Operation.—Correction by fascia lata, to elevate the lower eyelid. Fascia attached to periosteum of the inner canthus, and drawn taut, and then attached to outer canthus.

History.—N.F., a male, aged 22, was suffering with apparent VIIth nerve paralysis to the left angle of the mouth, apparently of long standing and the paralysis appeared to be complete before operation, but this was rather doubtful.

Operation.—Fascia lata was suspended from temporal position to the left angle of the mouth.

Result.—Patient appears to have good function of the left external angle of the mouth.

History.—W.A., a soldier, aged 56, was suffering from rodent ulcer involving the nose and most of the cheek on the left side. He had been treated with radium and high frequency.

Operation.—Repair of nose and cheek by use of pedicle flaps from chest to make the cheek was accomplished five years later, and the remaining pedicle from the cheek was used to make a nose.

History.—B.J., a boy, aged 10, was suffering from a thick hairy mole occupying the position of one-half of the right nares.

Operation.—This was interesting because a full-thickness graft under pressure was used to reconstruct the inferior border of the nares and one-half of the external surface.

PARIS HOSPITALS—SOCIETY OF LARYNGOLOGY

(*Abstracted from "Les Annales d'Otolaryngologie"*)

By DR. RAOUL CAUSSÉ (Paris)

CASES

November 18th, 1935

Osteomyelitis of Superior Maxilla in Nurslings.
—A. BLOCH, LOROQUE and CH. GRUBER.

The writers had under observation a six months old child suffering from osteomyelitis of the superior maxilla, of dental origin. In addition, the blood culture showed the presence in the blood of staphylococci. Very serious general condition. Local operation on the maxillary sinus, which was curetted. A specimen taken at this time showed that staphylococcus aureus was also present. Injections of Ramon's anti-staphylococcal anatoxin were

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

thereupon given; three injections were given without causing any local or general reaction. The patient is now cured.

Petrositis. Ramadier's Operation. Recovery.
—A. MOULONGUET.

Acute otitis with mastoiditis. Antrotomy twenty days after the commencement of the disease. A few days later, facial paralysis occurred, accompanied by headache. Radical mastoidectomy; nothing abnormal was found in the middle ear. Three days after this operation, paralysis of the VIth nerve occurred, while the facial paralysis disappeared. No fever. No vestibular disorders. A radiograph showed lesions extending to the whole of the petrous bone. Ramadier's operation was thereupon performed, that is to say, the carotid canal was opened. A curette inserted in the canal met with an abscess at a depth of 1½ cm. Three days later, when a new effort was made to curette the abscess, hæmorrhage took place, the carotid wall having given way. Swabbing. After five minutes the hæmorrhage ceased. Recovery then took place.

Prophylactic Treatment of post-operative Hæmorrhages by Hepatic and Gastric Extracts.—L. GUILLEMOT, A. BLOCH, J. LEMOINE, T. FRAENKEL.

At Bretonneau Hospital, in the case of all children who are to undergo adeno-tonsillectomy, the bleeding and coagulation time is ascertained. Ten children who, from this point of view, showed abnormal phenomena, were given by the writers, per os, hepatic and gastric mucous extracts. The writers noted that, after this treatment, the bleeding time in the case of all these children became normal, and the children were operated on without incident.

Treatment of Neuralgia of the Vth (Trigeminal) Nerve by the Injection of Alcohol into the Gasserian ganglion.
—J. LEMOINE.

Taptas was the first to make use of the injection of alcohol into the Gasserian ganglion. In 1931 this writer published fifty-one cases. Two channels can be utilized: the anterior or submolar channel and the lateral or sub-zygomatic channel. Taptas adopted the latter. The writer prefers the anterior channel, which is much more certain to permit of passing through the foramen ovale. He has treated eight patients: in six cases the result was excellent and has been maintained for several years past. This method is not comparable to retro-Gasserian neurotomy; but there are patients who cannot or will not undergo this operation, and it is in such cases that the injection of alcohol can be proposed.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

In two instances the writer observed transitional paresis of the ocular muscles. He does not believe the method to be dangerous.

Severe Laryngeal Diphtheria cured by Aspiration of False Membranes by direct Laryngoscopy.—M. HAMON.

