REPORT OF INTERESTING CASES.

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Localized Pachymeningitis. Some time ago I was asked by Dr. Taggert of Salamanca to see a woman aged 44, who had been sick in bed for five weeks with pain in ear, deep seated. For this pain she had been taking among other things doses of 20 gr. salphine with morphine, but the pain continued. She was very anæmic, jaundiced, and emaciated. In fact, she was dying from exhaustion. The doctor found her in this condition after she had been treated for five weeks by two homœopaths. He recognized the cause at once and told the family what would be necessary to relieve the patient. I found her as stated. She was given chloroform and the ear explored. The drum-head was destroyed and the ossicles gone but no discharge. In fact, patient said she had never had any discharge that she knew of and was always well until this pain in her ear five weeks ago. I suspected localized meningitis dependent upon ear lesion, which, having been latent for about forty years or more, suddenly developed and infected the meninges. A radical operation was performed upon the patient who was lying upon the kitchen table, with the assistance of Drs. Taggert and Beals. An acetyline lamp was the only light. The mastoid and middle ear were cleaned out, all dead bone and debris removed, all of which took an hour and a half. Then the patient was put to bed. She had a fairly comfortable night with considerable pain; she made a gradual and complete recovery. In a week she was able to sit up. I saw her again six months after the operation and found her in her usual good health, but with considerable pain over her ear. This I found was due to her general neurotic condition and was confined to the scalp alone, which was quite painful to the touch. The ear was perfectly dry.

This was a peculiar case. No history of discharge at any time, pain deep-seated in the ear, no inflammation discoverable, yet denuded bone everywhere with foul granulations. The patient certainly had middle ear inflammation, which ended in suppuration, when she was a child but had forgotten all about it. The early suppuration caused destruction of the bonelets and in part the interior of the temporal bone. During the five weeks of her sickness she was treated with douches and anodynes. She was so far gone that I had very little hope for her. The case illustrates again how easily an old trouble

may be relighted and, without surgical intervention, will speedily cause death. Those cases of brain abscess, subdural or extra-dural abscess sinus thrombosis and meningitis ending in death, the cause of which is unrecognized, may readily find explanation by examining the ear and finding old dried caries, which need but an acute pharyngitis to infect the old plant rapidly by way of the eustachian tube and without any ear symptoms, affect the brain.

Rhinorrhea. Mrs. L., aged 30, born in this country, married, no children, emaciated, weight 100 lbs., asthmatic cough. Has been troubled with an excessive watery secretion from the nose for the last fifteen years, periodically, commonly brought on by fast walking. It never occurred when perfectly quiet, except while having a cold. Always breathed through the nose. Fifteen years ago had grippe, which was severe, confining her to her bed for two weeks. Ever since then, the rhinorrhœa prevailed. Upon examination a small polypus was found in each nasal chamber. These were removed and no rhinorrhœa has since occurred. This was simply a case of reflex disturbance. Patient could bring on an attack at will. Very slight fatigue or slight annoyance was sufficient to produce the flow. When first she came under my care she looked haggard and careworn. Since removal of polypi and cessation of rhinorrhœa she looks bright and cheerful. This was two years ago, and she has remained practically well. When the discharge had once begun, it continued long enough to saturate two or three handkerchiefs and the consistency was always that of water. After having taken a cold, as she expressed it, this gradually became turbid, which continued until the cold had left her. This latter condition had, no doubt, been brought about by the involvement of the accessory sinuses. Mrs. L. has since developed tuberculosis.

Cyst of Brain. A man aged about 50, widower, the father of six children, was brought to Buffalo from Ransomville, N. Y., by Dr. Hurd, with the history of having been ill for several months with headache over the left side. When quite young, he had middle ear suppuration following scarlet fever; however, it had not given him much trouble until lately, when the ear discharged pus. Even this had suddenly stopped about two weeks ago. While walking he would suddenly develop diplopia and fall toward the right side. This however, passed off again in a few seconds. Temperature was subnormal and pulse 50. No distinct chill but had as many as twenty chilly sensations a day. Examination of ear showed caries of tympanic walls and attic; from this protruded a small granulating mass. Patient looked despondent and suffered sufficiently to consent at once to whatever was necessary for his relief. The diagnosis of either

