruction are described. Local anæthesia only is used in performing submucous resection. A square or crescent-shaped muco-perichondrial flap, which can be turned back before incising the cartilage, is formed. The flap is turned back, and a double crescent incision made in the cartilage. The piece is now pulled off the opposite muco-perichondrium; this facilitates separation, and lessens risk of perforation. Particular attention must be paid to the removal of bony parts near the floor of the nose. Before separating the periosteum from the maxillary crest it is necessary to carry an incision along the upper border of the same. It can then be peeled off the bone without severing its connection with the muco-perichondrium. When the operation is complete a dressing of vaseline gauze is applied. This is left in only a few hours.

[Ref. has found Dr. von Burdleben's *Bismuth Bandbinde*, designed for dressing burns, an ideal intra-nasal dressing. It can remain in the nose two or three days, thus securing the flaps in position.]

A. J. Brady.

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