AUSTRIAN OTOLOGICAL SOCIETY.

Meeting of 26th January, 1897.

Prof. POLITZER *in the Chair.*

(Translated and abstracted by Dr. DUNDAS GRANT.)

Prof. GRUBER. *On the Operative Treatment of Cholesteatoma in the Temporal Bone.*

This was a case in which Prof. Gruber had removed a cholesteatoma by means of the usual operation, and had prevented any evil effect from recurrence by the maintenance of a permanent opening in the mastoid region.

The patient was twenty-five years of age, and had suffered from a discharge since his sixth year. Fourteen days before he came into hospital he was attacked with fever, headache, noises in the ear, and a feeling of pressure in the neighbourhood of the left ear, with mastoid swelling. His temperature on entrance was 39°; his pulse 108. The external meatus was narrowed owing to a swelling of the postero-superior wall, and was filled with white masses of macerated epidermis. There was a fluctuating swelling over the mastoid process covered with livid skin. On incision through the soft parts over the mastoid a considerable quantity of fœtid, broken-down purulent matter was evacuated, and a very small fistula was found in the middle of the exposed portion of bone, through which a probe could be passed into the deeper part. The cortex was chiselled away, and a cavity filled with cholesteatoma was opened, measuring three centimètres in depth and two and a half in width, which communicated through the antrum with the tympanic cavity. The dura mater and sigmoid sinus were exposed, free syringing was practised, and the wound was plugged with iodoform gauze. Next day the temperature was 38·5°, but the patient felt much better. On the third day the temperature was normal. The dressing was changed on the fourth day, and two days later the wound was perfectly clean, almost dry, and quite free from smell. After about six weeks the secretion of pus stopped entirely, and the patient was dismissed, with instructions to show himself from time to time. The cavity became covered with a cuticle, which remained dry, and could easily be pulled away, leaving a dry, whitish wall behind.

Prof. Gruber was of the opinion that in the case of small cholesteatomatous collections in the tympanum, and even in the antrum, all desired results could be obtained in the majority of cases by removal of the pars epitympanica. In the case of large ones in the mastoid there was absolute necessity for free opening of the mastoid process and the maintenance of the aperture. As regards the artificial papering of the cavity with cuticle, as recommended by Siebenmann, Prof. Gruber considered it both unnecessary and useless. In cases in which there was a

https://doi.org/10.1017/S175514630016500X Published online by Cambridge University Press

great tendency to the recurrence of cholesteatoma the tendency to healing was proportionately feeble, and the apertures remained open with very little trouble. He thought the cases in which such transplantations were likely to be of use were extremely rare.

Prof. POLITZER. *A Case of Cholesteatoma of the Middle Ear with Pyæmic Symptoms cured by Operative Opening of the Cavities of the Middle Ear.*

The patient was a woman aged thirty, who had suffered from otorrhœa of the right ear in childhood. On the 8th of November, 1896, there came on pain, followed next day by discharge from the ear. Five days later there were rigors, which were repeated several times during the following days. She was admitted into the hospital on the 24th November, when the meatus was found to be quite wide, almost dry, the membrane cicatricial, and above and behind an aperture of three or four millimètres in diameter, filled with epithelial masses, through which a probe could be passed to the aditus. The mastoid was normal externally, but there was tenderness on pressure over the region of the jugular vein. The tuning-fork gave evidence of obstructive deafness ; whispered speech was heard at two-thirds of a mètre, and loud speech at two mètres. The rigors recurred in the evening and next morning, the temperature rising with them to 40·1° ; therefore the operation was undertaken. The cortex was normal, and the mastoid bone much thickened. The antrum was opened, and in it there was a copious collection of moistened cholesteatoma and granulations. When the postero-superior wall of the meatus was chiselled through, the dura mater was exposed over an area of about the size of half a kreutzer. The tympanic cavity was opened ; no ossicles were to be found. The granulations were freely removed. The osseous parts surrounding the sigmoid sinus were in part chiselled away and the vessel was exposed, pulsating distinctly for about half a centimètre. In the lowest part the wall was somewhat discoloured. The wound was washed out with a solution of creosol. The posterior cartilagino-membranous wall was slit up as far as the concha, and the flaps were stitched into the upper and lower parts of the wound. After the operation the temperature sank to 36°, and the patient was very comfortable on the whole of that day ; but on the third day the temperature rose in the afternoon to 40·5°, and after a rigor lasting half an hour cough and vomiting ensued. There was found next day a small patch of capillary bronchitis in the lower part of the left lung, but this disappeared a day later, and the temperature became normal. The subsequent course was typical.

