XVII.

A CASE OF LABYRINTHINE DISEASE, WITH REMARKS. *

BY JOHN K. STERRETT, M. D.

PITTSBURGH, PA.

The case about to be related is of interest more on account of the persistent absence of grave symptoms than to anything unusual in regard to treatment or result.

As far as I can learn the chief symptom of carious or traumatic inflammation of the labyrinth is vertigo, with or without simultaneous nystagmus. (Lucae)

Case.—Miss A.—Family history excellent. Age 19 years, her general health is, and has been always of the very best although she had a slight attack of scarlatina when six years of age.

Patient states positively that she did not have any otitis media until three years after her attack of scarlatina so that her present ear inflammation is of 10 years standing. The discharge during that time was periodic, intervals of one and two years sometimes intervening. Her first attack was mild, as she had little or no pain. Her general health during that period was very good.

Two years ago the patient commenced her last attack of purulent discharge from the right ear, it being the one diseased. Six months after I removed the ossicles or rather their remains as the malleus was fully half necrosed.

At this time which is now about 18 months ago the ear upon examination presented the ordinary appearance of a long standing purulent middle ear inflammation with about half the membrana tympana absent. The patient had no pain, dizziness or tinnitus nor had she experienced any of these symptoms, and her reason for having any operation

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done was on account of the annoyance of the rather slight, though foul smelling discharge from the ear.

The operation did not seem to affect the discharge much although I think it was done as thoroughly as the average, a general anesthetic being given. The foot plate of the stapes was not disturbed but the walls of the middle ear were carefully curretted. No dizziness or tinnitus followed the operation. Until October of last year the patient made occasional visits to my office, and I removed at those times a number of polypi, but could never detect any necrosed bone in the ear. While out of the city Miss A. was seized with a throbbing pain in her ear, during the last of October, 1903. This pain lasted three days and nights and the physician whom she consulted told her after examining the ear that she had taken cold.

Two months later upon her return to the city she came to my office, and I removed a complete bony mold of one of the semicircular canals which I found lying upon the floor of what was the middle ear. Since that time the patient has had no more polypi, and the discharge has ceased.

During all this time the hearing distance for the diseased ear has remained about the same, ordinary conversation being heard at three feet distance. The patient states she hears better when everything is absolutely quiet. Bone conduction while diminished is remarkably good for the forks.

As to the remarks upon this case, while I do not feel able to express a very pronounced opinion, it seems to me that this case should make us more careful in regard to our prognosis and treatment of cases of chronic suppurative otitis media, as I have always been led to believe that we find a train of symptoms such as vertigo, nausea and vomiting, unconsciousness and profound deafness in all or nearly all cases where the internal ear is so much affected as the case just reported.

I wish again to emphasize the fact that this case has had absolutely no vertigo or nausea unless pressure is made over the region of the canals when dizziness is very marked while the pressure continues.

I have in mind three other cases of necrosis of the internal ear alone, one of which was trephined for a cerebellar tumor,

one operated upon for an abscess of the middle fossa, and the third for mastoiditis with lateral sinus complication. I could relate several other cases which have come under my own observation, in which the diagnosis was at first very doubtful although appearing plain, but I hope these few will have helped make my point so plain that when we have a chronic suppurative otitis media of long standing we will take into consideration the extension of the disease into the internal ear even if internal ear symptoms are absent, before looking for trouble within the skull cavity.