ART. III.

✓ *On Simple Sanguineous Cyst of the Ear in Lunatics.* By W. PHILLIMORE STIFF, M.B., Resident Physician to the County Asylum, Nottingham.

At intervals there have appeared scattered through the medical periodicals, chiefly of Germany, notices of a remarkable and well-defined disease of the external ear, almost unknown in general practice, but familiar to psychopathic physicians, some of whom consider it peculiar to the insane. I shall describe it under the name of simple sanguineous cyst of the auricle, or hæmatoma auris. In asylums it is known by the name of the "shrivelled ear."

Dr. Frederic Bird, of the asylum at Siegburg, was the first to define its connexion with insanity. Amongst the more recent writers on these sanguineous tumours must be especially noticed Dr. Fischer, of Illnau, whose valuable essay has been ably translated by Dr. Arlidge, in the 'Asylum Journal' for February, 1854.

Mr. Wilde, referring to this disease in his work 'On Special Diseases of the Ear,' says:

"Having no experience of this affection myself, I wrote to a number of medical friends connected with lunatic asylums, and although their statements varied, both as to its existence and cause, the establishment of the disease as affecting a particular class of the community has been fully established. Dr. Thurnam, who has great experience on the subject of lunacy, is of opinion that the disease has been frequently produced by injury, and that it was much more common when restraint was more extensively used than at present."

Mr. Wilde makes these observations under the head of 'Inflammation of the Auricle,' classifying the disease with erysipelas and other inflammations, whilst, in a previous chapter, he gives a representation of the same disease under 'Tumours of the Auricle,' observing that it is a rare form of disease in man, but that he has frequently seen it in dogs.

My attention was directed towards the subject by an observation of Feuchtersleben, who, in treating of the complications of insanity, adds:

"We must here mention, further, a peculiar sanguineous tumour in the ear, improperly called *erysipelas auris*, hitherto observed only in those who labour under chronic mania, respecting the connexion of which with that disease nothing whatever has yet been ascertained."*

The following cases, referred to in detail, are now under my care at the Nottingham Asylum, and illustrate the several stages of the disease:

CASE I.—S. H., aged thirty-four. Admitted in August, 1856, in a state of acute dementia. Alleged cause of insanity, a weight falling on his head two years ago. Not epileptic. Conduct generally tran-

* Medical Psychology, p. 300 (Sydenham Society).

quil. Notions confused ; answers yes and no indiscriminately. Eleven months after admission, no improvement in his mental state ; bodily health good ; appetite voracious. Of late the integument of the right ear has been congested ; the concha inelastic and thickened. He stands in the sun a great deal ; has not been violent, nor subjected to physical injury.

June 30, 1857.—This morning the pinna is of a dusky colour, and distended by a swelling containing fluid. It is tense, elastic, and creates the impression of the cartilage being split into two layers. The antihelix, scaphoid and innominate fossæ are obliterated ; meatus partially obstructed ; skin unbroken. Lobule not affected. Six days after the effusion was noticed, a photograph was taken. (See Fig. 1.)

FIG. 1.—STAGE OF EFFUSION.

It is now (November) in course of resorption, and tending towards spontaneous cure. The ear has diminished in size from 66 millimètres extreme length, and 42 millimètres transverse admeasurement, to 64 millimètres and 38 millimètres respectively. The left ear is of natural size, but for several weeks past has shown signs of congestion and cartilaginous thickening. This patient has symptoms of general paralysis of the insane.

CASE II.—R. G., aged thirty-five. May, 1855. Has been in the asylum twelve months. Confirmed mania. Alleged cause, pecuniary losses. Not epileptic, nor subjected to physical injury. Conduct inert, occasionally noisy. Has hallucinations; imagines himself a wall, and wants to be built up; is the subject of fantastic automatism. Digestion disordered; appetite excessive. Has had a swelling of the right auricle for several months. State of health when it appeared, not remarkable. The tumour is larger than that represented in Fig. 2,

FIG. 2.—CYSTIC STAGE.

which was taken twelve months subsequently. It extends from the upper edge of the helix to the meatus. Skin tense and inelastic. Ear distorted; thicker, shorter, and narrower than the sound one; anterior and posterior walls unusually convex. Tragus and lobule not implicated. The bulging of the ear evidently produced by fluid. The hæmatoma is in the cystic stage, or stage of resorption. It was opened, and discharged uncoagulated blood of a florid hue; hæmorrhage troublesome; the incision healed by first intention, but the cyst rapidly filled again. During the last two years absorption and atrophy have been slowly progressing, leaving the disorganized portion of the ear

shrivelled, thickened, and indurated. Length of the sound ear, 60 millimètres, width, 35 millimètres. Of the diseased, 58 millimètres, and 28 millimètres, respectively.

CASE III.—P. L., aged fifty. April, 1855. Admitted in a state of mania, said to be of six weeks' duration; in weak bodily health, suffering from acute dyspepsia. Not epileptic. Alleged cause, domestic trouble, with hereditary predisposition. Conduct tranquil; delusion, that he is sold to the devil. A month afterwards he refused his food

FIG. 3.—STAGE OF PERMANENT INDURATION.

obstinately for several days; breath became foetid, tongue red at the tip and sides, coated with a brown fur along the centre; bones prominent; œdema of the ankles; and extreme exhaustion. At one time he appeared to be sinking; he was forcibly fed by means of Eguisier's irrigateur twice daily for three weeks; alteratives, salines, and tonics were administered, and on the 22nd June he took his food well; in a few months he became stout, but without improvement in his state of mind.

