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Thrombosis of the Sigmoid Sinus in an Infant 10 months old. Toxæmia: Ligature of the Jugular Vein. Recovery—I. HOFER.—A baby boy, aged 10 months, was admitted to hospital on the 3rd of April 1931, with eczema, influenza, purulent rhinitis and left otorrhœa.

For the first three weeks the convalescence was uneventful, but on the 27th of March the temperature suddenly rose to 40°, and this was followed in three days' time by an acute otitis media on the right side. For relief of the otitis media a paracentesis was performed on both sides on the 2nd of May, and was repeated during the following week. As no improvement occured on the right side, although the left otitis media subsided, a post-aural operation on the right ear was undertaken on the 12th of May, when an extensive purulent invasion of the mastoid cells with exposure of the sinus was found.

Improvement followed for about a week, when once more the septic temperature occurred. A further operation was therefore performed on the 24th of April, at which the sigmoid portion of the sinus was found to be empty. As, however, it was considered wise not to continue the anæsthetic, ligature of the jugular vein was postponed until the 30th of April, when the continued febrile course prompted this further operation; at which both the common and facial veins and the jugular contained free-flowing blood. Thereafter, except for a slight transient rise of temperature some three weeks later due to broncho-pneumonia, the child's convalescence was uneventful.

The exhibitor discussed the case at some length—emphasising the fact that no demonstrable organisms could be found, either in the pus of the post-aural operation or in the blood taken from the exposed sinus or jugular vein.

Temporo-sphenoidal Abscess with Aphasia—F. FREMEL.—Man aged 47 who, since childhood, had suffered from a chronic otorrhœa in the left ear, was admitted to hospital on 31st August 1931 with a history that seven days previously his temperature had risen to 40° with pain in the head. On admission, the temperature was 37·4° with a pulse rate of 100. Examination revealed no lesion of the cranial nerves. The nose and larynx were normal, as was also the report on his general condition.

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Inspection of the ears showed, on the right side, a chronic adhesive process, whilst on the left side the meatus was occupied by a firm, bright red polypus and cholesteatomatous material, with the hearing range markedly reduced. The patient complained of headache, and although his memory was good he had difficulty in naming objects.

The same night the radical operation was performed and the bone was found to be sclerotic and the cavity of the mastoid occupied by suppurating cholesteatomatous material under pressure, with exposure of the middle cranial fossa, the lateral sinus and region of the tegmen tympani. Further exploration of the portion of the dura most affected released a collection of purulent material.

The cerebro-spinal fluid was cloudy on lumbar puncture, and contained a large number of lymphocytes and scattered polymorpho-nuclear leucocytes.

On the next day the patient appeared to be extremely well and the aphasia was almost unnoticeable, but five days later aphasia was again noticed and the patient complained of occasional headache. Pulse 80. Temperature 37·7°. During the following three days, although the temperature remained completely normal, the aphasia again increased and was characterised by reduced spontaneous speech. There was occasional verbal paraphrase but repetition of words was better than spontaneous speech. At this period, that is some four weeks after the original operation, the temporo-sphenoidal lobe was explored during the change of dressings, and a purulent focus was found and was treated by filiform drainage.

As, however, the bougies were not retained, further attempt at drainage was not made. During the following days the patient felt fairly well and, as the attempted drainage had been so unsatisfactory, reliance was placed on repeated aspiration for all further treatment of the abscess cavity. About a month later the general condition was exceedingly good, the abscess was completely closed and no trace of aphasia remained.

A Cerebellar Abscess and after-treatment by repeated Punctures—F. FREMEL.—A girl of 12 years old, who had suffered from a left-sided purulent cholesteatomatous condition for many years, was admitted to hospital on 20th July 1931, with a history that eight days previously, associated with an acute exacerbation of the trouble in the left ear, the temperature had risen to 40° with severe headache, vomiting and giddiness. The specialist who then saw her noticed a rotatory nystagmus to the sound side.

On admission, the result of all other examinations was normal but the left ear was occupied by a polypus, surrounded by slight secretion. As some six hours later a nystagmus developed in both

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directions accompanied by headache and vomiting, and as an incipient papillitis was also found, the diagnosis of an intact labyrinth with a lesion in the left posterior cranial fossa was easily reached.

The radical operation was performed at once, when the mastoid process was found to be sclerotic and a peri-sinus abscess and extra-dural abscess in the posterior cranial fossa, under marked pressure, were evacuated. Both cranial fossae were freely exposed.

The clinical picture markedly improved after the operation, and no intracranial symptom was noted, except the slight horizontal nystagmus to the left and right, with a constant by-pointing of the left arm to the left. Four days after the operation, however, occasional headache occurred with vomiting, increase of nystagmus and drowsiness, and, as these symptoms increased, the cerebellum was explored further and offensive pus under pressure was released. An attempt was made to put in a filiform drain which, however, was found impracticable, owing to the concealed position of the puncture opening and the impossibility of replacing the drain.

The patient was at first much improved by relief of this condition, but six days later recurrence of headache suggested a re-formation of the abscess, which was once more evacuated with the puncture needle —a procedure which had to be repeated five days later still, owing to recurrence of the same symptoms.

Eventually, some two months after the operation, the patient was absolutely well; the post-aural wound was completely closed and the optic disc was normal in appearance. The exhibitor emphasised this method of dealing with the cerebellar abscess—that is by repeated aspiration with the exploring needle in cases in which any form of drainage tube could be introduced only with difficulty and even then could not be retained.

Pneumatisation of the Occipital Bone between the Jugular Foramen and the Foramen Magnum — E. VERMES. — This anatomical preparation reinforced by two excellent descriptive illustrations was shown by way of drawing attention to a condition which is occasionally found in operations on the cadaver, and to draw attention to the extremely dangerous element introduced by the presence of such cells in the case of inflammatory affections of the mastoid process, as they obviously formed an easy route for the extension of the infection to the meninges.

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