supported by the report of one successful case. For the few irreparable lesions of the median nerve in the forearm this operation may be worth a trial.

REFERENCES.
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HERPES AND VARICELLA.

BY

E. H. R. HARRIES, M.D., B.S.LOND., D.P.H.,
 MEDICAL SUPERINTENDENT, BIRMINGHAM CITY
 HOSPITAL, LITTLE BROMWICH,

AND

EVELYN DUNDERDALE, M.B., CH.B. EDIN.,
 ASSISTANT MEDICAL OFFICER, BIRMINGHAM CITY HOSPITAL,
 LITTLE BROMWICH.

THE following account of an outbreak of varicella in a ward, apparently originating in a case of herpes zoster, seems of sufficient interest to record.

W. G., female, aged 8 years, was admitted to a diphtheria ward on November 16th, 1920, suffering from a severe attack of that disease. Unfortunately she developed scarlet fever from another case admitted with diphtheria, who was also incubating scarlet fever. W. G. was transferred to a small ward, X, on the same day. Here were three other children, M. T., A. F., and L. Y. For administrative reasons these four children were moved on January 27th to a large ward, F., containing twenty-five beds and cots.

On February 4th, a week after transfer, W. G. developed what appeared to be a typical herpes zoster over the area supplied by the twelfth dorsal and first lumbar nerves on the left side. The distribution extended completely round the left side of the trunk, within the area indicated—that is to say, from the mid-line in front to the mid-line behind. The lesions were closely set and went through the usual changes of herpes zoster. As the question of the relationship of herpes and varicella was in our minds for investigation when opportunity should arise, a careful examination was made for scattered lesions elsewhere on the body, and none were found. The point that we should like to mention particularly is the fact that the child had absolutely no pain, either before or during the persistence of the lesions. Herpes zoster, of course, is commonly a painful affection. W. G. had no previous history of varicella and presented no scars of a former attack.

On February 17th—that is, thirteen days after—three children in the ward developed varicella; on the following day, the 18th, four more showed the typical lesions, and by February 27th another child had incubated the disease. The position of the children in the ward, their respective ages in years, and date of onset of varicella, were as follows:

South Side of Ward.

No. of Bed.	
1.	Died. S.F. and Diph.
2.	V.P. Aged 6.
3.	V.P. Aged 5½.
4.	X. Aged 6.
5.	W. G. Aged 8. Herpes zoster. February 4th.
6.	L. Y. X. Aged 7.
7.	V.P. Aged 9.
8.	V. Aged 7. February 27th.
9.	V.P. Aged 7.
10.	X. Aged 12.
11.	X. Aged 6.
12.	V. Aged 5. February 18th.
13.	V. Aged 6. February 17th.

North Side of Ward.

No. of Bed.	
14.	X. Aged 5.
15.	X. Aged 3½.
16.	M. T. V. Aged 4.
17.	X. Aged 5.
18.	X. Aged 4.
19.	A. F. V.P. Aged 6.
20.	V. Aged 2½. February 17th.
21.	V. Aged 4. February 17th.
22.	V. Aged 2. February 18th.
23.	V. Aged 5. February 18th.
24.	V.P. Aged 7.
25.	X. Aged 8.

V.P. = Varicella previously. X. = Exposed to infection.
 V. = Exposed to infection and developed typical varicella.
 L. Y., M. T., A. F. = three patients from Ward X.

No case of varicella had occurred in the hospital for some weeks previously, and certainly the case of herpes has not been exposed, as far as is known, to any risk of varicella infection. When W. G. developed herpes she had been in hospital about eleven weeks. There had not been a previous case of herpes zoster in the hospital for some months, and then it occurred in a ward far removed from W. G.'s, and, it should be noted, was not followed by varicella. W. G.'s herpes arose *de novo*. Did she originate the outbreak of varicella, or was there a missed case presenting only one or two lesions, the time relation ship being merely a coincidence?

