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OTITIS MEDIA SUPPURATIVA CHRONICA. CEREBRAL ABSCESS.

OPERATION. RECOVERY.

By WILLIAM MILLIGAN, M.D.

INTRACRANIAL abscesses, secondary to suppurative middle ear disease, have, during the last few years, been frequently dealt with successfully by surgical measures. The notes of the following case, although presenting nothing of an unusual character, are, perhaps, worthy of record.

M. C., a female, aged twenty-five, had suffered for many years from chronic suppurative inflammation of the right middle ear. The discharge had not at any time been profuse, but had always been exceedingly foetid. As the result of exposure she contracted a severe head cold. The ear became exceedingly painful, the pain being at first located to the depths of the meatus, but gradually spreading over the right side of the head.

At this time she was seen by her family physician, Dr. Brown, of Manchester, who found her complaining of severe pain in the head, and of tenderness over the right mastoid process. The temperature was 101° Fahr., the pulse about 100, and the respirations from 20 to 22 per minute. Examination of the ear showed a scanty purulent and foetid discharge, almost complete loss of the membrane, and a few granulations springing from the tympanic mucosa. Leeches were applied around the ear, and afforded a certain amount of relief. The pains, however, gradually increased in severity, and the patient lay in bed in a semi-comatose condition. When summoned to meet Dr. Brown in consultation, the patient was found lying in bed with limbs slightly drawn up upon the abdomen, and complaining intensely of pain in the head, more especially over the right parietal region. The least pressure, and especially percussion over this area, greatly increased the patient's distress. The tongue was thickly coated, the abdominal walls flat and retracted, and the bowels markedly constipated. Great intolerance of light was complained of. The temperature was 101.6° Fahr., and the pulse 104. Cerebration was very sluggish. Examination of the ear showed an almost entire absence of membrane, and the usual evidences of chronic suppurative middle ear disease. The pupils were equal and reacted to light. No optic neuritis was present.

Owing to the serious state in which the patient was, immediate removal to hospital was advised, and was carried out the same day. On admission the temperature was 100° Fahr., the pulse 104, and the respirations 26. A dose of calomel was ordered, and ice bags were applied to the head. This treatment gave considerable relief, the pain being distinctly lessened.

During the next few days, however, the temperature gradually fell, as also did the pulse rate and the respiration rate.

From a careful consideration of the history of the case and of the symptoms present a diagnosis of temporo-sphenoidal abscess was made and operation advised. It was agreed, however, to open the mastoid process first and examine carefully for any fistulous track which might show the path of propagation to the interior of the cranium. The patient was accordingly put under chloroform, and the mastoid, antrum, the attic, and the roof of the middle ear carefully exposed and examined by means of a limelight search apparatus. No fistulæ were, however, found. Owing to the collapsed state of the patient at the end of this examination it was decided to postpone opening the cranial cavity. The patient was accordingly put back to bed, warm bottles were placed round the body, and weak warm brandy and water was given internally. Two days afterwards the patient was again put under chloroform—very little, however, being used owing to her continued weak and collapsed condition. At this time the temperature was 97.4° Fahr., the pulse 60, and the respirations 16. The scalp was rapidly reflected around the ear and all bleeding points at once ligatured. A disc of bone was now removed one and a half inches behind and above the centre of the external auditory meatus (Reid's base line). Upon its removal the dura at once bulged into the opening, and no pulsation of the brain was visible. A small opening was now made through the dura and a pus searcher driven directly into the temporo-sphenoidal lobe. After having penetrated the cortex for about half an inch pus oozed out. In all about three drachms of intensely fœtid dark-coloured and thick pus escaped. A rubber drainage tube was at once slipped into the abscess cavity, which was then thoroughly irrigated with a warm solution of boracic acid. The head was then dressed in the usual way. The patient made an uninterrupted recovery, the tube being removed upon the fourteenth day. When seen a few days ago—now five months after the operation—perfect healing was found, both as regards the wound in the head and as regards the cuticularization of the cavity formed by throwing the middle ear, the external meatus, the attic, and the antrum into one. The patient's general health is now excellent, and she is able to carry on her work—that of a hard-working and busy dress-maker.

THREE INTERESTING CASES OF FOREIGN BODIES IN THE AIR PASSAGES.

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QUITE recently I had another proof of the danger incurred by the feminine custom of putting pins and needles into the mouth.

When eating (!), Miss B., aged twenty-one, had put a needle into her mouth, which, by the motion she made when swallowing, entered and fixed itself in the larynx.