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Abstract of Proceedings by ALEX. R. TWEEDIE, F.R.C.S.

Otogenous Pyæmia with Metastasis: Recovery without Operation—W. HAARDT.—An under-developed girl, aged 11, was admitted in June 1926, on account of acute bilateral suppurative otitis media, the lesion in the right ear having commenced fourteen days, and in the left ear three days previously.

The tympanic membrane on each side was injected, slightly swollen but not distended; a small perforation; mastoid process not tender. Temperature 37.8° C. Hearing in left ear almost normal; in right ear whisper at 5 metres; Rinné, negative.

As the local condition did not appear urgent and she was otherwise fairly well, she was kept under observation for ten days, at the end of which time the temperature rose, and was accompanied with a rigor. Examination of the blood then showed the presence of *Streptococcus brevis*.

The temperature then fell to about normal for a week, and the examination revealed an almost normal local condition, with a normal range of hearing on each side. During this period the blood was examined twice, when *Streptococcus brevis* and *Staphylococcus aureus* were found. At this period, there developed a painful swelling probably in connection with the right great toe joint which, two days later, as fluctuation could be demonstrated, was incised and pus evacuated. Microscopic examination showed streptococcus and staphylococcus, and cultural examination, a marked growth of hæmolytic streptococcus: two days later, the temperature fell and remained about normal for almost a week. The wound over the great toe rapidly healed.

The temperature then rose again, the cause for which could not be ascertained; later it once more fell to normal and remained so.

Eight days after the last rise of temperature the blood was found sterile, and at the present time the child was remarkably well, and had gained weight. The case was shown as rather remarkable, in that, although it commenced with an acute bilateral otitis media, local conditions did not appear to warrant operation, an attitude which was supported by the eventual result.

In the discussion of the case which followed, it was suggested that probably the route of the metastasis was viâ the sinus, which had probably become infected without the formation of thrombosis.

Fistula Symptom, probably in Frontal Canal, following Acute Otitis Media—H. NEUMANN.—Woman, aged 32, was examined on 21.6.26, on account of acute otitis media, with spontaneous perforation of four days duration, combined with severe headache,

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profuse secretion, and temperature of 38° C. With palliative treatment the condition remained unchanged for twelve days, except that the temperature was not quite so high; but, as the condition again relapsed, operation was performed on the sixteenth day. An X-ray picture showed extreme pneumatisation both in front and behind the labyrinth, extending in front of and behind the facial canal, and up to the apex of the pyramid.

In such cases, Neumann generally considered it was better to delay until the progress of the disease had become delimited.

At the operation, the X-ray picture was confirmed—all the typical groups of cells were removed and the antrum opened; in addition, a group of large retrolabyrinthine cells was also exposed, so that in the end the wound cavity appeared like that of a complete radical operation.

Convalescence at first was about normal, but the patient soon began to complain of constant pain in the eye, in relation with which infection of the cells at the apex of the petrous bone, as demonstrated by X-rays, caused some consideration. However, the case was treated expectantly for three to four weeks, at the end of which time the patient reported that she noticed movement of objects in the vertical plane synchronously with the pulse. The postauricular wound was already almost healed, and although there was still profuse secretion from the meatus, the temperature remained normal; but, as a vertical fistula-symptom could be demonstrated by pressure over the meatus, the wound was again opened, when the same symptom could be demonstrated on swabbing the antrum.

With this further operation, complete recovery occurred.

Tendency to New Bone Formation — O. BECK.—Male, aged 35, was admitted on 19.8.26. A previous radical operation had been performed on the right ear in 1906.

In 1914, the patient again reported complaining of headaches, when an extreme atresia of the meatus was noted, and at the operation for relief of the same, Beck had found a reformation of the bone of the cortex; after removal of this, the original radical operation cavity was found occupied with cholesteatoma, and a widely open plastic operation was completed.

In 1920, the patient again reported that, following an attack of influenza, he had suffered with severe headache for eight days.

The meatus was again constricted to a minute lumen, and a further operation disclosed a condition similar to that found in 1914.

In 1923, the patient on account of headache and otorrhœa again sought relief, when once more the meatus had become stenosed though permitting the escape of a purulent discharge. With the use of laminaria, the stenosis was sufficiently opened to permit conservative treatment, and after irrigation of the attic, the patient was free from pain.

In August 1926, the patient again reported, when the stenosis was seen to have recurred, hardly admitting the attic syringe. There was complete deafness, but the labyrinth was functioning. Once more

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conservative palliative treatment gave relief. X-ray picture showed the tympanic bone extensively thickened, constituting a complete bony atresia of the outer ear passage.

Histological examination of the bone showed a condition similar to that in the next case.

New Formation of Bone after Radical Operation—O. BECK.—Patient, aged 27, was admitted in August 1926. There was a previous history of measles, scarlet fever, and scrofula in childhood.

In 1904, operation on right ear, since when occasional otorrhœa; left ear always healthy; during the last fourteen days, severe pain in and behind the right ear with loss of sleep, giddiness, and vomiting for the past four days.

His father died of phthisis; five brothers and sisters had all required treatment for the lungs.

Temperature 37.1° C. Pulse 96. Patient asthenic, scrofulous scars on neck and face.

Right ear had slight external tenderness with typical post-aural operation scar. A stenosed meatus contained pulsating pus. After irrigation a view of the fundus was impossible. Left ear was normal.

Right ear conversation *ad concham*. Deafness of middle-ear type; no spontaneous nystagmus; no fistula symptom.

Rotation to left produced 32, and rotation to right 42 nystagmic jerks with typical by-pointing.

Result of general examination was negative.

