A CASE OF MASTOIDITIS—CEREBRAL TUBERCLE—DEATH AUTOPSY.*

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Patient, a female child, fourteen months old, was brought to the Brooklyn Eye and Ear Hospital, August, 1899. Examination then showed a large abscess over the mastoid on the right side and the ear suppurating profusely from a small posterior and inferior perforation; the drum, especially the posterior and superior quadrant, distinctly bulged. The parents stated that the ear had been discharging about two weeks and the child cried continually and was apparently suffering severe pain. The swelling behind the ear had been noticed by them for about three days. Child very plump and healthy looking. Abortive treatment being out of the question, I operated about one hour after entrance to the hospital. Temperature, 101°.

Incision through the soft parts liberated a large amount of pus and showed great destruction of bone. All necrotic material was removed, the sinus opening into the antrum was enlarged and the apex was removed and showed that the apex cells were unusually well developed for one so young, so much so that I remember calling the attention of the doctor who assisted me to this fact. Otherwise there was nothing to note. No reason to suspect a tubercular process. It has been my experience that a tubercular process in this locality is accompanied by little or no pain. The wound was flushed with a carbolic solution, followed by alcohol, dried and packed with iodoform gauze. There being no indication, the wound was not dressed until the fifth day. It then looked unusually clean and healthy. It was dressed twice a week by the house surgeon and he reported to me that the case was doing unusually well and all thoughts of it had passed out of my mind.

Eight weeks after the operation, I was called to see a child, word being left that it was a case on which I had previously operated.

The parents stated that the child had been sick for two weeks. Their family doctor had been in attendance and said the child had bronchitis for which he prescribed. There being no improvement he advised them to send for me to examine the old wound of operation.

*Read before the Clinical Society of the Bushwick and East Brooklyn Dispensary.

The child was in bed, no desire to change position, would lie in any position it was placed and cried if disturbed. Convergent strabismus of both eyes, especially marked in the left, and ptosis of left. Pupils widely dilated, not responsive to light, apparently a slight facial paralysis on the left side. Temperature rectal 99, pulse 52 and weak. Child was nourished at the breast. Took nourishment regularly, no vomiting. The wound, which had been neglected for the last two weeks, was nearly closed, and was discharging small amount of pus. The drum-head healed and had regained its normal color. Child had a slight cough. Examination of chest negative.

I immediately suspected inter-cranial extension of the mastoid abscess, advised removal to the hospital, which was done the same day. The next day the child appeared much the same, although the paralysis on the whole left side was more marked and it was apparently blind. Examination of the eye ground showed no change from normal. Consultation with the surgeons of the hospital, a localized pus collection suspected in the temporal region. It was almost certain the child would die if nothing was done so I decided to operate.

I reopened the old wound, careful searching with a probe revealed no sinus other than the one previously made into the mastoid antrum. With the rongeur, I cut away the bone so as to expose the dura over the temporo-sphenoidal lobe. No extra dural collection was found, a dural flap was raised and a probe passed in every direction between the dura and the surface of the brain. An aspirating needle was then inserted into the brain substance in every direction, but found nothing. A button of bone was next removed for exploration of the cerebellum with a negative result. The wound was partially closed and packed with iodoform gauze. The child recovered from the anesthetic, had a convulsion the same night. The next day it was about the same as before the operation. The second day it began to grow weaker, refused nourishment and died on the third day. Temperature taken three times daily in the rectum ranged between 99° and 100°.

Autopsy by Dr. Shattuck showed brain substance everywhere softened, large increase in the cerebral fluid. Tubercle involving brain substance in the temporo-sphenoidal lobe. Meshes of the pia-mater everywhere studded with tubercle. Tubercle in the lungs, liver and spleen. Mesenteric glands enlarged. The sinuses of the meninges normal, but possibly a beginning meningitis at the base. The needle punctures were not visible. Remarks:

The only interesting point for the otologist would be. Was the mastoiditis tubercular? The autopsy showed no connection between the original trouble and the tuberculosis. I regret that in this case no examination, microscopically, of the contents of the mastoid was made. I do not feel at fault for having operated on the case. The fact that the child showed cerebral symptoms, together with the knowledge that a mastoid abscess had been neglected gave enough suspicion to account for the cerebral symptoms as an extension from the mastoid.

I might call attention to the extreme slowness of the pulse when first seen. The same condition noted in three cases of cerebral abscess recently reported.

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CORRESPONDENCE.

Editor THE LARYNGOSCOPE:—

In my article on "Parasitic Affections of the Pharynx," published in the September number of THE LARYNGOSCOPE, I failed to add to my list of references a paper on the subject, by Dr. M. Toeplitz, of New York, published in the *New York Medical Journal*, June 28, 1898, although I alluded to the article in the paper. If you will be so kind as to insert the corrected statement of the fact I shall be greatly obliged to you.

E. O. Sisson.

ANNOUNCEMENT.

As the date for holding the International Medical Congress falls in 1903, it has been decided that the next International Otological Congress shall not take place in that year, but in 1902. The meeting will be held at Bordeaux under the Presidency of Dr. Moure.