

The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. I.

JANUARY, 1889.

No. 2.

HAEMATOMA AURIS IN THE INSANE.

By G. L. SINCLAIR, M. D.

Nova Scotia Hospital for the Insane.

AS far as I can learn, Ferrus, in 1838, first called attention to the peculiar blood tumour which appears upon the ear of the insane, and to which the above name has been given. One cannot believe that it had no existence previous to that date, more especially if the view held by some that it is due to violence received by patients from attendants is still thought worthy of credence. I find the affection mentioned in Tanner's work on practice, but it is not referred to in Roberts' treatise.

Greisinger's remarks would lead you to suppose it peculiar to the insane. Certain it is that I never saw a case until I became connected with the Hospital for the Insane. In the *American Journal of Insanity* for 1870, Dr. Hun, attached then I believe, to the Utica Asylum, gave details of 24 cases. Of these only one was a female. Eight patients having it laboured under general paralysis, six under melancholia, four under acute mania, four under chronic mania, two under dementia. Dr. Hun considered that the affection arose from cerebral congestion or centripetal irritation of the sympathetic system by the emotions. All writers agree that occurring in the course of an attack of insanity it is a bad sign so far as recovery is concerned. I have kept a careful record of the cases occurring at our hospital since I have been connected with it. They amount to twenty-one, five females and sixteen males. Of the females four were cases of mania and one a case of melancholia. Of the males eight were cases of paresis, two of paralytic insanity, four of acute mania and two of chronic mania.

In my cases the tumour appeared upon both ears in all the females and in four of the males; upon the right ear only in six males and upon the left ear only in six.

In Dr. Hun's report of 24 cases, he says nine died in the asylum, nine were discharged unimproved, six drifted into dementia and remained in the asylum. Of my cases seven are living now in the hospital two incurable certainly, and females. Three were discharged cured nearly three years ago and have remained perfectly well, and the remaining eleven died in the hospital.

Greisinger's description is the best with which I am acquainted. He says: "The skin of the Concha becomes swollen, smooth and tense, and indistinct fluctuation may be felt; the entire ear becomes painful, hot and red. If cut, or ruptured, there is observed

a cavity filled with half clotted, half fluid blood, which rapidly fills again after being emptied. Sometimes it empties itself by spontaneous rupture. Upon closer examination the tumour is seen to consist of an extravasation of blood under the perichondrium which is thereby separated from the cartilage. In a few weeks the redness and swelling usually abate, there remains more or less thickening of the part, which is followed by shrivelling and persistent deformity of the Concha Auris ("the shrivelled ear of the insane.")

CAUSE.—As to cause it is by some held to be of spontaneous origin due to some disease of the coats of the blood vessels, others maintain it is the result of injury either from the hands of cruel attendants, (and to explain this is instanced its more frequent appearance on the left ear of the patient, that being more convenient to the right hand of an attendant), or from the patient striking the ear against the bed post. The accidental traumatic origin is the more probable. I would certainly in the absence of other signs of injury about the person of a patient, not regard it as any evidence of cruel treatment. Indeed, I have brought the affection before you principally to say this.

TREATMENT.—Formerly we treated these cases by instructing the attendants to adopt every precaution to prevent the tumour being ruptured. Should this accident occur a deep cavity filled with grumous material resulted, which discharged itself, and healed slowly with much puckering of the organ. Clouston recommended painting the tumour in its early stage with Liq. Epispasticus. He claimed that by this means the swelling was aborted and the resulting deformity was greatly lessened. Our first experience in this treatment was unsatisfactory. Of late we have invariably adopted it and with excellent results. As soon as the swelling begins we put a piece of cotton wool in the meatus to prevent the blistering fluid passing in, and then apply the liquid freely over the whole organ giving it several coats. After the blister resulting from this treatment subsides we usually find the haematoma greatly reduced in size, and the subsequent shrivelling of the ear very much lessened, in fact the only trace left of the tumour is a slight thickening of the Concha which can hardly be regarded as a deformity, and would not be noticed unless the ear is taken between the fingers.

Sometimes in spite of this abortive treatment the tumour increases in size and in epileptics especially, some accidental violence causes its walls to rupture. When this happens we carefully syringe out the cavity with some Antiseptic solution and cover the ear with a large pad of absorbent cotton wool.