Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF DROOPING OF BOTH EYELIDS WITH UPWARD ROTATION OF THE GLOBES ON ATTEMPTING TO OPEN THE EYES WIDELY; CURED BY TENOTOMY OF BOTH RECTI SUPERIORES.

BY CLAUD WORTH, F.R.C.S. ENG.

A WOMAN, aged 27 years, an out-patient at the Loughborough Hospital, complained of aching in the eyes and at the back of the eyes and acrymation, especially towards night, and of inability to sew or to read for more than a few minutes at a time. If she persisted in the attempt to sew or to read when her eyes became tired she "kept seeing double." She stated that she had had "weak eyes" and drooping of the lids for as long as she could remember. The patient habitually kept her eyes half closed. When she was told to open the eyes widely the upper lids were raised fairly well but the globes were rotated upwards at the same time. When she was told to fix an object on a level with the eyes she could not raise the lids nearly so well. The conjunctivæ were slightly injected. The range of vertical rotation of the eyes was markedly deficient downwards and increased upwards. The lateral rotations were normal. When the patient was told to fix a distant object and a card was put before one eye this eye rotated upwards behind the card, slightly but perceptibly. On repeating the experiment with the other eye this also made a slight upward movement. The Maddox rod test showed a latent convergent squint (esophoria) of five degrees. The refraction under homatropine and cocaine was: right eye, + 2 D. spherical $\odot$ + 5 D. cylindrical axis vertical; left eye, + 2.25 D. spherical $\odot$ + 5 D. cylindrical axis vertical. The vision with these glasses was: right eye $\frac{5}{6}$; left eye $\frac{5}{6}$. I prescribed + 1 D. spherical $\odot$ 5 D. cylindrical axis vertical for each eye, to be worn constantly, and told the patient to come again in two months. At the end of that time she returned saying that she had experienced very little benefit from the use of the glasses. The Maddox rod test showed esophoria reduced to three degrees. The other symptoms were unchanged.

Considering the case to be one of over-action of the recti superiores I tenotomised both these muscles under cocaine. When I saw the patient again three weeks later she could open her eyes quite widely without undue effort. She said that her eyes were quite comfortable and that she could read and sew as long as she wished. Her appearance was certainly much improved. I unfortunately omitted to ascertain to what extent the tenotomies had influenced the esophoria.

Harley-street, W.

MULTIPLE NÆVI.

BY T. VINCENT JACKSON.

A WEE baby girl, eight weeks old, was admitted into the Wolverhampton and Staffordshire General Hospital under my care recently suffering from numerous cutaneous nævi in all parts of the body. The mother could give no family history bearing upon any hereditary tendency. She stated that when the child was born she did not notice any marks, but they gradually appeared until they were 30 in number. The nævi were visible on the scalp, on the right ear, on the arms, on the forearms, on each thumb, over the body sparsely, and over the lower limbs. Under an anæsthetic I obliterated the whole of them with the heated thermocautery. As regards the size, the largest would be covered by a threepenny-bit and the smallest was a mere speck. As I have not met with a similar case I am induced to send you this short report.

Wolverhampton.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

FULHAM INFIRMARY.

FOUR CASES OF OTITIS MEDIA.

(Under the care of Mr. VAUGHAN PENDRED, F.R.C.S. Eng., assistant medical superintendent.)

THE importance of early operation in cases of infection of the mastoid cells is generally recognised and the following cases are very good examples of the benefit following a thorough operation. In the fourth case it is, indeed, difficult to account for the paralytic symptoms being on the same side of the body as the ear disease and the resulting disease of the brain, but it is most probable that there existed some undetected mischief on the right side of the brain. Another remarkable point in these cases is the presence of the fly in the ear of the boy in Case 3; it is not impossible that the sudden cessation of the discharge from the ear was due to a blocking of the aperture by the fly, or it is possible that it was the original cause of the disease of the middle ear.

CASE 1.—A girl, aged eight years, had suffered from otitis for "a long time." A year ago the mastoid was submitted to operation. She was admitted into the Fulham Union Infirmary for intractable discharge from the left ear and remained for some weeks under constant supervision without exhibiting any alarming symptom. There was a considerable perforation in the left drum-head and pus was continually exuded; the ear was useless. One day she complained of slight headache and was sick; the temperature was slightly raised. The ear was still discharging. As the vomiting continued on the next day it was decided, although there was no apparent change in the ear, to operate. The mastoid was laid open with chisels (the former operation having been of a very tentative description); pus was released from the antrum and from the bony cavity of the lateral sinus; the vein itself was not involved. The caseous debris in the middle-ear was scooped away. Free drainage was allowed. Sickness persisted for two days and then the child passed through a normal convalescence and was discharged from the infirmary two months later with an opening still in the mastoid exuding a few drops of pus.

CASE 2.—A pale old man, aged 68 years, very thin and careworn, was admitted into the Fulham Union Infirmary for otitis and persistent "earache." His history was that a month before admission he had a bad attack of influenza which caused his present trouble. The pain in his right ear was constant night and day, being often of an agonising character and spreading all over the right side of his head. The meatus auditorius externus was swollen and intensely tender; pus was running from it. No view of the drum-head was obtainable. There was much tenderness on pressure over the mastoid but there was no swelling. After ineffectual attempts to allay his pain for a month it was determined to explore the mastoid antrum. No abnormality was found. The patient slept all that day, never had a recurrence of pain, and was discharged cured in a month.