An eighteen months old child suffering from pharyngeal, then laryngeal diphtheria, with intense constriction. Tracheotomy appeared to be unavoidable. The writer preferred to carry out an aspiration of the false membranes by direct laryngoscopy. The result was excellent ; only two treatments were necessary. Simultaneous serotherapic treatment, total dose: 100,000 units, was given.

December 16th, 1935

Stenosis of Œsophagus after Radiotherapy for Basedow's Disease.—M. OMBRÉDANNE.

The patient is a woman who, ten years previously, had undergone X-ray treatment for Basedow's disease. For a year past she had been suffering from progressive dysphagia. On examination, it was found that throughout the anterior region of the neck the skin had become thickened and hard. The pharyngeal mucous membrane appeared to be normal, but this was not so in the case of the mucous membrane of the opening of the œsophagus, which had thickened to the extent of making it impossible to insert an œsophagoscope of ordinary calibre. Biopsy showed no cancerous changes. The writer is of opinion that there is no doubt that the radiotherapy is the cause of this stenosis of the œsophagus.

A second case is that of a burgeoning non-neoplastic tumour which appeared at the opening of the œsophagus nine years after the patient, a woman, had undergone radiotherapy for Basedow's disease. In this instance also the writer recognizes that the lesion was caused by the X-rays.

Osteitis of the Petrous Apex. Ramadier's Operation. Recovery.—Dr. GUILLERMIN and Dr. PESME.

Acute mastoiditis in a young man. After antrotomy, the pain and discharge persisted. Appearance of paralysis of the external ocular motor nerve. Radical mastoidectomy with resection of the tympanal bone, in the course of which an anterior sub-labyrinthine fistula was found, and was curetted. This second operation did not bring about any improvement. Ramadier's operation was therefore performed, that is to say, trepanation of the carotid canal, and through this channel a curette was inserted as far as the apex, which was found to be attacked by osteitis.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

Following this operation, suppuration disappeared, together with the pain and the paralysis of the VIth nerve. Rapid cicatrization took place.

Cure of staphylococcal otitis by Ramon's Anti-toxin. —H. BOURGEOIS.

The writer treated a staphylococcal otitis with anti-staphylococcal anti-toxin. Two injections sufficed to cure abundant auricular suppuration. The writer also recommends this treatment in cases of furuncles of the auditory canal.

Persistency of His' Thyroglossal Tract. —M. CAMBRELIN.

From his experience, the writer has reached a certain number of conclusions regarding persistency of the thyroglossal tract. Women are the most frequent sufferers. The presence of a fistula on the median line favours the hypothesis of persistency of the thyroglossal tract. In general, the tract passes in front of the hyoid bone. The tract is covered by a ciliated epithelium. The obliteration of the tract appears to take place normally before the third month of the embryonic life. Fragmentation of the tract is a cause of operative failure, and it is therefore necessary to take care to explore as far as possible towards the base of the tongue.

Asthma and the Nose.—A. JACQUELIN and A. CHAIT.

The essential purpose of the writers was to study the frequency of nasal lesions in sufferers from asthma, and the value of operations to the nose in such cases. Four hundred and thirty patients were studied. In forty-eight cases the nose was found to be obstructed, and in twenty-six infectious manifestations, such as rhinitis, sinusitis, angina, etc. were noted. It follows that nasal lesions are fairly frequent. The most varied operative treatments were given: punctures of the sinus, resection of the septum, etc. On the whole, while the condition of a small number of patients improved, many showed no amelioration and several even became worse. The writers are of opinion that asthma, in itself, does not call for any nasal operation. General treatment alone should be contemplated.

Radiotherapeutic Treatment of Papilloma of the Larynx in Children.—M. COTTENOT, A. BLOCH and J. LEMOINE.

From their experience, the writers consider that treatment by diathermy is not better than surgical treatment. In the case of children, radiotherapy is an excellent adjunct, in the sense that it

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

prevents recurrence of the disorder. It cannot, however, eliminate tumours. In any event, prolonged applications must be administered. It is to be noted that patients who have already undergone one radiotherapeutic treatment for papilloma of the larynx can undergo another without ill-effects; there is no radio-resistance.

