was normal in size, but fixed. The right pupil was contracted and fixed. There was marked rigidity of the neck, and Kernig's sign was present. Knee-jerks exaggerated. Exhibitor operated at 11.30 a.m. Patient died at 10.45 p.m. Lumbar puncture was performed at 7 p.m. The fluid came out under high pressure, and was slightly blood-stained. It coagulated about five minutes after withdrawal. Films showed scattered clusters of staphylococci. Films of the pus from the cerebral abscess showed capsulated diplococci, staphylococci, and a large bacillus—all in abundance. At the operation a large temporo-sphenoidal abscess was drained through the tegmen tympani. The dura was sloughy, and there was also an extra-dural collection of pus. At the *post-mortem* examination basal meningitis was found, and a rupture of the abscess into the lateral ventricle had occurred.

Malignant Disease of the Auricle, Parotid Gland, and Pterygoid Fossa.—Dr. Kerr Love.—J. F——, male, aged seventy, was admitted to Glasgow Royal Infirmary on November 8, 1911. His illness began during his incarceration at Peterhead Prison, and on account of it he was permitted to leave prison (with two years' sentence to run) fourteen days before his admission. In June, 1911, he noticed that a small nodule had formed behind the lower part of his left ear. He ascribed the origin of the condition to the wearing of spectacles with an ear catch, the extremity of which rested and rubbed on the area where the sore subsequently developed. The nodule grew slowly in size, and ulceration commenced after five weeks. Growth then became more rapid, and the ulcer had gradually spread until it measured 4 in. by 4 in. The treatment at Peterhead consisted of the application of caustics, the condition being evidently thought to be carbuncle. On admission, the ulcer was covered with foul-smelling sloughs. The lower part of the auricle had its attachment to the face sloughed away, and was lying on the surface of the sore. The upper margin of the sore was at the level of the external auditory meatus. The growth was slightly movable on the subjacent structure. No glands could be felt in the supra-clavicular region, or in the posterior triangle of the neck. The operation was performed on November 9. The whole auricle was removed, the parotid gland, which was involved, was removed, and some affected glands were removed from the pterygoid fossa and from the outer surface of the sternomastoid muscle. The middle ear was not involved, nor was the lower jaw.

AUSTRIAN OTOLOGICAL SOCIETY.

Meeting of October 30, 1911.

Prof. von Urbantschitsch *in the Chair.*

(*Abstract of Proceedings from advanced proofs sent by* Dr. Hugo Frey.)

Case of Acute Purulent Labyrinthits with Meningitis.—G. Bondy.—Patient was a man, aged thirty, who three days before had suffered with giddiness, staggering and vomiting. Examination showed

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chronic suppurative otitis media with acute invasion of the labyrinth. (Complete deafness and loss of caloric response, spontaneous nystagmus to the sound side.) No symptom of meningitis; normal temperature, and otherwise perfectly well. Sudden onset of headache on the next day. Labyrinth operation; headache worse; twenty-two hours after commencement of headache, death. *Post-mortem:* Acute purulent basal and convex meningitis. The case illustrates that we are as yet unable to distinguish between harmless and dangerous forms of labyrinthitis, that meningitis at its commencement may be symptomless, and that, therefore, operation should be at once performed on every case of acute purulent labyrinthitis.

Bilateral Traumatic Rupture of the Tympanic Membranes and External Auditory Meatus from a Sudden Fall on the Left Side of the Head in a Case of Hæmophilia.—Ernst Urbantschitsch.—A man, aged forty-two, fell on the left side of his head October 21, 1911. No loss of consciousness, giddiness or vomiting. He was carried home and put to bed, when the pillow was soon soaked with blood from both ears, and pain therein prevented the mouth being opened. Iodoform gauze dressing. Three days later examination showed Rinne positive both sides, Weber to the left. Bone-conduction normal, Cv. at 7 metres, Whp. right at 2–5 cm., left 4–7 cm. Bleeding continued for six days. On the seventh day after the accident inspection of the fundus revealed a ragged tear in the postero-inferior quadrant of each membrane and a similar lesion at the junction of the cartilaginous and bony meatus on each side. Bleeding ceased on the ninth day. The possibilty of fracture of the base was considered, and excluded owing to the lack of symptoms. Examination of the blood by Wright's method showed a marked delay in the coagulability, but no support could be obtained from the patient's history in regard to the diagnosis of hæmophilia. (It is at least somewhat remarkable that this explanation of the hæmorrhage in this case does not appear to have aroused any comment. —A. R. T.)

Abscess of the Left Temporo-sphenoidal Lobe without Symptoms; Operation; Cure.—O. Beck.—A left-sided otorrhœa in a boy, aged seven, which commenced in July, 1911, necessitated opening of the mastoid on the 17th of that month, when a large amount of pus was found in the cells. During the after-treatment a copious discharge of muco-pus from the retro-auricular wound occurred at each dressing. On September 10, as the mother reported that the child had suffered with intense headache, he was readmitted to hospital. The almost stupidly happy mental condition of the boy suggested to Beck the possibility of a temporo-sphenoidal abscess, and as a slight facial paresis appeared the wound was explored under chloroform. All looked healthy with the exception of the neighbourhood of the zygoma, where the bone was softened. Removal of this with a sharp spoon led to the exposure of the dura in the middle fossa, which was found to be covered with granulations. This was therefore opened, and after incision of the brain about a drachm of fœtid pus evacuated. Collapse after the operation necessitated artificial respiration and injection of camphor. The wound was now closing healthily. The interesting point was the absence of those symptoms which one would expect with an abscess in this situation.

