REPORT OF A CASE OF LATERAL SINUS AND JUGULAR THROMBOSIS WITH ABSCESS DEVELOPMENT IN THE NECK. RECOVERY.*

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Notwithstanding the large number of recoveries following excision of the jugular vein that are being reported almost daily, I consider the following case, on account of some peculiarities that it presented, worthy of being added to the list.

The patient, an Italian child, nine years old, when brought to the Manhattan Eye, Ear and Throat Hospital, presented the following condition, and gave the following history: For one year she had had a discharge from the left ear, and for three weeks previous to admission, had complained of pain on the right side of her head. Two days before coming to the hospital, a tender swelling developed along the anterior border of the left Sterno-cleido-mastoid muscle. She presented all the symptoms of a child suffering from a severe toxæmia. She was very anæmic and emaciated; her pulse, although only eighty, was weak, and her face wore the characteristic worried appearance. The mastoid was not at all tender, but pressure over it caused pus to flow from the auditory canal. The membrana tympani was almost entirely destroyed, and the middle ear was partially filled with granulations. The glandular swelling in the neck was very sensitive to pressure. Her temperature in the morning was 97 degrees. At this time, I was not able to obtain a very complete history, owing to the inability of her father to speak English, and even in the presence of the symptoms of septicæmia, above enumerated, and the glandular enlargement in the neck, I did not suspect the presence of a clot in the lateral sinus, but was of the opinion that her condition was due to the continued absorption of toxins during the three weeks that the mastoid infection had been present. I afterward learned that she had had occasional chills and some sweats, for two weeks previous to the time I first saw her.

On the afternoon of the day of admission the regular mastoid operation was undertaken. The antrum and mastoid were filled with pus, in fact the entire mastoid was one pus cavity, the intercellular trabeculæ being entirely broken down and disintegrated. Pus oozed from around the lateral sinus on all sides and escaped

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under some pressure when it was separated from the bone. A posterior incision was made and the lateral sinus uncovered for about two inches posteriorly, and considerable of the cerebellum was exposed at the same time, showing a large epidural abscess in this region. The sinus was then opened and found to contain a clot which extended beyond the bulb below, and as far as the torcular behind. This was thoroughly removed from the sinus where it was exposed, and the necrotic walls cut away. The condition of the child at this time would not permit any further work, so the wound was packed, and the patient was returned to the ward. Under vigorous stimulation her pulse improved in quality, although it remained between 160 and 170, her temperature being 101 degrees. The following morning her condition was much improved, and under the circumstances was very good indeed. The temperature was normal, pulse 130, and her facial expression much better than on the previous day. The differential blood count showed the presence of 14,000 leucocytes per cubic mm, of which only 77% were of the polymorphonuclear variety. Notwithstanding the general improvement in her condition, the presence of such a small percentage of polymorphonuclear leucocytes looked rather ominous. The following morning her mentality was not as good, or her cerebration as rapid as on the previous day; she was becoming drowsy, and difficult to arouse, but we considered her heart action had improved sufficiently to allow of the removal of the jugular vein and infected glands.

Accordingly, in the afternoon, through the usual incision, extending from the tip of the mastoid to $\frac{1}{2}$ inch above the clavicle, along the anterior border of the Sterno-cleido-mastoid muscle, several large glands were removed, and an abscess cavity surrounding the vein was opened. The vein in its lower part was apparently normal, and was filled with fluid blood, the quantity of which varied with each inspiration. It was first ligated as low as possible, and then dissected upward. Just above the entrance of the facial and lingual veins, and at the point where it formed the center of the abscess cavity, its walls were entirely destroyed, nothing remaining but a slender string of tissue. On following this upward its continuity with the upper part of the vein could be established, and pus could be seen to ooze from its lumen. The pus that enveloped the vein was very foul and the destruction of the surrounding tissues extensive, even the outer coat of the carotid artery showing a well-marked erosion. The remainder of the mastoid tip was removed, and the uppermost portion of the vein dissected out. No sutures

were used, the margins of the wound being drawn together with adhesive plaster.

Both the pulse and respiration were very weak, but under stimulation the patient reacted readily, and her subsequent recovery was rapid and complete.

For a week she ran a characteristic septic temperature, reaching 103 degrees at night and dropping to normal in the morning. After that it gradually assumed a more even curve, and in ten days remained normal throughout the entire twenty-four hours. The neck wound healed rapidly, leaving little more than a linear scar.

This is the first case in which I have had an opportunity of seeing fluid pus within the jugular vein, and it impressed me as peculiar that no metastatic developement occurred, especially as the blood in the vein below the entrance of the facial, was undoubtedly fluid, as was evidenced by the change in its volume during respiration, a fact noticed at the time of operation. It is on this account that I have taken the liberty of reporting the case.

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Rupture of the Drum Membrane from Contrecoup. ALEXANDER BAUROWICZ. *Monatschr. f. Ohrenh.*, Berlin, Sept., 1904.

The patient struck the left side of the head and sustained a perforation of the right drum membrane, near the umbo. The possibility of the occurrence of such ruptures, without fracture of the skull itself, is important from a medico-legal standpoint.

YANKAUER.

The Treatment of Laryngeal Tuberculosis by Sunlight. ARTHUR BEAR. *Wien. klin. Wchnschr.*, March 8, 1906.

The patients are taught to sit in front of a mirror with their backs to the sun and by means of a laryngeal mirror, to reflect the sunlight into their own larynges. He reports several cases successfully treated in this manner.

YANKAUER.