January 20th, 1936

Incorrect Deductions from the Schwabach Test.
—M. HICGUET.

In order to measure the duration of osseous perception of the tuning-fork, the following method is habitually employed: the foot of the tuning-fork is placed on the mastoid and, without removing it, the patient is asked to state when he ceases to hear. Now, the writer has noticed that if, from the time when the patient says he no longer hears, the tuning-fork is raised and then again applied on the mastoid, the patient feels an auditory sensation. Thus, the first method is faulty: it gives rise to the appearance of an osseous auditory sensation which is much shorter than that which actually exists. In consequence, the writer asks that in making Schwabach's test the foot of the tuning-fork shall not be left continuously resting against the mastoid but that, on three separate occasions at least, it be raised and then again pressed against the mastoid. In this manner it will be possible to measure the duration of the bone conduction accurately.

A Case of Subglottic Goitre.
—L. BALDENWECK and M. LÉVY-DEKER.

A man, 48 years of age, had been complaining of hoarseness for fifteen years. On examination, several laryngeal polypi, one of which was very mobile and was inserted in the subglottic region, were found. Under the laryngeal mirror the glottis was freed. On histological examination, the polypi gave the typical picture of colloidal goitre. From their bibliographic research, the writers ascertained that intra-tracheal goitres are very rare tumours. The patient's thyroid gland was absolutely normal.

Dermoid Cyst of the Superior Maxilla.—J. PIQUET.

A young man, 19 years of age, complained of a purulent discharge from the left nostril for the past eight to ten months; at the same time he suffered from violent headaches throughout the left side of the cranium. On examination, it was found that there was a slight deformity of the face on this side. There were several fistulae in the mouth allowing a few drops of pus to percolate through above the left lateral incisor and the first left premolar.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

On rhinoscopic examination the floor of the nasal cavity was seen to be raised, but the sinus appeared to be normal. On operation a cyst with caseous contents was found above the lateral incisor and the left canine. This cyst had entirely destroyed the osseous wall of the palatine arch. On histological examination the presence of pilo-sebaceous elements in the wall of the cyst were observed. For this reason, the writer considers that the cyst in question is a dermoid cyst. In writings on the subject only two dermoid cysts in this situation are known ; one mentioned by Verneuil and one by Baldenweck.

Fracture of the large Cornu of the Thyroid Cartilage. —M. LÉVY-DEKER.

A man of 53 years of age received a blow on the left cervical region. Since then he has felt sharp pain at this level in the movements of the neck and on palpation. On laryngoscopic examination it was found that the left pyriform sinus was raised by a very marked projection. The radiograph was not conclusive, but it was thought that the trouble is a fracture of the large cornu of the thyroid cartilage. On operation it was found that this assumption was correct. In addition, the fragment of broken bone was also raising the upper laryngeal nerve, which explained the pain.

February 17th, 1936

Treatment of Ozæna by sub-mucous Implantation of Cartilaginous Grafts.—A. MOULONGUET and J. LEMOINE.

Sub-mucous implants usually give good results. The writers prefer cartilaginous grafts to inert substances such as glass, because the latter are fairly easily eliminated. They introduce the grafts, taken from a costal cartilage, by means of an incision in the nasal cavity. The operation is generally followed by transitory local and general reaction. The results are excellent.

Caloric Test in cases of Spontaneous Nystagmus. —J. LEMOINE.

The presence of a spontaneous nystagmus often constitutes an obstacle to the ascertainment of the caloric nystagmus. In such a case, the writer suggests that the test first be made in the ear which is known to be healthy and, immediately afterwards, that the test be made in the ear as to which spontaneous nystagmus precludes the knowledge as to whether it is normal or not. The influence of this second test on the duration of nystagmus engendered by cold water in the ear known to be healthy, will permit of solving the problem.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

Societies' Proceedings

A Case of Bowen's disease of the Mouth.
—A. MOULONGUET.

Bowen, of Boston, in 1912 was the first to describe a dermatosis which he called " pre-cancerous ". Since then, nearly 100 cases have been published, and recently Howarth described the buccal lesions of this disease. The affection usually appears after the age of forty years, it evolves very slowly. Cancerous transformation is tardy, as also is glandular invasion. Local treatment, either surgical or by radiation, is most often efficacious.