Prof. Politzer was convinced that in this case death would have occurred from pyæmia in a short time if the operation had not been done. With regard to the question as to whether the opening in the mastoid region should be maintained, he is in favour of this being done, as it is in this way alone that the recurring collections of cholesteatomatous flakes can be removed.

Dr. GOMPERTZ had made use of Körner's modification of Panse's flap very enthusiastically when it was first brought to his notice, but on further

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experience he had become less sanguine, as he had found several cases in which recurrence had taken place. On the other hand, he had found that the new-formed epidermis in cases in which a retro-auricular opening had been preserved was much stronger, owing, he believed, to the free access of the atmospheric air. He was, therefore, in favour of the retro-auricular opening as an assurance against recurrence.

Prof. URBANTSCHITSCH was of the opinion that the question regarding the maintenance or not of the mastoid opening was not yet settled.

Prof. GRUBER considered that in cases of small cholesteatoma the wound should be closed whenever it seemed certain that recurrent epidermic scales could be reached through the meatus; when large masses were present and the mastoid process was widely hollowed out, it was better not to close the wound. His experience was that in cases of very large cavities, however freely cleared out, closure did not readily come about, and the opening was easily maintained.

Prof. URBANTSCHITSCH had got even very large cavities to close.

Prof. GRUBER. *A Case of Fracture of the Temporal Bone caused by a Fall on the Head.*

Prof. Gruber showed the right temporal bone of a man aged thirty-one, who had fallen in the street while intoxicated, striking the right half of the face on the ground. Next morning he had severe pain in the head and bleeding from the right ear. He recovered consciousness in the afternoon and was brought to the hospital. There was no fever and the right facial nerve was paralyzed. There was ecchymosis of the forehead and the right auricle, and a copious flow of blood-stained fluid from the external meatus. After careful cleansing it was found that the meatus was narrowed and the membrane could not be seen, the soft parts of the passage being of a livid tint. On probing it could be felt that they were detached from the bone by hæmorrhagic effusion, a distinct perforation sound could be heard on inflation, and the watch was audible on contact. Bone conduction was increased and Weber's test was positive. There was a considerable flow of sero-sanguinous fluid out of the meatus, amounting in three hours to one hundred grammes, and the fluid was found on chemical examination to be cerebro-spinal. The treatment was antiphlogistic. The next day there came on severe rigors, vomiting, and somnolence, the right oculomotor nerve became paralyzed, but the fundus oculi was normal. Furious delirium and restlessness involved the removal of the patient to the mental wards, and he died two days later. On *post-mortem* examination there was found widely diffused meningitis. The dura mater was separated from the temporal bone on the upper and posterior parts by extravasated blood. The bone itself was fractured, and the fissure passed through the squamous, petrous, and tympanic portions, beginning at the lower third of the squamous portion, passing through the upper wall of the external meatus and over the upper surface of the petrous bone, from where the second fissure branched off so as to separate a quadrangular portion of the tegmen tympani of about 1·5 centimètres in length and 5 millimètres in breadth, which was attached to the other bones at the posterior and outer parts alone. The chief fissure extended

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to the tip of the petrous bone, detaching this completely and extending to the lower wall of the external osseous meatus, which it completely broke through. In the membrane there was a semicircular slit about six millimètres in length, extending from below and in front upwards and backwards. The tympanic cavity was full of blood. A further investigation of the deeper parts of the bone would be made later on.

