and relations in behalf of these objects; and do we never
from selfish or party motives refuse to assist in schemes of
professional amelioration? May we all act so as to be able
at any time to answer these questions in the affirmative,
and with a clear conscience!

ORIGINAL COMMUNICATIONS.

CASE OF CARIES OF THE TEMPORAL BONE,
WITH RAPIDLY FATAL TERMINATION.

By CROSBY LEONARD, Esq., Lecturer on Descriptive and
Surgical Anatomy, Bristol Medical School.
[Read before the Quarterly Meeting of the Bath and Bristol
Branch, Dec. 14, 1854.]

On December 6th, I was requested by my neighbour, Mr.
Smith, to assist him at the post mortem examination of a
patient who died somewhat suddenly, on the previous day.
He gave me the following particulars.

Case. E. A. B., aged 9 years, seven years ago had pain
in right side of head; offensive discharge from the meatus;
this followed abscesses in the neck, arm, and back. She
had always enjoyed good health since; but the offensive
discharge had continued off and on, ceasing at times, for
more than a month, and rarely being attended with much
pain. Three days ago the pain in her ear became more
intense, and the next day the discharge appeared; after-
wards, she appeared rather light in her head, and com-
pained of pain there.

On the morning of December 8th, Mr. Smith saw her,
whom she complained only of pain in the right side of her
head; leucocytes, polynuclei, and aperipts, were prescribed.
Towards evening she became worse, with difficulty of
breathing, a copious discharge of frothy fluid from the
mouth, dilated pupils, etc.; she died in the evening, re-
taining consciousness to the last.

On examination, the body appeared well formed, and in
good condition. On removing the calvarium, we found
enormous congestion of the brain and membranes, with
some yellow lymph over the pons Varoli. The brain was
everywhere firm in substance, and the ventricles contained
a large quantity of serum. Between the posterior surface
of the petrous portion of the right temporal bone and the
dura mater, was about half an ounce of fetid sero-purulent
fluid, communicating through a minute opening with the
interior of the temporal bone; the surface of the dura
mater in contact with the fluid was rough and thickened.
The ear was somewhat compressed, and contained a firm
clot; the lining membrane appeared healthy. The outer
half of the petrous portion was of a dark colour; the
lining membrane of the external meatus was thickened.
On dissection, a small portion only of the membrana tym-
pani was seen, with the malleus attached; the stapes was
wanting, and a portion only of the incus remained; the
opening in the posterior wall of the tympanum, communi-
cating with the mastoid cells, was larger than normally,
and continuous with a large excavation in the mastoid
portion, containing similar fluid to that found beneath the
dura mater. The remainder of the temporal bone seemed
of normal growth.

Remarks. This case is interesting on account of its
rapidly fatal termination. On the morning of the day of
her death, she merely complained of pain in her neck, and
her medical attendant observed apercints, were prescribed
danger; yet on the same evening severe symptoms super-
vceded, and she died. The disease in the temporal bone
was evidently of long standing; it probably commenced in the
mucous membrane of the tympanum, and extended inwards
through the natural opening to the mastoid cells; but it had
never previously occasioned any very urgent symptoms;
and it is not easy to say what so suddenly produced the
fatal cerebral implication. The pressure on one lateral

DISEASE OF THE EAR:

DEATH FROM IMPLICATION OF THE PNEUMOGENIC
NERVE.

By R. W. COE, Esq., Surgeon to the Bristol General
Hospital.
[Read at the Quarterly Meeting of the Bath and Bristol
Branch, December 14th, 1854.]

The observations of Mr. Toynbee show that the parts of
the encephalon, secondarily affected in cases of the petrous
part of the temporal bone, vary according to the situation
of the caries. The fatal event in the case read by Mr.
Leonard (see above) appears to have been immediately
due to the inflammation of the membranes of the medulla
oblongata in the neighbourhood of the roots of the pneu-
mosgenic nerve; which inflammation was either nervous
in its origin, and traversed the sheath of the seventh pair
from the meatus auditorius internus, or membranous; and,
in the latter case, was conveyed by the membranes of the
eighth pair from the foramen lacerum posterior, where that
nerve was in immediate contact with the inflamed lateral
sinus as it passed out of the skull.

In the following case of caries of the posterior wall of
the tympanum, death seemed to be immediately caused by
irritation of the pneumosogenic nerve, more especially of its
inferior laryngeal branch.

Case. An out-patient of the Bristol General Hospital came
under my care, complaining of running from the right ear,
which had existed for some years, and occasional paroxysms
of acute pain in the head and back whenever the discharge
ceased for a time, such being the case at the period of
application. Leeches were applied to the mastoid process,
and warm fomentations to the side of the head, and mer-
cury was given internally. On the next day, symptoms of
meningitis having come on, the patient was taken into
the house. He progressed favourably for some days; after-
wards he began to complain of stiffness and pain in the
right side of the neck, and sudden attacks of difficulty of
breathing, as if from spasm of the glottis. There was a
distinct rope-like swelling descending from the base of
the skull down the side of the neck, in the situation of the
carotid sheath; it was very tender to the touch.

The diagnosis was, caries of the posterior portion of the
temporal bone, meningitis, obstruction of the right lateral
sinus, either from extension of inflammation or from
secondary purulent deposit, subsequent congestion of
blood in the internal jugular vein, inflammation of its
sheath, with involvement of the pneumosogenic nerve,
especially the inferior laryngeal branch (the phenomena of
the irritation of this branch being, at any rate, more daily
manifested than of any other portion of the nerve).

The correctness of the diagnosis was proved by the post
mortem examination.

Bristol, December 1854.

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