Ménière's post-otitic disease cured, after failure of Labyrinthine Trepanation by Section of the VIIIth Nerve.
—M. AUBRY, M. OMBREDANNE, R. BOURGEOIS.

A man of 45 years of age underwent radial mastoidectomy for chronic otorrhœa. Violent attacks of vertigo supervened and labyrinthine trepanation was then performed. The attacks of vertigo, however, did not decrease and, on examination cerebellar symptoms were found. The writers thereupon performed total section of the VIIIth nerve. In the course of the operation considerable arachnoiditis was found, surrounding the auditory nerve. The results were excellent ; the attacks of vertigo have completely disappeared.

Arachnoidal Lesions of the Cerebellar Cavity in Neuritis of the VIIIth pair.—M. AUBRY and M. OMBRÉDANNE.

In the course of twenty-one operations on the cerebello-pontine region, the writers found that in eleven cases this region was normal and that in ten cases it was abnormal. The lesions are of two kinds : high pressure of the cerebrospinal fluid and adhesive arachnoiditis. This arachnoiditis appears sometimes in the form of small fibrous bands situated in the neighbourhood of the auditory nerve, sometimes in the form of more or less extensive cystic productions. From the clinical point of view, only the cystic form appears to be capable of diagnosis before operation. The symptoms ascertained are : headache, occipital pain, vomiting, sometimes some papillary symptoms, sometimes also the presence of central vestibular symptoms. When these symptoms exist, the cerebello-pontine region should be explored surgically. However, this operation is counter-indicated when, during a mastoid operation, the meninges have previously been incised.

Petrositis. Operation. Recovery.—J. RAMADIER, BÉRARD and GUILLON.

Acute bilateral otitis followed by bilateral mastoiditis. Bilateral operation. Recovery took place normally on one side, but on the other side suppuration continued to be abundant. In addition,

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

the patient had a slight temperature (38° C.) and headaches. Sudden appearance of attacks of vomiting and of nystagmus directed towards the healthy side. It was thought that this indicated posterior petrositis complicated by labyrinthitis. A second operation was performed, in the course of which a fistula was found, situated under the curl of the upper semi-circular canal. A curette was introduced into the fistula, which was 4 cm. deep. Drainage. The discharge disappeared rapidly and the wound healed.

March 16th, 1936

Otogenous Abscess of the Cerebellum. Hernia of the Cerebellum. Recovery with serious Nervous sequelae. —GUILLERMIN, KLISZOWSKI and FAVRE.

Acute otitis beginning on *March 23rd*, 1935. Mastoidectomy performed on *April 14th*. A few days later the existence of very definite cerebellar symptoms was observed, and also intense nystagmus towards the operated ear. No œdema of the fundus. Lumbar puncture revealed the presence of lymphocytes (64 per c.cm.) and of albumin (O gr. 85). *April 19th*, 1935, second operation. The cerebellar dura mater was exposed and, behind the sinus, the puncture revealed a large abscess which was drained. Following this operation a great improvement was noted, but gradually headache, vomiting and œdema of the fundus appeared. At the same time a large hernia of the cerebellum formed. On *June 12th*, 1935, a third operation was performed: extensive loosening and incision of the dura mater which strangled the hernia. This produced a great improvement, but there was discharge of cerebro-spinal fluid which did not subside until *February 15th*, 1936. At the present time, the condition of the patient is good, but the cerebellar hernia is still present and nervous sequelae exist. What should be done?

Acute Ethmoiditis complicated by extensive Osteo-myelitis of the Frontal Bone. Recovery.—R. BOURGEOIS.

Boy, aged four and a half years. During an attack of influenza, a swelling of the internal angle of the left eye appeared. An incision cleared out an abscess. The child appeared to be cured, but three weeks later the same condition reappeared. A second operation disclosed a fistulous tract leading to the frontal sinus. This tract was enlarged and the diseased bone removed. This second operation produced no result, the swelling spread. A third operation was then performed, extensively this time, with denudation of the dura mater. Recovery then took place.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

Societies' Proceedings

Galloping Meningitis from unsuspected Abscess of the Brain. Operation. Survival for eight days.—J. PIQUET and P. DECOULX.