December 22nd.—Is in robust health; the anterior surface of the left ear has unexpectedly presented symptoms of sanguineous effusion;

the integument is of a bluish red colour, congested, without abrasion; the swelling, which was not observed the day before, occupies the helix, antihelix, and fossa innominata; the lobule sound; has not been in the habit of rubbing his ears, nor experienced injury.

January 12th, 1856.—Resorption has commenced; the swelling paler and reduced.

18th.—The cyst is now confined to the antihelix and neighbourhood, is inelastic and hard. During the last year and a half it has been gradually progressing towards spontaneous cure, as seen in Fig. 3. Length of the sound ear, 71 millimètres; width, 39 millimètres: length of the diseased, 65 millimètres; width, 32 millimètres.

CASE IV.—J. W., aged thirty-four. Admitted November, 1856, in a state of acute mania. Assigned cause, physical injury and hereditary predisposition. General health bad; exhaustion. Conduct violent; notions incoherent; countenance painfully distorted; the left eye wild and prominent, the right eyelid paralysed, with dilatation of the pupil. Not epileptic. He was treated with calomel and opium, and improved rapidly, both in health and mental state.

January 10th, 1857.—A small hæmatoma has appeared on the antihelix, which is of a dusky red; it disappeared without treatment in six weeks, leaving a portion of the antihelix hard, white, and the ear undiminished in size. The mental symptoms have improved, but the prognosis is yet doubtful. No pain was complained of in this and the preceding cases.

I have examined the ears of 249 other patients in the asylum—viz., 124 men, 125 women, and find the cartilages more or less thickened and indurated in 17, probably the results of old hæmatomata. See Table.

MALES.			FEMALES.			
Right ear.	Left ear.	Both.	Right ear.	Left ear.	Both.	
3	...	2	...	4	...	0
7			.....	1	...	

The disease predominates in men. By adding the four preceding cases to those enumerated in the Table, it will be found that it extends to about one-twelfth of the average number resident.

The progress of the disease may be divided into four stages:

1. The stage of hyperæmia, and probably chronic arteritis, as shown by the congestion and loss of elasticity of the cartilage. This stage may exist without the development of the hæmatoma.

2. The stage of effusion; an apoplectic foyer is suddenly formed, causing obliteration of the ridges and depressions of the ear.

3. The cystic stage; in a comparatively short time absorption commences, the ridges reappear, but altered in shape. This stage may last for years.

4. Permanent induration, complete absorption of the fluid, and occasionally atrophy of the ear.

There are some points in the anatomy of the external ear which throw light upon the nature of the disease:—

1. In all these cases the disease was situated on the anterior surface of the pinna, and this is in consonance with the well-known vascularity of the part. On this surface the branches of the anterior and posterior auricular arteries ramify and anastomose. It is worthy of note that the posterior auricular artery gives off the stylomastoid, which runs a remarkable course, and terminates by anastomosing with the middle meningeal in the cavity of the cranium.

2. The paucity of lymphatic vessels on this surface, as compared with the posterior, explains the chronic character of the cystic stage.

3. The lobule is never affected.

A review of these cases leads me to some conclusions at variance with those of other observers. Fischer affirms that "the disease is to be looked for less in any one special form of insanity than in a deep-seated malady of the nervous system, attended with dyscrasia." I do not question the existence of the serious cerebral lesion, but if by dyscrasia is meant a blood disease, the cases narrated presented no symptoms of a general or specific character at the development,—on the contrary, the hæmatoma appeared when the bodily health was improving, and as the functions of digestion and circulation became more active. The mental disorder in three of the cases has become chronic, and in the fourth only is there any decided improvement.

It has been urged that these hæmatomata are connected with a scorbutic state of blood. The history of the case would alone be sufficient to nullify this hypothesis. If other reasons are wanted, it may be added that hæmatic cysts of the ear are not enumerated among the symptoms of scorbutus, and that the disease is to be found most frequently in lunatic asylums, where ample provision of fresh vegetables is made in the dietary, and the strictest attention paid to hygienic precautions.

No physical injury could be traced in any of the cases, nor were any mechanical restraints imposed; neither did the disease supervene during paroxysms of violence. Epileptics, who are the subjects of the most deplorable injuries and bruises about the head, although not altogether exempt, furnish but two examples in the table.

The symptoms and duration of contusions are so widely different to those described, that there seems to be little foundation for supposing that the disease is brought about by physical injuries or the use of mechanical restraint.

I conclude from the foregoing observations, that simple sanguineous cyst of the ear is the result of a true hæmorrhage, consequent upon impaired texture of the coats and laceration of the small bloodvessels of the perichondrium, and produced by causes analogous to those that excite cerebral apoplexy. The duration of the disease appears to depend upon the extent of the cartilage affected and the size of the cyst. It tends towards spontaneous cure. The sense of hearing is not necessarily affected. Local applications are superfluous. It must, however, be conceded that the presence of the hæmatoma adds to the gravity of the prognosis of the mental disorder.