MISCELLANEOUS.

Stucky, J. A. (Lexington).—*Two Unique Cases in Otology and Rhinology.* (Read at the Section for Nose, Throat and Ear for the United States at Fifth Pan-American Medical Congress, held at Guatamala City, Gua., August 5-10, 1908.) "Kentucky Med. Journ.," September, 1908.

(1) Bezold mastoiditis, thrombosis of the sinus with misleading symptoms, followed three weeks after the first operation by fulminating mastoiditis in the other ear, with epidural abscess, erosion of the anterior wall of the tympanic cavity, rupture of the carotid artery, exposed lateral sinus and pachymeningitis; operation; recovery.

(2) Fulminating mastoiditis and pan-sinusitis involving frontal, ethmoid, sphenoidal and maxillary sinuses; meningitis; operation; death; autopsy.

Case 1.—Boy, aged eighteen, brought on May 14, 1908. Restless and in great pain, which was referred to the right side of the head, and with marked septic appearance. Temperature 98° F., pulse 116. The parents gave a history of recurrent attacks of suppuration of both ears since babyhood. None of these attacks were very severe or lasted more than a few days. He had never been robust, but was by no means an invalid. For several weeks past had been confined to his bed with "slow fever of remittent type" and pain in back of his head and neck. Occasionally severe pain in ear with scant discharge from auditory canal. Two days before he had violent pain behind his ear, which necessitated giving him morphia gr. ¼ hypodermically, after which swelling over mastoid and extending down the sterno-mastoid muscle was observed. Mastoiditis of the Bezold variety. Urine was loaded with indican and traces of albumen. Blood-count showed marked increase in leucocytes and percentage of polynuclear cells. No examination could be made of the eye fundus on account of restlessness and irritability. There was no history of rigors, sweating, or great exacerbations in temperature. He was prepared for operation at once, ten grains of calomel being administered just before the anæsthetic. The whole bone cortex and cavity, including tip, was very soft and filled with pus. At tip was found perforation leading into neck abscess. A counter-opening was made at bottom of abscess of neck and drained with iodoform gauze. The thrombosed sinus was laid open and diagnosed as such, copious hæmorrhage following passage of the probe in either direction, which was controlled with iodoform gauze plugs. On the fifth day after the operation pain in the other ear was complained of. On May 31, fifteen days after the operation, pain was again complained of in the right ear, and continued at intervals with no elevation of temperature or indications of inflammation of the middle-ear cavity till, twenty-eight days after the operation, some redness and bulging of the drum membrane was noticed. This condition thought due to adenoids, so ether was given, a free myringotomy made, and adenoids removed. The relief was complete for three days, when he was seized with violent pain in and behind the ear, with vertigo and tenderness over the entire mastoid, and deep pressure over the antrum caused not only increased pain but increased vertigo.

The patient was again prepared for operation, and a radical exenteration of the right mastoid was done. The periosteum was normal and the cortex very dense; the mastoid cells were full of pus and polypoid granulations. A fissure in the tegmen antri led into a large epidural

abscess in the middle fossa. The dura was thickened and inflamed, the bony covering of the lateral sinus was destroyed and the sinus was covered with granulations. The tegmen tympani had been absorbed and the middle-ear cavity filled with a firm fibrous polyp, in the removal of which the carotid artery was ruptured. The haemorrhage was with some difficulty controlled with firm plugs of iodoform gauze. The progress of the case was uninterrupted, and the seventh day after the operations the plugs covering the carotid artery were removed, and the entire wound was found to be satisfactory. Patient improved steadily and returned home three weeks after the last operation.

Case 2.—Mrs. C— —, aged fifty-eight. Under care for recurring attacks of headache due to ethmoiditis for fifteen years. In 1899 Stucky removed the anterior half of middle turbinates, which had undergone polypoid degeneration. This was followed by almost complete relief for several years.

In March, 1908, all symptoms of the old trouble had returned. At this time she had a well-marked attack of influenza, and the ethmoid and other accessory sinuses were filled with muco-purulent secretion. On April 2 she was sent to the hospital. She improved, and the radical operation was postponed until the acute inflammatory symptoms subsided. The discharge of muco-pus diminished, temperature became normal, and she felt in every respect relieved except the headache. On April 8 pain in the right ear, and the drum membrane slightly inflamed and bulging. A free myringotomy was done. Relief complete for forty-eight hours, when she began to have dull pain over entire right side of head. There was no mastoid tenderness, and no symptom indicating extension of infection to this region. On morning of April 11 she had chill, felt badly all over, marked mental hebetude, vomited frequently. Temperature 99·4 5 F., pulse 82. No mastoid tenderness, no sagging of posterior superior wall. Ear discharging freely. At noon temperature 102 F., pulse 90. Tenderness over the entire mastoid, vertigo and nausea. Complained of being chilly all the time. She was prepared at once for operation of opening the mastoid, and before ether was given was semi-conscious and aroused with difficulty.

