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CONTRIBUTION TO THE COMPLICATIONS FOLLOWING EXTIRPATION OF SO-CALLED ADENOID VEGETATIONS.

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TO the more important, though generally rare, complications following this operation, as I recently pointed out in my "Manual of Diseases of the Nose, etc.," belong—

1. Affections of the middle ear (otitis media acuta) and its consequences, perforation of the middle ear, membrana tympani, and affections of the mastoid process, etc.
2. So-called follicular angina, or, more correctly, acute lacunar tonsillitis.
3. Still more rare, secondary hæmorrhage (Newcomb's case fatal).
4. Impaction of fragments in the air passages (Helme's case).

As I have remarked, in these cases complications are relatively rare. For my own part, out of about four hundred operations, I have scarcely seen the first twice, the second several times, secondary hæmorrhage once slightly, never the others.

Quite recently I observed an unusual complication after the removal of post-nasal growths, which I will briefly narrate.

On the 7th of February last, assisted by Dr. Rorsuk, I performed the usual operation under chloroform on two children, brother and sister, aged respectively five and seven. Both children show distinct signs of scrofula (cervical adenitis), the father suffers with catarrhal otitis, the mother has chronic naso-pharyngeal catarrh, the rest of the children (four in number) have also symptoms of scrofula (cervical adenitis, adenoids, besides one has otorrhœa).

The reasons for operating on the two above-mentioned children were: in the boy, constant nasal catarrh; in the girl, mouth breathing. The operations presented no peculiarities, and the most stringent antiseptic precautions were observed.

Notwithstanding these facts, about two hours after the operation, at 3 p.m., the temperature in both rose suddenly and without evident cause to 40° C. in the boy, and 39·6° C. in the girl. The children complained of no pain, nor was any abnormal condition found in either the nose, throat, or ear. I was unable to determine the cause of the elevation of temperature, and merely prescribed a purge and local antiseptics.

Next morning the children were both without fever and progressing favourably; to my surprise, however, I learnt that during the night the mother, a lady thirty years of age, was suddenly seized with violent rigors (temperature 40° C.); this was treated as influenza, the patient receiving, in addition to a purgative, ·65 gramme of salpyrine; next morning the patient was better. In the evening, however, both her temperature and that of the girl had risen, the former to 39·5°, the latter to 38·8° C. This febrile condition in the children and in the mother was, I admit, to me quite incomprehensible, there being a complete absence of both local and general symptoms; although I had no doubt but that the fever in all had a factor in common. A not unimportant fact was that the children had not had measles, scarlet fever, nor small-pox, all of which diseases were at this time epidemic in Warsaw; a careful examination excluded these. Only influenza remained, there being no suspicion of any septic state. I am indebted to Prof. Baranowski for the explanation of this obscure condition. Prof. Baranowski knew the whole family well, and pointed out that the family had formerly lived in a locality steeped in malaria; also that at the present time the spleens of each could be felt and increased dulness detected.

The further progress of the cases confirmed this view. As a result of a close investigation I found:—

1. That the children had every afternoon, at about 3 p.m., and the mother in the evening, chills, after which the temperature rose to between 39·0° and 40·0° C., and finally fell with a profuse perspiration. The fever lasted longest with the girl, viz., nine days; the shortest in the case of the mother, viz., four days.

2. The spleens were felt by Dr. Baczhoenicz, as well as by Dr. Baranowski. The temperature chart was not kept well enough to quote but was typically quotidian malaria.

3. Chlorine in large doses gave excellent results.

4. As corroborative proof, if such were needed, was the case of the nurse, who had also come from the same neighbourhood, who, as soon as all the others were recovered, developed a typical attack herself. In this patient there was some local throat affection, confined to a moderate congestion of the nasal and pharyngeal mucosa.

5. Again, to add additional proof where none is wanted, the father, a man of forty-nine years, falls ill with a most obvious malarial attack. He suffered next day with sore throat, the mucous membrane of the soft palate and nose, with violent epistaxis.

There can be no doubt, I think, as to the correctness of diagnosis, that one had to do with a most rare complication of the post-operative state. Five persons in the same family, recently removed from a malarial district, all develop the disease. The other persons in the house remained free from the disease, the remaining children who were in the country also escaping.

In the father and nurse one had an affection of the nose and throat of malarial origin.

The following are all the cases on record:—

Chappell,[1] a case when, during an attack of malaria, a violent vaso-motor rhinitis appeared.

Cras and Tinbert[2] observed two cases of malarial epistaxis.

Miroljubon, a case of inflammation of the tongue of malarial origin.[3]

Finally, Löri,[4] in his well-known paper on the relation between the diseases of the upper air passages and general disturbances of the economy, mentions cases of parotitis, of paralysis of adductors, and pulmonary œdema of malarial origin.

[1] "Medical Record," June 12th, 1897; and "Vaso-motor Rhinitis of Malarial Origin," "Philadelphia Medical News," November 3rd, 1894.

[2] "Rev. à la Region splénique pour combattre les Epistaxis chez les Paludéennes," "Bull. Méd.," March 23rd, 1892.

[3] "T. C. f. Lar.," 30 Bj., f. 4.

[4] "Die durch anderwertige Erkrankungen bedurgten Veraenderung des Rachens, des Kehlkopfs, und der Luftroehre," Stuttgart, 1885, p. 156.

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