STAFF CONFERENCE

Thursday - April 3, 1930

CASE I.

Case title: Chronic Otitis Media and Mastoiditis, Brain Abscess

The case is that of a 11 year old boy, admitted to the University Hospital 3-10-30, died 3-16-30 (6 days). Two years ago he had an acute otitis media. Ear drum was opened, and pus drained, and has been draining ever since, although the discharge has decreased at times and practically stopped. Hearing impaired on left since onset. Past history: measles, fracture of shoulder one year ago. Family history negative.

Physical examination: No general statement. Right ear and mastoid normal. Left ear purulent discharge in canal. Left mastoid tip, emissary vein, and antral regions are all tender to pressure, no edema, no sagging of posterior canal wall, chronic infection of tonsils. Neck - marked adenopathy, anterior and posterior groups. Chest, abdomen, extremities negative. Genitalia - one testicle undescended (inguinal canal)

Laboratory: Blood - hemoglobin 92, wbc. 29,700, P. 88, L. 12. 3-12-30 Spinal puncture - cloudy white fluid, pressure probably normal, cells 2,230 wbc., Nonne and Noguchi positive, no bacteria on stain, culture made.

Neurological consultation: 3-12-30 Lying in bed unresponsive and uncooperative except for protrusion of tongue on request, restless, and resistive, marked bilateral Kernig, marked neck rigidity. Jugular vein soft and compressible. Fundi not well visualized. Discs on left show rather marked nasal congestion; only temporal half of right seen, and this apparently normal. Deep reflexes normal. Impression: Meningitis, secondary to mastoid infection (pneumococcic or streptococcic antimeningococcic serum might be used in absence of bacterial proof)

Operation 3-11-30 - time 1 hr. 30 min., simple mastoidectomy, parasinus abscess, abscess of tip, abscess from antrum region to tegmen found.

Postoperative condition fair. 3-12-30, Neurological consultation: 3-13-30, Cultures show no growth, combined cistern and lumbar drainage, intraspinal irrigation with 80 cc. of normal saline. As much fluid drained off as possible, and 15 cc. of antimeningococcic serum given, repeated in P. M. 3-14-30, Condition not so good, increase in pulse and respiration, very drowsy, cyanotic; suggests septicemia. Eye grounds show neuritis. Rigidity of neck about the same. Combined lumbar and cistern drainage done. Fluid still cloudy, more so than on previous occasions; unable to remove as much as before. 3-15-30, Marked edema of face. Lumbar puncture done. Cistern puncture attempted, but any pressure over suboccipital region caused slowing of respiration, would stop several times. Pulse very rapid; respirations shallow. No response to caffeine. Exitus. 3-16-30.

Direct smears from later puncture showed gram positive cocci resembling pneumoccocci. Blood culture - no growth, probably pneumococci (Dr. Henrici) Consultation Pediatrics: advise introduction of acroflavine and antistreptococcic serum in the common carotid every 12 to 24 hours, and cisterna irrigation under ethylene. If pneumococcic infection, ethyl hydrocuprine and pneumococcus antibody solution or serum (method of Kölmer.)

Medication: Aspirin, atropine sulphate, codeine, retention enema, proctoclysis, hypodermoclysis, chloral hydrate, cold packs.

Nurse Notes: Headache, dry wiping of ear, drowsiness, nervousness, emesis, restless, emesis, irrational, attempt to remove dressing, restraints, labored respirations, exitus.

Septic type of temperature 98 to 104, pulse 90 to 160, respirations 16 to 56.

Autopsy: Group I - Chronic otitis media and mastoiditis
Group 2 - (1) Mastoidectomy (2) Temporal lobe abscess, left (3) Acute meningitis (4) Erosion of base of skull (5) Cloudy swelling (6) Fatty liver.
Group 3 - (1) Puncture wounds.

CASE II

Case title: Chronic Otitis Media and Mastoiditis, Brain Abscess

The case is that of a 15 year old girl, admitted to the University Hospital 9-9-29 and died 11-7-29 (59 days). Chief complaint - mastoiditis, following running ear; cough for one day before admission. Early in August, 1929, patient developed a head cold and earache. Right ear began to show a purulent discharge. Given irrigation for the ear. Condition did not improve but became worse. Mastoidectomy done here September 13, 1929. Before admission, had chills, fever, and cough. These persisted for two or three days afterward. Patient coughed up a small amount of yellowish sputum the day before admission and a few days afterward. Past history - infantile paralysis 1916, involvement of left leg now; influenza 1918. Other diseases - whooping cough, chicken pox, tonsillitis, tonsillectomy, no injuries. Other complaints - frequent headaches, blurring of vision since mastoidectomy, frequent earaches and running ear ever since small child. Had running ear 8 weeks in winter of 1928. Treated at the University Dispensary. Recent dental repair. Many sore throats. Post nasal discharge two weeks. Lost three pounds in summer of 1929. Loss of appetite present. No food intolerance. Tendency to constipation. Remedied by fruit and bran. Menstruation began at 11, regular. Family history negative. Occupation student.

Physical examination: Well nourished and developed, lying quietly in bed, appears stuporous. Pupils negative, slight degree of exophthalmus! Right drum red. Perforation in shrapnell's membrane. Left normal. Nose negative. Tonsils absent. Slight posterior cervical adenopathy bilateral. Chest - slight lag on left, slight impairment of resonance on left, chest posteriorly with prolonged expiratory note, increased breath sounds both sides, no rales. Blood pressure 136/84. Heart negative. Abdomen negative. Extremities negative. Skin negative.

