chronic degeneration of its muco-periosteal lining. The aditus, which was rather narrow, was then enlarged and the middle ear, on being probed, yielded nothing. The child made an uneventful recovery.

This case clearly demonstrates that an apparently spontaneously healed mastoid mastoiditis may flare up into dangerous activity after a long period of quiescence and that it is as truly secondary to an otitis media as though it had manifested itself at the time the ear was discharging.

25 East Washington Street.

CAVERNOUS SINUS THROMBOSIS FOLLOWING A SECONDARY MASTOIDECTOMY.

DR. JOHN A. ROBINSON, New York City.

On September 28, M. G., age 52, a Russian, was admitted to the New York Eye and Ear Infirmary, on the service of Dr. E. B. Dench, with an acute mastoiditis involving the right ear, a streptococcus infection of two weeks' duration. A simple mastoidectomy was performed. Neither sinus nor dura was exposed. The patient was discharged on October 15 with the cavity granulating well and a dry canal. He returned to the dispensary at irregular intervals for dressings. About the middle of November he developed an acute purulent otitis, following an acute rhinitis, with a return of the purulent discharge from the tympanum and an increased discharge from the posterior wound.

On November 19 he complained of pain in the ear and mastoid area and frontal headache, with moderate temperature and increased aural discharge. Five days later he was readmitted to the infirmary. Examination on that day showed a moderately tender mastoid. Temperature 100°, pulse 72, respiration 18. There was a moderate amount of discharge from a small post-aural opening and from the canal.

November 25 the headache became worse, the temperature ranged from 99° to 101°, there was increased mastoid tenderness and conjunctival injection of both eyes appeared. The right fundus could

not be seen, as the lens was slightly opaque. The left fundus was normal. There was slight immobility of right eye.

A blood count was made by Dr. S. Dixon, who reported as follows: Red cells, 5,000,000; leucocytes, 20,000; polymorphonuclears, 80 per cent; large mononuclears, 6 per cent; small mononuclears, 13 per cent; transitionals, 6 per cent.

A blood cultivation made at the time was reported seventy-two hours later to be negative.

On November 26 a secondary mastoidectomy was performed. The cavity contained a moderate amount of rather soft granulations. A small area of sinus and dura in the middle fossa was exposed. The sinus was slightly pale at one point, otherwise of good color. On the following day, November 27, the temperature rose to 104°, pulse 106, respirations 26.

After a restless night he complained of frontal headache, pain at the back of the neck and in both eyes, with an increased injection of the conjunctivae of both eyes. Lumbar puncture showed a turbid fluid under pressure; globulin +, and a cell count of 1,360. No vertigo. No nystagmus. The caloric reaction showed an active labyrinth.

On November 28 his condition was poorer; temperature 103° to 104°. Chemosis affecting both eyes appeared, more marked on the right side. A beginning exophthalmos of the right eye was apparent; the lids became edematous; pupils moderately dilated; Babinski and Kernig present. The patient was rational and complained bitterly of headache. There was a profuse discharge from the canal and cavity.

November 29, temperature 103° to 104°. The chemosis, exophthalmos, ocular pain, and photophobia increased. A second lumbar puncture evacuated a turbid fluid with no increase in pressure, and a reduction in the cell count to 370. A cultivation from the fluid showed a *streptococcus longus*.

November 30. The temperature continued high, with no remissions. The patient was irrational at times and restless. The appearance of the eyes remained about the same. It was decided that in view of the dual involvement of a purulent meningitis and probable cavernous sinus thrombosis any operative procedure was deemed inadvisable. From this time the condition grew progressively worse, the patient lapsing into coma and dying on December 1. No post mortem examination was permitted.