Dr. PANZER. *A Case of Radical Operation with Various Complications.*

A girl, aged sixteen, had suffered from otorrhœa of the left ear since childhood with frequent attacks of headache, which, since February, 1896, had become continuous, especially in the frontal and temporal regions. Along with this there were vertigo, darkness before the eyes, apparent rotation of objects, and occasional nausea. Two nights before the operation she awoke suddenly out of her sleep with loss of consciousness, cried out several times, and only came to herself after an interval of a quarter of an hour. On the 1st August, 1896, Dr. Panzer operated, according to what appears to be the typical Stacke's method. Two hours after the operation there was a weakness of the branches of the facial nerve going to the mouth, and in two days the nerve was completely paralyzed; this condition lasted for two months, after which it gradually diminished and disappeared completely. Six weeks after the operation the patient complained of pain in the auricle, which became hot, red, and swollen, with enormous œdema of the surrounding skin, extending to the cheek, the auricle swelling until it was the size of a child's fist. The temperature rose to 39·5. Burow's solution (plumb. acet. cum alum. acet.) was constantly applied, but produced little alleviation, the condition being obviously a perichondritis of the auricle. Several incisions were made on the posterior surface which evacuated small quantities of pus, but without leading to any diminution in the swelling. A large and deep incision was then made on the anterior surface, opening the abscess cavity freely, after which the swelling collapsed and the pain disappeared. The abscess was stuffed with iodoform gauze, the dressing was changed every day, and after six weeks the secretion of pus completely disappeared. The auricle shrivelled up and remained contorted and shrunken. The appearance in the operation-cavity was extremely favourable, the secretion became continuously less, the formation of granulations ceased, and there remained a perfectly smooth cavity, lined by a firm cicatrix without further secretion.

Dr. KAUFMANN asked if there were perforations of Shrapnell's membrane, and what part of the malleus was diseased.

Dr. PANZER replied that the appearance before the operation was that of a large perforation in the lower segment of the membrane, with considerable secretion of pus and granulation formation in the tympanic cavity, Shrapnell's membrane being absolutely intact.

Prof. POLITZER. *The Demonstration of some Rare Anatomical Varieties in the Organs of Hearing.*

The first preparation showed an extreme *extension of the jugular fossa*, and dehiscence between the posterior wall and the inferior section of the

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Fallopian canal, three and a half centimètres in height and two and a half in breadth. The facial nerve lay exposed in the whole length of the dehiscence and only covered by the venous wall of the bulb. Very little reference has been made to such conditions in the literature of the subject (Zuckerkandl). In such a case septic phlebitis of the bulb of the jugular vein would probably be complicated with paralysis of the facial nerve.

The second preparation showed a comparatively well-developed *band of connective tissue*, which originated at the attachment of the tensor tympani tendon to the manubrium, and from here ran in an oblique direction inwards and backwards to be inserted into the junction of the incus and stapes. From the mode of its insertion such a band must counteract to some extent the isolated or combined action of the tensor tympani and stapedius.

Dr. FERDINAND ALT. *Preparations showing the Effect of Caisson Pressure.*

These were derived from experiments upon animals, in which there were produced hæmorrhages in the middle ear, the cochlea, and the semicircular canals, in rabbits, guinea-pigs, and dogs which had been exposed to an atmospheric pressure of four atmospheres.

Dr. VICTOR HAMMERSCHLAG. *An Apparatus for the Preparation and Preservation of Sterilized Pledgets of Wool.*

This was a glass case, with an accurately-fitting metal cover, and in which was a framework for the reception of one hundred glass tubes. Each tube was about five centimètres long, had a calibre of from 3 to 3·5 millimètres in diameter, and rounded at each end. The pledgets of wool were prepared with purified hands and twisted up between the fingers, then pushed into a glass tube by a rotatory movement, but only to such a distance that a small piece remained out so as to be easily seized by means of forceps. The whole apparatus is then placed in an ordinary dry sterilizer.

Prof. URBANTSCHITSCH. *A Case of Radical Operation, with unusually Favourable and Rapid Course.*

The patient was forty-five years old, and had suffered from otorrhœa in the right ear since childhood ; under treatment it had ceased for some years, but the discharge had returned since summer. The patient complained of pain in the side of the head, giddiness, and darkness before the eyes.

On the 13th of November, 1896, the radical operation was carried out in the typical way, the membranous meatus being slit up in such a way that a considerable strip of the superior wall was transplanted into the antrum, the post-auricular wound being then stitched up. The dressing was not changed for eight days, and an endeavour was made to avoid the usual plugging, with such success that there was freedom from the usual growth of granulations and no quantity of pus. The cavity is now lined by a beautiful smooth cicatrix, and has been in this condition for three weeks.