Laboratory: Urine negative. Blood - hemoglobin 81, rbc. 4.27, wbc. 10.25, P. 77, L. 23. Wassermann negative. X-ray, 9-10-29, multiple bronchopneumonia, bilateral; acute and chronic mastoiditis, right with destruction. 9-14-29, Bronchopneumonia resolving, probable encapsulated mediastinal empyema. 9-16-29, Encapsulated mediastinal empyema, left. 10-4-29, Mediastinal empyema healing. 10-14-29, Mediastinal empyema completely resolved. 10-15-29, Negative left mastoid, operative defect, right mastoid, negative chest and skull. 10-21-29, Bronchopneumonia, right base. 10-31-29, Pansinusitis, left; probable sinusitis, right maxillary and frontal; multiple abscesses, right base. Spinal puncture, 10-15-29, negative. Sputum examination - tubercle bacilli negative. Spinal fluid, 11-1-29, negative.

Operation, September 11th, acute mastoiditis curettage. Mastoid process not completely removed. No free pus found.

Progress notes: Temperature remained elevated. Patient lethargic. 10-4-29, Suggestion of puncture of mediastinal empyema made; not done because x-ray findings showed clearing. 10-14-29, Diagnosis of temporal lobe abscess made. 10-23-29, Patient apparently improved. 10-30-29, Nauseated and vomited much of the time. Coughing up considerable sputum. Neurological consultation, 10-14-29: No positive localizing signs in brain. Eye grounds optic neuritis. 11-7-29, Operation for temporal lobe abscess, right, preceded by puncture of lateral ventricle the day before. Trephine operation done. Temporal lobe needled, and 2 ounces of purulent greenish pus removed. Artificial respiration carried on through procedure, and was continued following operation. Patient stopped breathing 11-27-29. Temperature septic type, 98 to 103; pulse 70 to 120; respiration 18 to 24.

Autopsy: Group I. - Chronic otitis media and mastoiditis

Group II - (1) Temporal lobe abscess, right (2) Acute meningitis (3) Operation wound (4) Pulmonary abscess, right lower (5) Acute bronchopneumonia (6) Cloudy swelling (7) Operation scar.

Group III. - (1) Atrophy, left lower extremity.

PETER BENT BRIGHAM HOSPITAL

Diseases and Conditions	Diagnoses Total	Diagnoses Deaths	Operations Total	Operations Deaths
Tumors:				
(1) Pituitary and suprasellar (cf. Ductless Glands, Section XIV, C)				
(2) Cerebral tumors, verified:				
Adenocarcinoma (Extirpation)	1	-	1	-
Angioma "	2	-	1	-
Carcinoma, metastatic	2	2	-	-
(Extirpation, partial)	-	-	2	2
Chondroma (Extirpation, partial)	1	-	1	-
Chordoma (Extirpation, partial)	1	-	1	-
Craniopharyngeal pouch cyst	4	-	-	-
(Extirpation, partial or total)	-	-	3	-
Cysts (porencephalic) (Exploration)	3	1	1	1
Glioma (varia)	61	17	-	-
(Exploration with decompression)	-	-	10	6
(Extirpation, partial or total)	-	-	46	5
(Ventriculograms)	-	-	10	2
Lymphosarcoma (Exploration)	1	-	1	-
Meningioma	32	1	-	-
(Extirpation, partial or total)	-	-	30	1
Osteoma (Extirpation)	1	-	1	-
Sarcoma, metastatic (Extirpation, total)	1	-	1	-
Tubercles (Exploration)	1	-	2	-
(3) Cerebellar tumors, verified:				
(a) Intracerebellar tumors:				
Carcinoma (Ventriculogram)	1	-	1	-
Glioma	22	8	-	-
(Extirpation, partial or total)	-	-	21	7
Hemangioblastoma	7	2	-	-
(Extirpation, partial)	-	-	4	2
Meningioma (Extirpation, total)	1	-	1	-
Tuberculoma	3	-	-	-
(Exploration or extirpation)	-	-	3	-
(b) Extracerebellar tumors:				
Acoustic neurinoma	14	2	-	-
(Extirpation, partial or total)	-	-	15	2
(4) Unverified tumors:				
(a) Cerebral	63	1	-	-
(Exploration with decompression)	-	-	34	-
(b) Cerebellar	7	-	-	-
(Exploration with decompression)	-	-	5	-
(5) Tumor suspects:				
(a) Cerebral (Exploration)	60	2	6	1
(b) Cerebellar (Exploration)	27	2	5	1

TRIP

Medical meetings held in St. Cloud, Minot, Glendive, Montana, Bismarck, Jamestown, North Dakota, March 27th to 31st inclusive. Points of interest: Combination of pediatrics and obstetrics as specialty; women's interest in health; Minot clinic (northwest); library, organization, path conference, autopsies, patient interest, building, future. Northern Pacific Hospital - employees support, splendid work, future, railroad bridge, sheep wagons, Bad Lands, friendliness, irrigation project. Bismarck, North Dakota, Quain Ramstad Clinic - older organization, larger splendid work, hospital control, young blood, business organization. Jamestown - excellent hospital, marked interest, rich community, farm relief, I. V. A. vs. Nonpartison League.

COMPLAINT

Patients to be discharged should either be in a condition which does not require immediate medical care or hospital should get in touch with home physician at once.