6.8.26.—As the condition became worse with giddiness and vomiting and spontaneous nystagmus to the left, re-opening of the old operation wound was performed, disclosing an enormous cholesteatoma, the bone of the cortex all being reformed.

Histological examination of the new-formed bone of the cortex showed typical compact lamellar bone, the vessels of which were numerous and filled with blood. From the surface, which was covered with normal periosteum and connective tissue, darkly-stained blood vessels in many places reached deeply into the bone.

This new-formed bone therefore differed in no respect from the normal bone of the cortex.

Case of Syringo-bulbia with Rotatory Nystagmus and Paresis of the Sixth Nerve—R. POLLAC.—Woman, aged 24, when three years of age had a sudden attack of high fever, followed the next morning by complete paralysis of the right leg. The fever subsided and the paralysis apparently recovered during the next two weeks, except that the foot remained fixed in an abnormal position, and had since been subjected to many manipulative operations.

In February 1926, the patient noticed that the finger-nails on the right and in August on the left hand, gradually became thicker and broken, but the skin remained unchanged. Shortly afterwards there

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was pain in the right hand and the right forearm, and she also noticed wasting of the muscles between the thumb and forefinger, and of the thenar and hypothenar prominences, accompanied by sensation of burning in the hand, and sores, which latter however caused very slight pain.

Neurological examination revealed loss of sensation generally and also for heat on the right side of the face; reflex of right arm diminished; patellar reflexes—right, absent; left, exaggerated: no disturbance of taste. Wassermann reaction negative; eyes normal except for paresis of the right external rectus.

Laryngoscopic Examination.—Activity of vocal cords and velum normal; taste, normal.

Otological Examination.—Rotatory nystagmus (unrecognised by patient) to the right, most marked on looking to the right; weaker on looking to the left, and weakest on looking directly forwards.

No complaint of dizziness and both the cochlear and vestibular apparatus was completely normal and intact.

The auricle, external auditory meatus, and the tympanic membranes were completely anæsthetic.

Attention was drawn to what must have been the extremely localised site of the lesion.

Two Cases of Apoplectiform Localised Lesion of the Cochlea—E. VERMAS (visitor).—*Case* 1. Male, aged 67, had an unimportant previous history.

On 27th August 1926, six days before admission, he had a sudden attack of giddiness, tinnitus (most marked on the left side), with deafness on the left side. The following day he vomited twice; had headache; no rise of temperature. Wassermann reaction negative.

Some years previously he was an excessive drinker and smoker.

A polypus was present in the right nose; otherwise mouth, throat, and general examination negative.

Otoscopic Examination.—Both tympanic membranes were intact but much indrawn and opaque. Left ear was absolutely deaf, but normally responsive to caloric reaction. Eyes were normal.

From 2nd to 26th September, spontaneous nystagmus to the right on extreme deviation of the eyes to right and left; dizziness, especially while sitting.

2nd October, dizziness while sitting; spontaneous nystagmus only on looking to the left.

9th October, had a feeling of pressure on the forehead and occiput; no dizziness.

15th October, was discharged to his duty as night-watchman.

Case 2. Woman, aged 49, was admitted on 30th December 1926, complaining that the previous morning she had a sudden attack of giddiness, but continued her work as cook. In the evening, however, the giddiness became worse, associated with vomiting which necessitated

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her lying down. Since then, she had the feeling as if the left half of her head were "dead," and she complained of tinnitus in the left ear. On the day of admission she vomited three times. She was deaf in the left ear since the first attack of giddiness.

Examination showed tympanic membranes, normal. Left ear was deaf, but promptly responsive to the cold caloric test; slight spontaneous nystagmus on extreme deviation of the eyes to each side; blood pressure 145 to 100.

Neurological examination: normal. Wassermann reaction negative.

Further progress was uneventful, and on the 28th January 1927 loud conversation close to the ear was again heard. The tinnitus however persisted, as did also the giddiness on sitting up, although she was quite comfortable when lying in bed.

The Exhibitor considered that possibly the second case may have been caused by hæmorrhage into the cochlear apparatus (nerve or cochlea) since, four weeks later, remnants of hearing could be demonstrated.

As regards the first case in which five months later no restoration had occurred, opinion as to the cause of the lesion must remain open.

Large Temporal Lobe Abscess (R.) with Thrombosis of the Superior Longitudinal Sinus: Pure Culture of Bacillus pyocyaneus—E. URBANSCHITSCH.—Girl, aged 17, was admitted on the 17th September 1926, with the diagnosis of suspected typhoid. After a few days observation, pain in the right ear and headache complained of. Further examination of the ears showed: right-sided otorrhœa with destruction of the tympanic membrane and granulations in the antrum. The left ear was normal.

Weber lateralised to the left; no spontaneous nystagmus; on compression, easily elicited fistula symptom towards the right.

Positive caloric reaction with typical by-pointing.

23rd October 1926.—Radical operation; granulations in the antrum; fistula in the horizontal canal; thrombus removed from the sinus; internal jugular vein was ligatured.

Bacteriological report of pus—*Bacillus pyocyaneus*, but the thrombus was sterile.

Progress unfavourable, and after period of very anxious observation, diagnosis was made of cerebral abscess, indicating operation.

22nd November.—After exposure of the old wound the middle fossa was opened through the tegmen antri, and a large quantity of pus evacuated. Exploratory incision of the cerebellum was negative.

Labyrinth Operation: the patient did not rally from the operation, and died the third day after.

Examination of the pus from the cerebral abscess again showed *Bacillus pyocyaneus*, and in addition to the interesting but anxious course of the case, details of which were given, the account was chiefly to record the extreme rarity of the causal infection.

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