Clinical and other Notes

"the resulting constant fear of haemorrhage and perforation, which we all must have met with when treating enteric fever on other lines" (i.e., than the empty bowel).

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A CASE OF THROMBOSIS OF THE LATERAL SINUSES.

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An Egyptian soldier, aged about 25, was admitted to the general infirmary, Cairo, on June 2nd, 1909. He stated he had been feeling unwell for about six days, suffering from headache, constipation and vomiting.

Condition on Admission.—The patient looked ill and appeared mentally dull; the tongue was furred. The heart and lungs were healthy, the pulse slow, 48, but regular and soft; temperature 98° F.; abdomen sunken and very "doughy" to palpation. The liver and spleen were apparently normal in size. There were no signs of otorrhoea, but on examining the scalp some swelling and cedema was noted on the occiput and posterior parietal regions; the swelling was not tender or hot, and the patient gave no history of a blow, fall, or injury.

There was no paralysis or paresis and no twitching. The pupils were equal and reacted to light and accommodation. Knee-jerks were present, but elicited with difficulty; there was no rigidity. The urine contained no sugar or albumin. A tentative diagnosis of cerebral tumour or abscess was made.

Previous History.—There was no history of any serious illness and he showed no signs of syphilis.

Consequent Course.—On the day following admission his bowels were well opened by calomel and magnesium sulphate. He still continued to vomit his food; the temperature remained subnormal, and pulse 48 to 56 per minute.

The fundus was examined and nothing definite noted, though there was a suspicion of slight blurring of the optic discs. Two deep incisions were made into the scalp behind, but no pus escaped, only a little blood.

The following morning the patient was almost comatose and could only be roused by shouting his name in his ear. There was conjugate deviation of the eyes to the right. Both arms were slightly rigid and kept close to the sides. There was no apparent paralysis; the knee-jerks could not be obtained.

Though there were no localising signs it was considered advisable to operate. The site chosen was the most "boggy" part of the scalp, which was situated over the posterior and upper part of the left parietal bone.

Considerable cedema of the loose cellular tissue beneath the aponeurosis was found, but no evidence of pus.
A portion of bone the size of a two-shilling piece was removed by the trephine, and the dura mater at once bulged into the opening. On opening the dura the vessels were found to be enormously engorged; there was practically no pulsation of the brain. Palpation showed no specially firm or soft areas, so a small trocar and cannula was inserted in a vertical direction in three different places, but only a little blood escaped.

Since there were no localising signs it was deemed inadvisable to explore further, but it was hoped that the relief of pressure might be beneficial.

The bone was replaced, the wound sutured, and a drain of some silk threads placed in the posterior angle of the wound. The patient, however, did not recover consciousness, the pulse rate increased, though the temperature remained subnormal, incontinence of urine set in and he died thirty-four hours after the operation.

Post-mortem examination revealed thrombosis of both lateral and the longitudinal sinuses. The thrombus in each lateral sinus, just above the sigmoid sinus, showed signs of breaking down; this was especially marked on the right side. The vessels over the posterior parts of each central hemisphere were greatly engorged.

Nothing abnormal was noted in the brain, except perhaps a slight excess of clear fluid in the lateral ventricles. The base of the brain was healthy. There were no signs of middle ear disease; both the sides were exposed. The bones of cranium were intact and healthy. The heart was healthy. The lungs showed hypostatic congestion. All the other organs were healthy, except that the liver and kidneys were slightly congested. There were no signs of any septic focus in the body or of syphilis.

Remarks.—Thrombosis of the lateral sinuses is extremely rare when unassociated with middle ear disease, and therefore the case seemed worthy of record. I cannot define the cause; the man was not anaemic, showed no signs of syphilis, had no heart disease, and presented no septic focus. His kidneys were apparently working normally. It seems most probable that septic infection had taken place through a scratch in the scalp, but against this view is the entire absence of pyrexia, the temperature persistently being between 97.5° and 98° F.

It is much to be regretted that cultures and smears were not taken from the disintegrating clots in the lateral sinuses.

THE TREATMENT OF MULTIPLE ABSCESS OF THE LIVER.

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The method of operating upon liver abscess which has been adopted consists in draining the abscess cavity through a small puncture by aspiration, syringing out the cavity with some antiseptic solution, and supplementing this treatment by the application of negative pressure by means