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Prof. URBANTSCHITSCH. *A Case of Subdural Abscess.*

The patient was thirty-eight years of age, and had suffered for six years with right-sided otorrhœa and attacks of giddiness, which he lost eight days previously, after the extraction of a polypus. The operation was carried out on the 28th of November, 1896. There was a comparatively small antrum filled with granulations. The dura mater was exposed and was torn in several small places, the cavity of the tympanum was filled with granulations, and there was caries of the ossicles. On the 30th of November there was severe headache, and on the changing of the dressing a large quantity of pus flowed from the uppermost part of the wound, the patient being thereby greatly relieved. As no recess had been left in the upper part of the cavity, there was no doubt that the pus had flowed from an abscess in the cranium, external to the dura mater. A ten per cent. emulsion of iodoform of glycerine was dropped into the wound so as to fill the cavity completely. This was done every second day for three weeks, and the secretion of pus gradually diminished till it completely ceased. At the same time the general condition of the patient greatly improved, and at the time of the report he was quite free from pain.

Prof. Urbantschitsch, in connection with these cases, referred to three others in which he had treated suppuration by means of iodoform. In one there was a tuberculous affection of the right ear, with a gravitation abscess in the pharynx; when pressure was made upon this, pus exuded in considerable quantity from the external meatus. The abscess was emptied by means of pressure, and the emulsion was poured into the meatus; then, by interrupted intermission of the pressure, the emulsion was sucked into the abscess cavity. Complete healing took place, and the patient died some months later of spinal caries.

In another case there was a granulation abscess which extended downwards from the mastoid process, along the sheath of the vessels between the carotid and jugular. A probe could be passed for a distance of six centimètres. In this case iodoform glycerine was used in the same way, with the result that complete closure of the sac took place; the patient was perfectly well when seen two years later.

In the third case there was a fluctuating abscess, and during pressure on the mastoid process the pus poured out behind the niche of the fenestra rotunda. The patient objected to an operation, and the iodoform emulsion treatment was prescribed with complete success.

Prof. URBANTSCHITSCH. *A Case of Injury of the Right Ear by a Revolver Shot.*

The patient, aged fifty-four, had on the 11th of July, 1896, fired two revolver shots against his right temple. He recovered consciousness in the evening, and his first sensation was that everything went round and round him in a circle. In addition he was conscious of noises and musical tones in the right ear, then of severe vertigo. When first seen the facial nerve on the right side was quite paralyzed and the hearing completely destroyed. The bullet could be detected through the meatus in the tympanic cavity, and a copious discharge of pus took place. On

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the 23rd of October the posterior wall of the meatus was chiselled open, and the bullet could be reached in the tympanum, broken in several pieces; the largest part lay on the floor close to the anterior wall of the cavity in contact with the carotid canal, from which place it was removed with considerable difficulty. The promontory was driven in. The patient still remained under treatment, and a sequestrum had detached itself from the posterior wall. *Dundas Grant.*

SOCIETY OF LARYNGOLOGY, OTOLOGY, AND RHINOLOGY OF PARIS.

President—M. MARTIN.

From Dr. GEORGES GELLÉ's Report. ("Arch. Internat. de Laryng., Otol., Rhinol.," Jan. and Feb., 1897.)

Dr. P. LACROIX. *The Spontaneous Reduction of Septal Deviations by Removal of Obstruction present in the Opposite Nostril.*

A case is described in which the left nostril was completely obstructed by a large convex globose deviation of the anterior part of the septum, while the right nostril was also obstructed by a spur, mucous polypi, and polypoid hypertrophies of the turbinates. The right nostril was cleared in the usual manner. This proceeding was followed by a gradual but obvious return of the septum towards the vertical, so that the patient could ultimately breathe well through the left nostril.

In another similar case the removal of a spur and hypertrophied turbinate made catheterization possible in the opposite nostril, which was formerly obstructed by a deviated septum.

In answer to M. MARTIN the author stated that the whole septum was not deviated.

Dr. GEORGES GELLÉ. *Cerebral Complications (Pseudo-Meningitis) in the course of a Chronic Otorrhœa, Cured by Opening the Mastoid.*

(To be reported later.)

DISCUSSION.

M. LUC related two cases bearing on the subject. In the first a Stacke operation, during which a small portion of dura mater was exposed, had been completed, and the cavity packed with gauze. On the fifth day after operation, without any elevation of temperature, the patient, a young man, was seized with general ectampsia followed by coma. No albuminuria or history of epilepsy.

After the coma had persisted for two hours the gauze was removed, and some fœtid pus was found retained behind it. Nothing was done beyond cleansing the cavity, and next day the patient had recovered, and remembered nothing of the occurrence.

In the second case headache, somnolence, and coma occurred some days after an operation on the frontal sinus. Removal of a portion of

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