OPERATION FOR MASTOIDITIS, COMPLICATED BY HEMORRHAGE FROM LATERAL SINUS; RECOVERY.

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As all cases of mastoiditis complicated by hemorrhage from the lateral sinus, in my opinion, are of interest, I hereby report the following:

J. G., a young lad twelve years of age, was brought to my office by his father, who gave the following history: His son had had "a running from his ear" for about one month, the result of a severe cold; the last few days the discharge had ceased, whereupon the ear began to pain and the mastoid region to swell; the auricle stood out very prominently from the head; the pain in the ear and head was so intense, that for the last two or three nights he could not sleep, but tossed about the bed incessantly. He had been attended by a physician who, when the latter condition did not yield to his treatment, referred him to me.

Upon examination I found a perforation in the post-superior quadrant of the membrana tympani; considerable redness and oedema of mastoid region, which was painful upon pressure; the auricle stood out very prominently from the head; temperature, 100° F. I ordered him put to bed, and hydrogen peroxide instilled into the ear, to be followed by syringing out with a hot solution of boric acid; ice bags were applied over mastoid region. The pain and some of the chemesis subsided, and it seemed that an operation would be avoided.

The improvement continued for several days, when the pain and swelling returned with even more severity than at first. I then informed the father that an operation must be performed at once, as any further delay would be disastrous. He gave his consent, and I had him conveyed to the Sibley Hospital; called in consultation Dr. Burnett, of this city, who agreed with me in regard to the necessity of an immediate operation. After total anesthesia, we made the usual incision, behind the auricle, down to the periosteum, which was removed very carefully, as we expected to find a perforation through

the bone. Upon its removal, we discovered a small opening in the bone above the superior wall of the external meatus, and about three-quarters of an inch behind it. Before any exploration could be made, there was a sudden gush of dark blood through it, which we recognized as from the lateral sinus. As further procedure with the operation was impossible, firm compress of iodoform gauze was put over the perforation, which was held in place by a bandage put on as tight as we deemed best, and the patient put to bed. A nurse was stationed at his bedside, and directed to remain there constantly through the night, to watch that the bandage was not displaced, also to take his temperature every three hours. He was kept very quiet, and a supervision of his temperature maintained for a week, during which time it did not go above 99° F. or fall below normal. On the tenth day the bandage was removed and the operation finished by going into the antrum, partially chiseling away the posterior wall of bony meatus. Considerable pus was found in it; all of the necrosed bone was removed, and free communication established between antrum and external meatus. The wound was closed with sutures, leaving a small opening for drainage. The external meatus was lightly packed with iodoform gauze; a bandage was then put over wound.

He made an uninterrupted recovery. There was no discharge from the ear during it, nor has any appeared since he gained in strength, weight and color, and has had no pain or discomfort at any time since leaving the hospital. He returned home in about one month from the time of first operation.

It is interesting to note that, notwithstanding the amount of pus in the antrum and that there was a discharge of it through the perforation, that none of it found its way into the circulation through the lateral sinus.

It is the opinion of the writer that where there is a perforation found through the bone, especially when in the location of this one, the objective point in the operation should be the antrum, that should be freed from all necrosed material; free drainage through the external meatus should be made, the ossicles removed if found decayed, then the pus tract through the bone should be followed and all necrosed matter removed.

The cause of the hemorrhage, in my opinion, was that there had been a partial erosion of the walls of the lateral sinus, as the pus found its way through the bone; that when the periosteum was removed, the support of the weakened vessel thereby was taken away and the blood forced its way through the eroded walls.

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