The patient, a man, aged 29 years, suffering from chronic otitis, was taken to hospital at the height of an attack of meningitis. At that time, examination revealed nothing to cause suspicion of an abscess. Radical mastoidectomy was performed. The dura mater was covered with granulations ; it was stretched. A puncture was made and an abscess containing 40 c.cm. of pus was found in the temporo-sphenoidal lobe. During the following days, the temperature varied between 38° and 40° C. and, in spite of a second operation, the patient died at the end of a week. *Post-mortem* examination revealed the existence of several encephalic abscesses, one of which had opened into the lateral ventricle, but death was not due to this opening, for the fistulous tract was already in process of organization. Death resulted from the infection transmitted to the meninges from a cortical abscess : this was shown by the histological sections.

Hæmorrhage during a Peritonsillar Abscess.—J. PIQUET.

Tonsillar abscess in a man who had already suffered several times from abscesses. This patient neglected to have any treatment. Spontaneous opening of the abscess, but twenty-four hours later the patient began to spit blood, at first in small quantities. On examination, considerable tumefaction of the tonsillar region was seen. The writer removed the tonsil and observed that the blood came from the lower portion of the tonsillar fossa. The tonsillar crypt was swabbed for half an hour and the hæmorrhage was stopped completely.

Histories of similar cases are not very numerous. On reading them, it can be deduced that the hæmorrhage may come from one of the blood vessels of the neck. What should be done ? According to the writer, a distinction must be made between two cases. If hæmorrhage is not very abundant, comparatively speaking, tonsillotomy should be performed, with swabbing of the tonsillar fossa. If hæmorrhage is sudden and intensive, the vessel responsible—usually the internal carotid—must be ligatured. However, as this ligature involves real danger, the external carotid should first be ligatured and ligature of the internal carotid should be resorted to only if the first ligature has not stopped the hæmorrhage.

Treatment of Hæmorrhage by Viper Venom (*Vipera Daboia*).—C. P. HUËT, R. TRAMUSET and N. T. KORESSIOS.

Viper venom injected into the system renders the blood incapable of coagulation. On the contrary, when applied locally this venom brings about rapid coagulation of the blood. This property has

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

been made use of by the writers in numerous cases of hæmorrhage following extraction of teeth and in oto-laryngology. They use the venom of the Daboia viper in a 1/50,000, 1/25,000, 1/10,000 solution of distilled water, according to the case.

April 27th, 1936

Syndrome pallor—Hyperthermia. Blood Transfusion. Recovery.—J. ROUGET and JUBÉ.

It is well known that in the case of nurslings it is not exceptional, following an operation and particularly mastoidectomy, to find that the child's temperature rises to 40° C., 41° C. and more. At the same time the child is extremely pale. Death may supervene in a few hours. In one case of this kind the writers performed blood transfusion ; the position was immediately reversed and the child recovered.

Two cases of Septic Meningitis. Cure effected by Rubiazol.—J. ROUGET and VAIDIE.

Both observations are identical. They relate to two children suffering from purulent otogenous meningitis. Various organisms were found in the cerebrospinal fluid. The same treatment was applied, that is to say, radical mastoidectomy, and administration of Rubiazol through the mouth. In both cases the child recovered.

Two cases of Streptococcal Meningitis cured after treatment with Rubiazol and Vincent's Serum.

—M. LALLEMANT and POLLET.

The first case was that of a little girl, 7 years of age, who underwent unilateral mastoidectomy. After a few days, meningitic symptoms appeared ; the cerebrospinal fluid contained streptococci. As the other ear also had a discharge, a second mastoidectomy was performed on that side and, simultaneously, Rubiazol was administered by the mouth. Recovery then took place.

In the second case, also that of a child, meningitis appeared in the course of acute otitis. The cerebrospinal fluid contained streptococci. Immediate mastoidectomy was performed, followed by an injection of Vincent's Serum and Rubiazol by mouth was given. Recovery then took place. It is to be noted that during convalescence mastoiditis developed on the opposite side. This mastoiditis was operated on without incident.

