ACUTE PURULENT OTITIS MEDIA COMPLICATING TYPHOID FEVER.*

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S. M. Arab, laborer, 30 years of age, was admitted to the Western Pennsylvania Hospital in the second week of a typhoid fever of severe type. At the end of the fifth week the typhoid fever had apparently run its course and the temperature had touched normal.

The patient suddenly began to complain of severe pain in the left ear and mastoid region and the latter became tender. During the night a copious, bloody, serous discharge flowed from the canal, and stained the pillow. Upon examination a ragged irregular aperture was found in the lower part of the membrana tympani which was of a dark purplish brown color. On the second day of the discharge the temperature began to make wide daily excursions reaching 104° but returning each day to normal. The mastoid was still tender, and opening was advised but the patient died, apparently of typhoid toxemia, on the fifth day after the onset of the ear symptoms, the temperature just before death rising to 107° .

Autopsy by Dr. Ralph Duffy. Intestinal ulcerations were healed. Spleen was enlarged. Lungs showed some hypostasis, also numerous infarcts some days old. Kidneys, left, normal; right, two infarcts. Meninges, sinuses, and brain normal. Dura over the floor of middle fossa normal and not adherent. Through it could be plainly seen a dark area corresponding to the left tympanomastoid region. On removal of the dura the portion of the temporal bone over the mastoid and tympanic roofs was found to be of a dark bluish purple color. The groove for the sigmoid sinus was of the same bluish purple color—not the stain we sometimes see in pyogenic invasion of the sinus. On removing the tegmen tympani, the tympanum and antrum were found full of blood stained pus. The mucous membrane of both cavities was swollen and was dark crimson with spots of brown discoloration, with here and there sloughs of necrotic tissue. At the tympanic tubal orifice the mucous membrane seemed normal. In the removal of the temporal bone it came apart in a vertical antero-posterior plane roughly separating the petrous portion from the mastoid. The walls of the mastoid cells

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were found softened, dark in color, with here and there, in scattered locations, cells filled with blood stained pus. A number of these pus pockets were scattered along the cells adjacent to the sinus groove, but the sinus and the bone in contact therewith were absolutely normal. The membrana tympani was apparently sloughed away to an irregular ring, the edge of which was rough and ragged. The stylo-mastoid artery was found filled with a partially organized clot extending from the posterior auricular upward as far as it could be traced. The unorganized portions were filled with pus, cultures from which showed streptococcus in pure culture, as did the pus from the canal.

We believe that the post mortem findings in this case corroborate the clinical observations of ours published in the *Laryngoscope*, December 1904, page 959, and that they go to show that, in some cases at least, acute purulent otitis media complicating typhoid fever is due to embolism or thrombosis of the tympanic and mastoid blood vessels.

Persistent Epistaxis.—MARTIN-DESCHAMPS.—*Rev. Hebd. de Laryngol. d' Otol. et de Rhinol.*, May 6, 1905.

A child of 11 years had suffered for three days from free nasal hemorrhage so persistent that his state had become very anaemic. This condition developed shortly after having taken a bath in a neighboring river.

An anterior rhinoscopic examination revealed nothing abnormal. A posterior examination was impracticable on account of the restlessness of the patient. A few days afterwards, as the epistaxis continued, an examination was made of the throat, and back of the tonsils two dark looking objects were observed. On being removed by forceps, these proved to be two leeches gorged with blood.

It is probable that the leeches entered the nostrils of the child while bathing in the river, and while holding his head under the water.

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