

TREATMENT OF SCLEROTIC DISEASE OF THE MIDDLE EAR.

In an article on the above-named topic Dr. Löwenberg, of Paris, records the following observation made by him in the inflation of fumes of bromethyl into the middle ear for the relief of tinnitus (*Deutsche med. Wochenschrift*, July 10, 1890). After stating that this drug has rendered the tinnitus less in many cases, he states that "if the vapors of ether, chloroform, or bromethyl be inflated into the middle ears of those not suffering from sclerosis of the middle ear, a sensation of coldness in the ear is felt, whereas the same vapors inflated into the ear of one affected with sclerosis of the drum-cavity produce a sense of heat." This may be considered a valuable aid in differential diagnosis and in prognosis.

A CONTRIBUTION TO THE STUDY OF INTRACRANIAL COMPLICATIONS OF CHRONIC OTITIS MEDIA.

An interesting and valuable article with this title has been contributed by R. GLASGOW PATTESON, M.D., etc., Surgeon to St. Vincent's Hospital, Dublin, in the *Dublin Journal of Medical Science*, July 1, 1890.

The case forming the subject of the paper was one of chronic middle-ear disease in a woman nineteen years old, who had suffered from otorrhoea in her left ear since she was three years old, when she had measles. Since that time the ear had been affected with discharge and deafness. Gradually the patient grew deafer, and at last suffered great pain in the left ear and side of the head, and showed dulness of intellect.

The symptoms became such as finally to demand trephining the mastoid. "The opening was made half an inch behind, and its lower border on a level with the lower edge of the external auditory meatus, but in trephining," says the writer, "I did not allow sufficiently for the small skull I had to deal with, nor did I direct the trephine sufficiently upward, and instead of opening the mastoid antrum I exposed the dura mater, as subsequent events showed, just behind the genu of the lateral sinus. No softening of the bone was found at this point, and the dura mater was perfectly healthy."

Thrombosis of the lateral sinus finally ensued and an extra-dural abscess with pyæmia. Then a secondary trephining and exploration of the temporal lobe of the brain were instituted, followed by death from embolic pneumonia.

It is worthy of note that in the evening following the operation the patient complained of a throbbing in the left side of the head, and of stiffness and pain in the neck, in the line of the sterno-cleido-mastoid muscle, much increased by the slightest effort of moving or even on being turned gently in bed. There was also an intense craving for food, great peevishness and irritability of temper. As Mr. Patteson says, this soreness and stiffness in the neck marked the extension of a septic thrombosis into the internal jugular vein. Coincident with this extension was the development of a short, troublesome cough, unaccompanied by expectoration, which began four days before the patient's death. This was due to the development of embolic pneumonia, "the commonest cause of death in thrombosis of the lateral sinus."

The variability in the course of the lateral sinus produced a complication in this case, as it wound forward and outward, as is the case in brachycephalic

skulls,¹ a point apparently unknown to the operator in this case. In the brachycephalic, the middle fossa of the skull is lower or deeper than in the dolichocephalic. In this instance disease of the lateral sinus was found associated with cerebral abscess and not with cerebellar abscess, as is generally the case.

There are many symptoms common to the initial stages of all varieties of complication to which subjects of old-standing disease of the middle ear are liable, "such as increased pain in the ear, tenderness over the mastoid process or along the sterno-mastoid muscle, general irritability and peevishness, foul tongue, associated with persistent nausea and vomiting, headache, which may be either frontal, parietal, or occipital, independent of the seat of the disease, occasionally diarrhoea, and a rise of temperature, which may be associated with rigors, and is perhaps the most frequent of all; these symptoms collectively, or any combination of them, may be present, thus affording but little aid to a differential diagnosis," as they all indicate "an acute, septic infection grafted on an ordinary saprogenic suppuration" (Barker), and are accordingly common to all. Among the symptoms usually regarded as being closely connected with intra-cranial lesions, *optic neuritis* is first named, but has been found entirely unreliable as a diagnostic guide. Much reliance cannot be placed upon *vomiting* as a symptom of differential value. Mr. Barker has called attention to "slow and sluggish cerebration" as a symptom of either cerebellar abscess or collections of pus in the temporo-sphenoidal lobe, while it is not a symptom of other complications of disease of the temporal bone.

The author then remarks that "in all cases of brain-abscess, no matter what their seat, the respiration is slow and shallow, but *regular*. If, however, a secondary basal meningitis has occurred, most markedly when the posterior fossa of the skull is affected, the slowness is associated with *irregularity* of breathing, and in several cases Cheyne-Stokes respiration has been noticed." But "the most reliable guide, in the majority of cases, seems to be the course of the *temperature*, and the association of repeated rigors with marked oscillations of temperature would appear to be the most constant symptom of sinus thrombosis."

Mr. A. E. Barker's types for each class of cases are then quoted as follows:

Pyæmia. The temperature lines are of extreme irregularity and the oscillations frequent.

Meningitis. The temperature lines are not so irregular as in pyæmia, but often higher.

Cerebral abscess. The temperature lines are unusually low, often sub-normal, and do not show much oscillation. "In the majority of cases, however, we must depend upon the history of the case, the seat of the origin of the disease, and the steps of its progress, to enable us to arrive at any conclusion approaching definiteness; while in a very large proportion of cases nothing but an exploratory operation affords a chance of making a diagnosis or of saving the patient's life."

In speaking of treatment Mr. Patteson is of the deliberate opinion expressed "without fear of contradiction, that every case of otitis media which

¹ Kärner: Archives of Otology, vol. xvi. p. 281, Dec. 1887.

has not yielded to treatment by antiseptic injections, insufflations, etc., within a year from its beginning, should be treated by free opening of the mastoid antrum and the establishment thereby of thorough means of irrigation and drainage; and if that should not prove sufficient, by exposure of the dura mater both above the tympanum and in the neighborhood of the lateral sinus."

Treatment of thrombosis of the lateral sinus "by ligation of the internal jugular vein in the middle third of the neck so as to cut off from the general system the focus of septic dissemination," has been suggested by Mr. Victor Horsley. This form of treatment has been *successfully* carried out by Mr. Lane in Guy's Hospital, August, 1888, in a boy ten years old.

Mr. Ballance reported four cases in which the lateral sinus had been explored for septic thrombosis, and the jugular vein ligatured (Med. Soc. of London, March 31, 1890). The vein was divided between the two ligatures, and after as much of the clot as possible was removed, the upper part of the divided jugular was washed out from its distal extremity with an antiseptic solution. Two of the cases recovered.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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HAMAMELIS AND ALCOHOL IN THE TREATMENT OF NASAL POLYPI.

In an article on the Treatment for the Radical Cure of Polypi of the Nose (*Med. Record*, June 18, 1890) DR. E. HARRISON GRIFFIN recommends spraying the nose night and morning with sprays of witch hazel or of alcohol, at first dilute and gradually increased to full strength, for at least one year after thorough removal of the polyps with the wire snare. He reports a number of illustrative instances, in one of which he removed fully three hundred polypi at various sittings, and in another more than one hundred in the course of a week. Caustics and cautery after extirpation he finds to be almost invariably followed by renewed growths.

NASAL POLYPI.

DR. WALKER DOWNIE, of Glasgow, recently exhibited (*Brit. Med. Journ.*, September 13, 1890) several unusually large nasal polypi, three of which, from different individuals, were respectively two and one-half, two and three-quarters, and three and one-quarter inches in length. Another, which had occupied the post-nasal space, weighed a few grains short of half an ounce.