subdural or brain abscess was made and patient sent to Riverside Hospital for further observation and at all events to clean out the middle ear. Symptoms for the next two days were the same with intense headache, chilly sensations and projectile vomiting, never feeling sick to the stomach, as he said, always rational, except at times slow cerebration and deaf enough to require a loud voice to attract his attention. He was given chloroform and the radical operation performed. After the ear was cleaned out, a sinus was looked for with a probe but nothing found. As there seemed but little doubt that an abscess was somewhere in the temporal lobe, it was deemed wise to open the skull. A button ¾in. in diameter was removed, 1½ in. above the center of the external auditory meatus, the brain immediately bulged through the opening. The dura was raised and a hypodermic needle introduced. When one-half inch deep a syringe full of clear watery fluid was withdrawn, but no pus found. The brain was then further explored without result. The cortex was then slit for half an inch and a sharp spoon introduced which entered a small cavity. This was gently scooped out and a quantity of apparently broken down brain tissue removed. During the following night while the nurse was attending an other patient for a short time, the patient got up and walked to the toilet room 30 feet away. This he repeated again during the week. However, this did not seem to bother him very much. Two days later the wound was dressed and the drain removed. Sunday, four days after the operation, the patient felt very good, telling me his symptoms were all gone and wanting to know when he could go home.

He did well until the following Thursday, nine days after the operation, when during the night he passed into a condition of coma. Friday the dressing was removed. The middle ear cavity looked healthy but the brain again bulged. It was explored as before but nothing more could be found. The skull was also opened above the cerebellum but nothing found. Then as a last resort the lateral ventricle was tapped and nearly a dram and a half of fluid was withdrawn. This, however, made no impression upon the patient's condition at all, and he died at 10 o'clock Friday night. Although the family physician, by my urgent request, tried hard to get permission to open the skull post-mortem for the purpose of verifying the diagnosis as well as to ascertain whether other pathological conditions might be found, the family strenuously objected and so a grand opportunity was lost. Why the symptoms all improved for nine days after the first operation and then coma suddenly set in, I cannot explain; for the cavity or sac was not refilled nor was there further

infection from the ear. There may have been an abscess in the temporo-sphenoidal lobe of opposite side, but there were absolutely no symptoms after the first operation to indicate that. We were left totally in the dark concerning the cause of the coma, and, as no post-mortem examination was allowed, it will ever remain a mystery.

Carcinoma of Esophagus. A woman, aged 68 years, well built weighing 180 lbs., living at the Old Folks' Home on Walden Ave., was brought to my office complaining of some difficulty in swallowing during the last few weeks. Examination showed nothing. Patient was well nourished and looked the picture of health, not complaining of losing weight. At times she could not swallow a drop of water, I suspected malignancy but as there were no other symptoms except occasional difficulty in swallowing, I was at a loss as to the real cause of the stricture. I introduced an electric bougie, turned on the current and had the satisfaction of seeing the bougie pass through the stricture. Patient was then given a teaspoonful of water which passed down in a very short time. This procedure was repeated several times at intervals of two or three days. At the fourth sitting the patient collapsed and had to be inclined on an easy chair. Her heart was very rapid and she was unable to sit up. After several hours she recovered sufficiently to be taken home in a carriage. However, improvement did not last long. During the night she rapidly grew worse and died the next day. Post-mortem examination showed carcinomatous stricture of œsophagus, likewise a similar growth at œsophageal orifice of the stomach. Pericardium showed recent inflammation, which was probably due to infection from the bougie. Considering the large growth, it was remarkable there were no symptoms but the one mentioned. Patient would certainly have starved, but as she was well rounded out it would have been a very slow process. Her coming torture was prevented by the bougie.

Cystic Polyp. Boy, aged 10, was troubled with difficult breathing due to complete occlusion of right nasal cavity. This condition was noticed for a long time, several years in fact. Upon examination, I found a polyp closing the entire cavity. As I could see but one end of it, I could not determine its length nor attachment, but as polypi are rather rare in children so young, I expected to find a very ordinary kind of growth. I introduced a snare and made fast, then by a fairly vigorous jerk the tumor came away with a gush of fluid. It proved to be a cystic polyp, and measured five and one half inches in length.

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