CASE 3.—A well-grown lad, aged 14 years, was admitted into the Fulham Union Infirmary for headache and "fever." Until five weeks before his admission he had been in good health, but he was then suddenly seized with violent pain in the left ear which confined him to the house for a few days; his mother said that he was delirious and feverish. When the ear began to "discharge" he was relieved and went about his work as an errand boy. Five days before he was seen at the infirmary he had bathed in the Serpentine and on the following day the discharge ceased. The boy was very feverish in the evening and complained of violent headache. On admission he had the appearance of acute toxæmia; the temperature was 104° F. He was anxious not

to be disturbed, but answered questions clearly and intelligently. He complained of intense frontal headache and pain in his left side. There was marked left external strabismus which he declared to be of long standing. The external ear was normal in appearance, the canal was clear save for a small mass of cerumen, and the drum-head was dull and had a circular perforation in its centre. There was papillitis of each optic fundus, an observation which was confirmed by an ophthalmic expert. Late in the evening the temperature rose to 105° and the lad was drowsy. He had been sick once. A diagnosis of septic mischief in the left lateral sinus was hazarded. The antrum was opened in the usual way and nothing abnormal was found save that the secretion of the mastoid was "ropy" and tenacious, which Mr. Pendred has not observed on any other occasion. Much confusion was caused in chiselling out the sinus by a large cell having the appearance and shape of the inside of an almond shell and situated exactly in the common position of the sinus which was found to be pressed considerably backward. The great vein was freely exposed and presented a healthy appearance. The cavity in the bone was drained and the wound was dressed. On the next day the temperature rose again to 103° but the patient was much better; on the third day the temperature rapidly fell to the normal and at the end of a week the boy was sitting up quite well. On syringing the ear on the second day after the operation fragments of a common house fly were dislodged. There was some purulent discharge from the mastoid for a few days which with the aural discharge soon ceased. The papillitis also rapidly passed away.

CASE 4.—A tall, spare man, aged 50 years, walked to the Fulham Union Infirmary and was admitted for headache, which he described as "terrible," on the left side of his head. The patient had been in the infirmary before suffering from tertiary syphilis and chronic phthisis. He was morose and dull and all that could be learnt was that there had been "discharge" from the left ear for a long time and that for ten days he had had this severe pain but he had not vomited. The appearance of the external ear was natural; there was a little pus in the meatus. The temperature was 100° F. at 4 P.M. At 11 P.M. Mr. Pendred found him apparently in the earliest stage of delirium tremens; at 11.15 he had a very severe convulsive seizure in which the head and eyes were drawn to the left and all his limbs were rigid and shivering. The fit lasted about three minutes and then his left arm and leg were found to be paralysed. Fit now followed on fit with little intermission; the left arm and leg moved occasionally but eventually remained paralysed. 16 ounces of blood were removed from the left arm and then morphia was injected and chloroform was administered as the eclampsia was clearly tending to a fatal issue. At 2 A.M. he was asleep, the pulse-rate being 130. At 5 A.M. he died in a comatose condition.

Necropsy.—Post mortem pus was found in the cells of the left mastoid process and in the lateral sinus there was a clot plugging the vein almost as far as the torcular Herophili. On the under side of the temporo-sphenoidal lobe in contact with the inflamed sinus there was a patch of superficial cerebritis. Excess of fluid was present in the cranial cavity. No lesion on the right side of the brain was observed.

Remarks by Mr. PENDRED.—It is generally admitted that delay in operating on a patient exhibiting symptoms, however equivocal, of intracranial mischief and suffering from otitis media is unjustifiable. The above cases, which occurred recently, illustrate in a very striking manner the danger of procrastination and the excellent results which are to be obtained by early "surgical interference." Cases 1 and 4 demonstrate that even with a free discharge from the ear very serious mischief may be occurring within the cranium, although the symptoms are not more striking than an attack of sickness, as in the child, or of severe headache, as in the man. I am utterly at a loss in Case 4 to explain the left-sided hemiplegia when the only demonstrable lesion of the brain was on the same side. There would appear in Case 3 (perhaps the most striking of the group) to be a causal connexion between the fly and the ear trouble.¹ The great cell extending upwards from the apex of the mastoid and displacing the lateral sinus is unusual, in the first place because this part of the bone, as a rule, consists of a honey-comb of small cells and in the second place because the boy

had not attained puberty, at which age the mastoid cells are described as developing. Case 2 was remarkable as demonstrating the great value of opening up the mastoid antrum for the relief of the pain of middle-ear disease. Taken together the cases show how ill-defined the symptoms are liable to be, the classical picture of earache with swelling over, and intense tenderness of, the mastoid process and accompanied by sickness and fever not being presented by one of the group in its entirety. I am indebted to Mr. W. Steer, medical superintendent of the infirmary, for permission to publish the cases.

LEEDS GENERAL INFIRMARY.

A CASE OF TRAUMATIC (TUBERCULOUS?) MENINGITIS.

(Under the care of Mr. W. H. BROWN.)

WHILE it is comparatively easy to diagnose the existence of meningitis it is extremely difficult to be certain that in any individual case the meningitis is tuberculous in nature, though the probability is always in favour of this cause, as it is by far the most frequent. The fatal result in basal meningitis is generally due, not to any direct effect of the inflammation, but to the interference with the passage of cerebro-spinal fluid from the ventricles by the blocking of the foramen of Magendie. Should the obstruction of this foramen be not complete or not permanent recovery is not unlikely to follow. Cases of recovery after well-marked meningitis are by no means frequently met with.

A child, aged 18 months, had a fall a week before admission to the Leeds General Infirmary, striking his head on the pavement. There was no loss of consciousness, but he

FIG. 1.

became increasingly ill, developing into a well-marked case of meningitis. The ophthalmoscopic appearances observed by Mr. Secker Walker confirmed the diagnosis, as he found double optic neuritis and complete blindness. Fig. 1 shows the child after three weeks' residence in the infirmary and

¹ Last month a child was in the infirmary for suppurative otitis of a week's duration from whose ear a fly was removed.