TREPHINING OF THE MASTOID FOR MASTOID DISEASE: NO RELIEF: SUBSEQUENT TREATMENT WITH ANTISTREPTOCOCCIC SERUM: RECOVERY.

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I SUBMIT the following case, as it is of considerable interest.

On March 20th, 1897, I saw S. B., aged 22, a bricklayer, who complained of shivering pains in the back, with general *malaise*. His previous history and family history were good, with the exception that he was rather given to alcoholic excess. The temperature was 102.5° F.

On March 22nd the temperature was 103° F. He complained of great pain in the occiput, and there was retraction of the head, and pain and stiffness in the erector spinæ muscles. I advised his removal to the infirmary. On admission the temperature was 103.8° F.; the bowels were constipated. The head was shaved, and an icebag applied. Potassium bromide gr. x was ordered every four hours.

On March 23rd the temperature was 100° F., and rose in the evening to 103.2° F. He still complained of great pain, and objected to the icebag. The pupils were regular; the abdomen was not retracted, and there was no paralysis, but he did not speak distinctly. There was some cutaneous hyperæsthesia and general irritability, but no marked photophobia. The pulse was 86, not markedly irregular. No history of discharge from ear could be obtained. He was given 15 gr. antipyrin every four hours, which kept him quiet. The next ten days temperature varied from 101° F. to 103° F.

On April 6th the temperature fell to 101° F., and the same evening he had a copious discharge of pus from the right ear. He was still very irritable, semi-delirious, and very noisy. The head was still retracted.

On the following day I trephined the mastoid antrum and cells, establishing free drainage. No marked collection of pus was found, but a considerable surface of bared bone. The following day the temperature fell to 99° F. He was still in the same condition.

On April 9th the temperature was 98° F., and there was slight facial paralysis, due, no doubt, to the operation. The wound was dressed.

On April 13th the temperature rose again to 102.6° F., and on April 16th it was 103.6° F. His condition was practically the same; he was very noisy indeed, and could hardly be kept in bed. The head was very much retracted, and there was great tenderness over the erector and sterno-mastoid muscles.

On April 17th Mr. Cross, of Bristol, happening to be in the infirmary, kindly examined the discs, and corroborated the opinion that he had optic neuritis and engorgement of retinal vessels.

On April 18th the temperature was 103.8° F., and his condition was the same.

On April 20th the temperature had fallen to 99.6° F., but the symptoms were otherwise the same with the exception that the pulse had become very feeble, and his appetite, which had been good, now fell off.

The temperature indicated so clearly the presence of pus, that I determined to try antistreptococcic serum. The following day, the temperature being 99.8°, I injected between the shoulders 10 c.cm. of serum (obtained from Burroughs and Wellcome). The temperature rose that evening to 100.6°.

On April 22nd temperature was 100.8°, and 5 c.cm. of the serum were injected. The same evening the temperature fell to 98.4°.

On April 23rd the temperature was 97°, the pulse very feeble, and he was in a state of semi-collapse.

On April 24th the pulse had improved, he was brighter, and the temperature was normal.

On April 25th I again injected 5 c.cm.

For the next week the temperature remained fairly normal; the wound was very foul; he seemed to be more conscious though still very troublesome.

For the next four or five days the temperature was fairly normal, and on May 9th the temperature was still normal, and

he was decidedly better and quite conscious, but appeared to be a little dazed. He had no pain in head, and he was able to look at illustrated papers, but the neck was still very stiff.

On May 11th the temperature was normal; he could move his head about, had no pain whatever, and was able to play draughts.

On May 14th he was allowed up; he was quite convalescent, and the discs were normal.

On May 22nd he was discharged. He had slight thickness of speech and slight paralysis of the right upper eyelid. During convalescence it was ascertained that he had previously had a discharge from the right ear.

The interesting points of the case are (1) the optic neuritis and its subsequent total disappearance; (2) the treatment by the antistreptococcic serum. As far as the operation went, I question whether very much was gained by it, as there was no improvement in the symptoms. Thirteen days elapsed between the operation and the first inoculation. Whether the subsequent improvement was due to the inoculation it is difficult to say, but the fact remains that all the symptoms disappeared subsequent to the injections. Curiously, the patient was again admitted to hospital on August 20th for an attack of chorea, with no rheumatic or cardiac complications, which gave way to treatment by arsenic and belladonna.

A CASE OF FACTITIOUS URTICARIA, OR SO-CALLED DERMOGRAPHISM.

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A CASE of this interesting skin phenomenon came under my notice recently. The patient is a young man aged 22, of florid complexion, and has ever enjoyed the best of health. He is liable to blush profusely at very slight cause, and is somewhat "short in the temper." From his earliest childhood it has been noticed that scratching of his skin has been followed by white raised patches.

Using a moderate amount of pressure with the blunt end of a pencil, I wrote on the flexor surface of his left forearm in big letters his name "Joseph," when the following phenomena were observed: For a minute or so nothing could be seen but the red flush produced by the pressure. Presently, beginning centrally and spreading towards the periphery, the flush was slowly replaced by a white, raised, cord-like swelling, bordered with perhaps a suspicion of red, the result being that the name stood out in bold relief. The writing remained quite legible (at a considerable distance) for upwards of half an hour, and then disappeared, the skin returning to its normal condition. There was no pain or tingling complained of. I asked the patient to experiment with different areas of skin, and he thinks the skin between his shoulders is the most sensitive, and the skin of his face the least so.

This peculiar skin condition is, I suppose, allied to urticaria, and the subjects of the latter disease are supposed to manifest the symptoms of dermographism on occasion.