Usual incision. Cortex dark blue over antrum; the ossicles were found to be necrosed, the middle ear being filled with granulations and bleeding freely from the Eustachian tube orifice. The antrum was easily entered from the attic with Kerrison's forceps; the whole cellular portion of bone very soft and filled with granulations; no suppuration except the tip cells, which were filled with sanguineous pus. The dura was exposed from antrum to middle ear by removal of the necrosed tegmen antri, aditi and tympani for space of from ¼ to ½ inch wide, the tegmen antri and aditi coming away as one piece, being broken off with Kerrison's forceps in working back along aditus. Exposed dura was healthy and undisturbed. The wound was left open and packed.

For twenty-four hours after the operation all symptoms improved; then she began to complain of pain, beginning at root of nose and extending straight back to base of skull. Temperature rose from 100° to 104° F. Mental hebetude; pain over frontal region increased, followed by puffing of inner canthus on both sides. Percussion over frontal sinus would cause her to shriek with pain.

Fulminating pan-sinusitis and meningitis was diagnosed and the patient was again prepared for operation. When anæsthetic was started the patient was unconscious. Temperature 104° F., pulse 114. Operation: Posterior nares tamponed. Both middle turbinates were removed with

snare and biting forceps. The ethmoidal and sphenoidal sinuses were found soft and filled with necrotic material, and were curetted. The frontal sinus on the left side was opened externally and found filled with sanguineous fluid under pressure. The lining of the sinus was simply necrosed granulations. This material was thoroughly removed and the opening of the infundibulum was enlarged to ensure drainage. The septum of frontal sinuses was now removed, and a similar though not so severe condition was found on right side and the same procedure adopted as on the left side. The septum in this instance was of unusual thickness. The sinus was drained through nose with iodoform gauze and external wound closed.

The immediate results of the operation were gratifying for twelve hours; the temperature remaining from two to three degrees lower, pulse better quality, less pain, and patient not only recognised but conversed with relatives and attendants. After this she gradually became comatose and died thirty hours after the operation.

The autopsy was conducted by Dr. S. B. Marks, whose report is as follows:

"Skull cap easily removed, but at top along the superior longitudinal sinus for one or two inches on either side the dura was thickened, dark, and very adherent to the bone, the brain tissue being inherniated in small spots where tearing took place in separation. The dura was coherent in longitudinal fissure. No pressure within the dura, which was otherwise normal save for discoloration and slight thickening at cribriform plate, the bone here being necrotic and soft as paper, being the probable point of infection. At the base of brain considerable purulent exudate, which glued the midbrain and the temporo-sphenoidal lobes to the frontal, this exudate also extending into posterior fossa covering inferior surfaces of cerebellum and medulla. The dura exposed during mastoid operation was found normal. The contained fluid within dura was in excess of normal amount and of a dark, bloody colour. The fourth ventricle and the lateral ventricles contained no fluid."

In both cases the acute exacerbation was due to the influenza bacillus. In Case 2 Stucky did not operate at once because he believed chronic basilar meningitis existed, and that an operation in the beginning of this acute exacerbation upon a chronic condition, especially when due to the influenza bacillus, would have done no good. *Dan McKenzie.*

REVIEWS.

Lectures on Hysteria and Allied Vaso-motor Conditions. By Thomas Dixon Savill, M.D. London: H. J. Glaisher, 55–57, Wigmore Street, W. New York: Wm. Wood & Co. 1909.

The subject of hysteria cannot be without interest and importance even to the most exclusive of specialists. We constantly see cases in which hysteria, or at least an hysterical element, intrudes or is suspected, and any work which tends to clear our views in regard to this factor is of the highest value to us. Dr. Savill's work on the subject deserves, therefore, careful perusal and study, more especially as it contains the confirmation of the opinions which, as he tells us, he has expressed and taught for twenty years. The relative frequency of the various symptoms is arrived at by the analysis of his own statistics and of those of Briquet. He places the vaso-motor mechanism in the fore-front in the pathology,