Streptococcal Otitis. Septicæmia. Vincent's Serum. Recovery.—MATHIEU, GILBERT, DE TAOUARN.

Three observations : I—Ordinary streptococcal otitis ; treatment with Vincent's Serum. Recovery. II—During a case of

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

acute otitis, septicæmia appeared. As the condition of the ear did not appear to call for operation, treatment was limited to injections of Vincent's Serum. Recovery. III—This case is similar to the preceding one. No operation was performed on the mastoid, in spite of the obvious connection between the septicæmia and the otitis. Nevertheless, a cure was obtained, thanks to Vincent's Serum.

May 18th, 1936

Osteomyelitis of the Facial and Frontal Bones as a sequela of Maxillary Sinusitis. Extra-dural Abscess. Arrest of infectious process.—M. PIQUET.

A young girl, aged 16 years, suffering from maxillary sinusitis of the left side, with ethmoiditis, underwent trepanation of the antrum with endonasal curettage of the ethmoid. About fifteen days later, suppuration near the internal angle of the eye supervened. Trepanation of the left frontal sinus and removal of the nasal bone were then performed. A little later, trepanation of the right frontal sinus. Necrosis of the septum. Finally, a few days later it was necessary to remove the greater part of the frontal bone which covered two symmetrical extra-dural abscesses (pneumococci). Healing is progressing very rapidly, but it is too soon yet to speak of a cure.

Pneumococcal Meningitis. Cerebellar Abscess. Septicæmia. Surgical Operation. Recovery.—M. PIQUET.

Observation of a man, 30 years of age, suffering from an old suppuration of the left ear which suddenly presented meningitic symptoms which developed rapidly. The cerebrospinal fluid was cloudy and contained pneumococci on culture. A cerebellar abscess was evacuated. A few days later two other abscesses had to be drained. Finally, septicæmia supervened and necessitated ligature of the jugular vein. The patient is recovering. The writer considers that in the case of cerebellar abscesses, as well as in cerebral abscesses, extensive surgical intervention is essential.

Otogenous Streptococcal Meningitis treated by intra-spinal injections of Rubiazol.—J. Le MÉE and SALOMON.

This is the first time that otogenous meningitis has been treated by intra-spinal injections of Rubiazol. The patient was a child suffering from chronic otorrhœa. Immediately after the appearance of meningitis, radical mastoidectomy was performed and

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

Rubiazol treatment instituted. The meningeal symptoms disappeared gradually and the cerebrospinal fluid again became normal—which facts the writers attribute to the action of the Rubiazol. However, after a few days of apparent cure, the temperature rose, œdema of the fundus was observed and the child died suddenly. It was not possible to make a *post-mortem* examination.

June 15th, 1936

Osteoma of the Ethmoid with exclusively intra-nasal development.—E. HALPHEN and BOURDIAL.

Male patient, 47 years of age, complaining of very acute pain on the left side of the face, with nasal obstruction and suppuration on the same side. All these disorders dated from at least ten years earlier. Sinusitis was diagnosed, and this diagnosis was confirmed by radiography. On operation, it was found with surprise that there was, in the middle meatus, a large osteoma which could be removed only by latero-nasal rhinotomy. There was no prolongation of the tumour either in the orbit or in the frontal sinus.

Surgical Treatment of Traumatic Deviations of the Septum in children.—M. OMBRÉDANNE and J. CAUSSÉ.

All the handbooks state that no operation should ever be performed for a deviation of the septum before the age of 15 years. The writers feel that, while this rule is doubtless justified in the case of congenital deviations, it nevertheless should not be observed in the case of traumatic deviations, especially when they give rise to disorders during the period of growth. They have operated on several children with good results. They apply general anæsthesia and make an infiltration of the submucous membrane with physiological serum without adrenalin. The mucous membrane is certainly fragile in children, but a unilateral lesion shows no ill effects. As to the risks of infection, they are no greater in such cases than in the case of adults. The writers have never observed any nasal deformity following this operation.

A case of Central Vestibulo-Ocular Lesion.—M. AUBRY and S. DELTHIL.