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Syphilitic Labyrinthitis with Remarkable Response.—O. Beck.—Reference to this case had already been made at the July meeting. Six weeks after an injection of salvarsan in February the patient, a woman, had become completely deaf on the left side, and had remained so till the beginning of August, when almost immediately after an injection of "Hg-salicyl" the hearing improved to 4 m. for Cv. and ½ m. for Whp. Towards the end of September a papular eruption occurred in the meatus, later becoming generalised. During this period the vestibule was quite unresponsive to rotation, but showed a hypersensibility to the caloric test, either hot or cold. The hearing remained the same. After a course of inunction the vestibular response to all tests became normal, although no further change in the hearing took place.

A Case of Paralabyrinthitis; Interesting Functional Condition of which Operation afforded an Explanation.—Hugo Frey.—A girl, aged twelve, who had suffered with left otorrhœa for ten years, applied for treatment stating that for some months past she had had giddiness and headache. The tympanic membrane was almost completely absent and the cavity filled with exuberant granulations. Hearing reduced to Cv. ½ m.; Weber to the sound side, spontaneous nystagmus. Caloric test evoked nystagmus under all conditions even with the water at body temperature; fistular symptom negative. The condition suggested some lesion in close proximity to the labyrinth. At the radical operation the antrum was found filled with granulations extending on to the inner wall of the aditus, beneath which latter the bone was softened, although no definite fistula into the horizontal canal could be found. The wound was now, three weeks after the operation, healing normally. The headache and giddiness had ceased at once. Hearing was now improved and Weber lateralised to the diseased side.

Alexander remarked that two main types existed in the bony construction of the region under discussion—one in which the bone around the canal was composed of compact tissue and another in which pneumatic cells preponderated, and between these two types many variants were found.

Ruttin considered an increased vestibular response in these cases did not necessarily imply an increased sensibility, but might mean a better conduction of the stimulus. He had already pointed out that cases with the fistular symptom are less sensitive to the physiological tests.

Destruction of the Vestibular Apparatus by Salvarsan.—Neumann.—A man, aged twenty, who had received an injection of salvarsan (0·6), about four weeks afterwards noticed an uncertainty in his gait and the appearance of tinnitus on the left side. Hearing was considerably reduced on this side, Weber not lateralised, Rinne positive, lower tones normal, higher tones reduced; vestibular apparatus, although not normal, was still responsive. Some two weeks later the tinnitus and giddiness were less noticeable, but four months after the injection they reappeared as before. The condition of the hearing remained unaltered, but on directing the eyes to the right and left a rotatory nystagmus was evoked in each direction respectively, whilst although rotation produced only a very slight response, and the caloric test almost none, the reaction to galvanism was on both sides normal (cathode 4–5 m.a., anode 7–8 m.a.). At the present time, five months after the injection, direction of the eyes to the right produced a nystagmus, the quick component of which was

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towards the right; on looking to the left or directly forwards no nystagmus occurred, but behind opaque glasses spontaneous nystagmus appeared even when looking directly forwards. The duration of the after-rotation nystagmus was reduced to three to four seconds. Caloric response, left side negative, right side only just apparent. Neumann considered that the normal galvanic response indicated the integrity of the retro-labyrinthine portion of the vestibular nerves, that the persistence of the caloric reaction showed an unaltered condition of the lympho-kinetic apparatus, and that the limited effect of rotation must mean a destruction of certain neurons. The state of affairs might perhaps also be explained by the assumption that the vestibules, although too much injured to respond to physiological stimuli, such as rotation, could yet react to artificial stimuli. The fact that the phenomena connected with the left side were heralded by tinnitus, which of itself disappeared, suggested that the causative lesion was not central in position. It would also appear that in this case the vestibular nerve, the usually more resistant branch, was injured by salvarsan to a much greater degree than the cochlear nerve, which in most instances is the more vulnerable of the two. The passage of this nerve through very narrow bony canals on its way to the terminal end-organs would explain this unequal effect. (If this solution be correct one would expect the vestibular nerve always to be the more vulnerable of the two branches.—A. R. T.)

Ruttin had seen three cases of neuritis—probably rheumatic in origin—of a similar character in which salvarsan had not been exhibited, but was unable to offer a solution of these paradoxical phenomena. *Alex. R. Tweedie.*

BRITISH MEDICAL ASSOCIATION MEETING, 1912.

The 1912 Meeting of the British Medical Association will be held in Liverpool, the Section Meetings beginning on Wednesday, July 24.

The following are the list of office-bearers in the Sections of Otology and Laryngo-Rhinology, which, it should be noted, are this year separate from each other.

Otology.—President: Hugh Edward Jones, M.R.C.S., Liverpool. *Vice-Presidents:* Arthur Henry Cheatle, F.R.C.S., London, W.; Henry Hanna, M.B., Belfast; James Kerr Love, M.D., Glasgow. *Honorary Secretaries:* Ernest Malcolm Stockdale, M.R.C.S., 67, Rodney Street, Liverpool; Wm. Mayhew Mollison, M.A., M.C., F.R.C.S., Warden's House, Guy's Hospital, London, S.E.; David Lindley Sewell, M.B., B.S., 2, Peter's Square, Manchester.

Laryngology and Rhinology.—President: John Middlemass Hunt, M.B., Liverpool. *Vice-Presidents:* John Bark, F.R.C.S.E., Liverpool; Chas. Edward Bean, F.R.C.S.E., Plymouth; James Edlington McDougall, M.B., Liverpool; Wm. Permewan, M.D., F.R.C.S., Liverpool; Robert Hy. Woods, B.A. M.B., F.R.C.S.I., Dublin. *Honorary Secretaries:* Thomas Guthrie, M.A., M.B., F.R.C.S., 55, Rodney Street, Liverpool; Geoffrey Seccombe Hett, M.B., F.R.C.S., 8, Wimpole Street, London, W.

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