

A CASE OF MENINGITIS SUBSEQUENT TO MASTOID OPERATION FOR CHRONIC DISCHARGE OF THE MIDDLE EAR IN A TUBERCULOUS SUBJECT, RELIEVED AND APPARENTLY CURED BY LUMBAR PUNCTURE.

BY PERCY JAKINS, M.D.,

Surgeon to The Central London Throat and Ear Hospital, Gray's Inn Road.

W. T——, aged nineteen, male, was admitted on July 8, 1907, to The Central London Throat and Ear Hospital suffering from a chronic discharge from the left ear of two years' duration. There was a sinus over the left mastoid which had been present for fourteen days. A considerable amount of tenderness had existed over the mastoid region, and was then present. The patient had no sickness. Sixteen years previously a mastoid operation had been performed. The patient had tubercular disease of the left knee and much wasting of the muscles of the calf of that leg.

On July 9, 1907, a complete radical mastoid operation was performed, and very extensive caries of the antrum and attic was demonstrated. The lateral sinus was exposed and also the middle cerebral fossa. The morning after the operation the temperature rose to 101.4° F. This gradually fell until July 21, when it began to rise to 101.4° F., and on the morning of the 23rd, at 10 a.m., it had reached 102° F. The patient had a slight rigor on that morning, and had vomited twice with constant headache. I reopened the wound on that day expecting to find a thrombus in the lateral sinus. The sinus was exposed for one inch, but was quite healthy and pulsating. The temperature that evening fell to 99.6° F., but two days later it rose again to 102.4° F. in the evening and was 100° F. in the morning. This continued until the 29th, when a further rise to 103.2° F. occurred. In the afternoon of that day lumbar puncture was performed, and 15 c.c. of cerebro-spinal fluid was removed under moderate pressure.

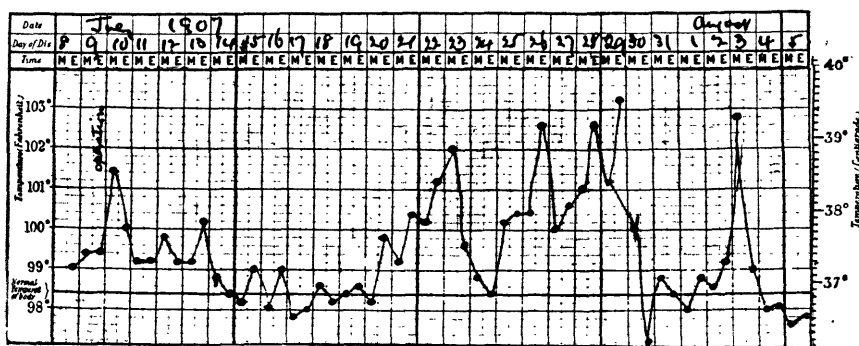
The report of my colleague, Dr. Wyatt Wingrave, on the material obtained was as follows:

"The fluid was slightly opalescent, and, without using the centrifuge, films showed an average of about six polymorphonuclear leucocytes in each field. After centrifuge polymorphonuclears were twenty-eight in each field with two lymphocytes. No bacilli of tubercle were present, but a large Gram-staining diplococcus was found which grew well on agar at 37° C. It was both intra- and

extra-cellular. The large number of leucocytes clearly indicated an acute meningitis."

The temperature on the following morning was 100° F., in the evening 97.2° F. It did not rise again until August 2, when it suddenly rose in the morning to 102.8° F., but at night time it had fallen to 99° F., as indicated in the chart subjoined.

In this connection I desire to contrast this case with one very similar which has been quite recently reported. In the *British Medical Journal* of December 28 there appears an interesting case of "Tubercular Meningitis and Recovery" reported by Dr. R. J. Buchanan of a child who had suffered from tuberculous meningitis and recovered. After an illness of four weeks and coma for eight



TEMPERATURE CHART TO ILLUSTRATE DR. PERCY JAKINS' CASE OF MENINGITIS IN A TUBERCULOUS SUBJECT SUBSEQUENT TO MASTOID OPERATION.

days lumbar puncture was performed, and 20 c.cm. of cerebro-spinal fluid removed, containing lymphocytes, but no meningococci were found. The symptoms were classical. An inoculation of $\frac{1}{4000}$ mg. new tuberculin was given. The child showed immediate signs of improvement, and gradually recovered consciousness. Three weeks later the above treatment was repeated, after which the child made an uninterrupted recovery, and when shown was intelligent and able to run about. Calmette's tuberculin reaction on the conjunctiva had been positive in that case.

My case recovered without injection of any kind of tuberculin. The lad improved greatly after the lumbar puncture.

The patient made a splendid recovery, and when seen on October 28 his weight was 8 st. 7 lb., and he looked in capital health.