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 her right ear, with 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, she complained of a little pain in her ear, and the next day the discharge appeared; afterwards, she appeared rather light in her head, and complained of pain there.

On the morning of December 5th, Mr. Smith saw her, when she complained only of pain in the right side of her neck; leeches, poultice, and aperients, 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, retaining 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 Varolii. 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 foetid 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 right lateral sinus 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 tympani 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, communicating 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 no symptoms of impending danger; yet on the same evening severe symptoms supervened, 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

sinus must have been of gradual production, and could hardly have given rise to such acute symptoms; and no trace of penetration of the cavity of the dura mater by the purulent fluid could be detected. Implication of the pneumogastric nerve may account for the copious discharge of fluid from the lungs. Mr. Toynbee, in the sixteenth volume of the *Medico-Chirurgical Transactions*, states that "affections of the external meatus and mastoid cells produce disease in the lateral sinus and cerebellum." The case I have related bears out his observation; for had the disease extended, and not terminated life so rapidly, its tendency evidently was to implicate the parts mentioned. The case also shows the importance to be attached to cases of offensive discharge from the ears, occurring in apparently healthy children.

Brunswick Square, Bristol, Dec. 14th, 1854.

DISEASE OF THE EAR:

DEATH FROM IMPLICATION OF THE PNEUMOGASTRIC 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 caries 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 pneumogastric 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 posterius, 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 pneumogastric 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 ear and head 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 mercury 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; afterwards 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 coagulation of blood in the internal jugular vein, inflammation of its sheath, with involvement of the pneumogastric nerve, especially the inferior laryngeal nerve (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.