REPORT OF A CASE OF FATAL EPISTAXIS FOLLOWING VARICELLA.

DR. CHARLES C. JONES, Cincinnati, Ohio.

The patient, O. T., a colored male, age 25, was transferred to the otological service of the Cincinnati General Hospital from the contagious wards, where he had been confined for chicken-pox, on January 29, 1918.

The history was that he had been admitted to the hospital three weeks before for chicken-pox and the disease had run a normal course. For the last six days he had had a daily attack of epistaxis, which was easily controlled by an adrenalin spray of 1/1000. Two days before being transferred he had a severe pain in his left ear, which was followed in a few hours by a very profuse bloody discharge.

He was a well developed colored male, age 25. Four brothers living and well. No history of any bleeders in the family and the patient was never subject to nose bleeding before. He had measles at 12, and pneumonia at 17. Vaccinated one month before admission to the hospital. Wasserman was negative. Urinalysis=amber, specific gravity 1022, negative for albumen and sugar. No casts. Temp. 100, pulse 96. There was a very profuse bloody discharge from the left ear and the canal was so swollen that it was impossible to see the tympanic membrane. Very marked tenderness over the entire mastoid. Both nares were filled with crusts of dried blood and when these were removed there was an oozing of blood from the septum and the inferior turbinates. A few hours after admission there was such a severe hemorrhage from the nose that it was necessary to pack both the anterior and the posterior nares to control it.

January 30. The packing was removed but had to be replaced immediately. Temp. 100.2, pulse 100. Twenty c.c. of normal horse serum was given subcutaneously. Blood continued to ooze through the packing. Bleeding from the left ear continued.

January 31. Patient complained of pain in the right ear and upon examination there was found to be a bulging of the tympanic membrane. Paracentesis. Bleeding from the nose continued. Twenty c.c. more normal horse serum given subcut-

aneous. Packing removed and thromboplastin applied to the nasal mucous membrane by means of an atomizer.

February 1. Hemorrhage from the nose continued. There was a very profuse purulent discharge from both ears. Tenderness over both mastoids very pronounced. Temp. 99.6, pulse 110. A diagnosis of double mastoiditis was made, but it was thought advisable not to operate at that time because of the very marked hemorrhagic tendency of the patient.

February 2. Hemorrhage continued. Nose repacked. Temp. 101, pulse 116. Patient very weak and delirious at times. 450 c.c. of five per cent sol. of acacia in normal salt solution given intravenously.

February 3. Condition the same. Packing was removed. Adrenalin spray 1/1000 used every half hour in the nose. Patient delirious. Blood pressure, systolic 110, diastolic 83.

February 4. Hemorrhage continued. Thromboplastin used locally but with no result. Temp. 100, pulse 120. Several attempts were made to get blood for a transfusion, but all were unsuccessful.

February 5. The patient died.

Necropsy. Body that of an adult colored male about 25 years of age, well developed and well nourished. Post-mortem rigidity not detectable. Upon opening the thorax the left lung was firmly bound by adhesions, the right was not. Upon section, both lungs showed edema and congestion and were exceedingly pale. The heart muscle was pale. The mitral valve was slightly sclerosed and contracted. The aortic valve was free from any pathologic change and so was the aorta.

The abdominal cavity contained no excess of fluid. The spleen was pale and contained a small amount of blood. The kidneys were swollen and flabby and on section showed marked paleness. The cortices were rather more broad than usual and faintly marked off.

Upon opening the head, the brain was pale and there was no evidence of meningitis or inflammation of any kind. Upon opening the posterior wall of the frontal sinus a large amount of pus and blood clot was found and on tracing this infection it passed posteriorly through the right ethmoids into the sphenoid sinus, which contained a large amount and blood clot. The turbinates were normal. There were numerous small abrasions on both

sides of the septum. The mastoid cells and antrum were filled with pus on both sides, but the cell walls were intact.

CONCLUSIONS.

1. The case was one of temporary hemophilia following varicella.

2. Packing in a case of this character is useless, because the blood passes through it as water would through a piece of drainage gauze.

3. The mastoid and ethmoid infection were secondary to hemorrhagic condition and had no bearing on it except to possibly aggravate it.

4. Treatment must have for its object to increase the coagulability of the blood.

19 West Seventh St.

NASAL AND PHARYNGEAL SEQUELAE OF INFLUENZA.

DR. HENRY A. LAESSLE, Philadelphia, Pa.

During my rounds to attend the patients who were ill, I found them, as a rule, very much prostrated, some with temperature of 104, with rapid, feeble pulse. A great number were annoyed with nose bleed; some, slightly, others, to an alarming degree. I noticed that the blood did not have the consistency of ordinary nose bleed, so I took a teaspoon and tried out in rather an ordinary way to see the length of time it took to coagulate, and the result was I found the time lengthened. On inspection of the nose, I found Kisselbach area the most often involved; some cases were unilateral, and some bilateral. Also, on the turbinates, both right and left side. The mucous membranes were swollen and engorged, and would bleed easily when irritated to a slight degree. This bleeding was so severe in some cases that wax and Simpson nasal splints were used with a view to controlling the hemorrhage, which it did in