A man, 33 years of age, with a typical congenital nystagmus, accompanying great decrease of visual acuity. It was impossible, in this case, to bring about experimental nystagmus either by the caloric or by the rotatory or by the galvanic test. Nevertheless, during these various tests the sensation of vertigo existed, as well as past pointing. The writers are therefore of opinion that there must be a lesion of the central nervous system.

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

Societies' Proceedings

Mastoiditis of ordinary appearance shown to be positively Tubercular on inoculation with Guinea-pig Serum.—H. PROBY.

A child suffering from mastoiditis which appeared to be absolutely ordinary. Nevertheless, the appearance of the granulations seemed to be somewhat suspicious. Histological examination did not justify drawing any conclusion. However, inoculation with guinea-pig serum showed that, in reality, the mastoid lesion was tubercular. In spite of this ætiology, the cavity of the tympanum healed completely, and the child's general health appears to be excellent.

July 6th, 1936

Crouzon's Disease.—J. ROUGET.

Cranio-facial Dysostosis or Crouzon's Disease, is characterized by :

1. *Lesions of the cranium.*

2. *Disorders of the growth of the face,* affecting more particularly the superior maxilla, while the inferior maxilla generally develops normally.

3. *Compensating ectasia of the skull.* While the stenosed parts of the cranium resist pressure, those parts which have remained healthy continue to grow, dilate, and form compensating ectasias.

4. *Compression of the brain.* This compression of the brain gives rise to :

(*a*) Headache ; decrease in intelligence which, in certain patients even goes as far as idiocy.

(*b*) Disorders of the sense of smell, bringing about complete anosmia in almost all cases.

(*c*) Disorders of sight ; exophthalmia always occurs. Moreover, a divergent strabismus, and sometimes nystagmus, occurs. Finally, the compression of the optic nerve brings about progressive blindness by atrophy of the papilla.

Maxillary Sinusitis and Bronchial Dilatation.—J. LE MÉE, R. CLES and LEGRAND.

When the sinus of the face is systematically examined in patients suffering from bronchial dilatation, it is striking to see that sinusitis is frequent, especially maxillary sinusitis. None the less remarkable is the fact that this sinusitis is, so to speak, isolated, without any other symptoms of rhino-pharyngeal infection. How can these facts be explained ? Is the infection of the sinus primitive, or has it followed after bronchial infection ? There is also another hypothesis which must be taken into consideration, that of a direct

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press

lympathic connection, for instance, between the sinus of the face and the bronchial tree. It is not yet possible to decide which of these hypotheses is justified.

Bowen's Disease of Soft Palate.—E. HALPHEN.

The patient is a man, 62 years of age. On the soft palate he shows a lesion which has exactly the appearance of Bowen's disease. This clinical impression is confirmed by the fact that the patient has had this lesion for three years past and the lesion does not seem to develop. On the other hand, the histological examination is very definite: this is a spino-cellular epithelioma. What, therefore, is the connection between Bowen's disease and cancer?

Connection between the Anatomy of Sphenoidal Sinuses and the Ætiology of Retro-bulbar Optic Neuritis.

—PROFESSOR SEGURA.

The writer has operated on numerous cases of retro-bulbar optic neuritis. He has never found, inside the sphenoidal sinuses, lesions which could explain the optic neuritis. On the other hand, he has made an observation which is worthy of note: to wit, that in such cases the sphenoidal sinuses are always extraordinarily large. The writer submits radiographs in support of his assertion.

ABSTRACTS

EAR

Ventricular communication and Internal Hydrocephalus as complications of Brain Abscess. F. MCGUCKIN. (*Lancet*, 1936, ii, 1387.)

This paper presents certain facts, illustrated by three cases, concerning the establishment of a communication between the lateral ventricle and an abscess of the brain, and discusses the theoretical aspects of the problem. The discussion is confined to cases arising in association with otogenic temporal lobe abscess, and draws attention to the internal hydrocephalic factor. The author's conclusions are (1) Ventricular communication may arise as a result of rupture of ventricle into abscess. Recovery may follow. (2) Internal hydrocephalus is sometimes considerable, and may constitute a significant factor in increased tension. (3) Accidental relief of pressure from this cause is, on occasion, beneficial, but it is suggested that direct surgical attack on hydrocephalus is

https://doi.org/10.1017/S0022215100043504 Published online by Cambridge University Press