Morphologically, W. G.'s lesions were typical of herpes zoster. She had no previous history of varicella, nor scars of a former attack, neither has she since developed varicella as a result of contact. The complete absence of pain or even of appreciable malaise are noteworthy. The incuba-

tion period of thirteen days is on the short side as compared with previous ward outbreaks of varicella in this hospital in the earlier part of last year. Previous outbreaks have had an incubation period of from seventeen to twenty-one days. The incubation period of varicella is of course very variable, and the present outbreak may be due to another strain of the virus. Varicella in this country is practically never fatal. The experience of one of us (E.H.R.H.) at a military infectious diseases hospital in Mesopotamia was that varicella in Indian troops and followers was very common and frequently severe, death from pulmonary complications being by no means unknown. Careful pathological investigation of such cases might lead to important information upon the etiology of the disease.

CHRONIC SUPPURATIVE OTITIS MEDIA:

FOLLOWED BY LEFT TEMPORO-SPHENOIDAL
 ABSCESS AND MENINGITIS.

BY

F. HOLT DIGGLE, F.R.C.S.,

SURGEON-IN-CHARGE, AURAL SERVICE, ANCOATS HOSPITAL,
 MANCHESTER.

THE following case deserves recording by reason of (1) the presence of pus cells and bacteria in the cerebro-spinal fluid, and (2) the reaccumulation of pus in the brain after having been once successfully evacuated, with extensive paralysis and ultimate perfect recovery.

L. P., female, aged 23 years, was admitted to hospital on October 27th, 1920, in a drowsy condition, with a temperature of 101.6°, pulse 82, respirations 20.

History.

The history was only obtainable from the patient, as she had no relatives or friends. When roused she stated that she had had ear trouble (doubtful on which side) since Christmas, 1919, the cause unknown. She had severe pain in the left side of the forehead and left temporal region in Whit week 1920, and visited a hospital in the district, obtaining some relief. The headache had been worse for the last three weeks.

Condition on Admission.

She was drowsy, but could be roused to answer questions. She was slightly aphasic, complained of headache on the left side of the head. She had vomited twice since admission.

Nervous System.—(a) Motor: There was slight weakness in the grip of the right hand, no other paresis or paralysis. The sphincters were normal. There was some rigidity of the neck muscles. (b) Sensory: There was nothing abnormal as far as one could ascertain in her drowsy state. (c) Reflexes: There was slight increase of the right knee-jerk. The right superficial abdominal reflex was brisk. No ankle clonus or Babinski reflex was present. (d) Eyes: The pupils were dilated, equal, reacting to light. The discs were not examined. There was no nystagmus, no photophobia. There was marked loss of the naming centre.

Ears.—The right membrane had a small central perforation with a viscid purulent discharge. The left had marked meatal stenosis, a large vascular polypus obstructing the already narrow meatus. There was no visible otorrhoea. There was no tenderness or oedema over the mastoid processes, no pain on percussion of the cranium. The tissues of the neck were normal.

Lumbar Puncture.—There was positive pressure and a cloudy cerebro-spinal fluid. (See pathologist's report below.)

Operation (October 27th, 1920).

A radical mastoid operation was performed on the left side. The mastoid antrum was full of pus under great pressure, and very foul. The dura mater of the middle fossa, exposed by disease, was covered with granulations bulging and pulsating, and the middle ear was full of granulations. The lateral sinus and dura mater of the posterior fossa, exposed by chisel, were found to be healthy. The remains of the tegmen tympani with a portion of the squamous portion of the temporal bone were removed, and the left temporal lobe was explored. A large abscess containing very foul pus was evacuated and drained by two rubber tubes side by side (diameter ¼ inch). The auricle was stitched forward and a buttress built around the margin of the wound with gauze so as to avoid pressure on the tubes.

Pathologist's Report (Dr. Renshaw).

Cerebro-spinal fluid: Pus cells were present. A large number of Gram-negative diplococci were in the film (? *Diplococcus mucosus*), present in culture, also in agar, in large numbers.

Pus from brain abscess: Staphylococci and streptococci were present in pus in large numbers, and some long thin curved Gram-negative bacilli (? anaerobes). Necrotic debris was present, but very few pus cells. Later, *Diplococcus mucosus* was found in a culture of the brain pus.