were due to high levels of estrogens circulating in the blood for long periods of the pregnancy.

**SUMMARY**

(1) Spinal cord symptoms and signs in a case of extradural hemangioma became manifest during the last month of pregnancy, improved rapidly during parturition, and completely disappeared after surgical removal.

(2) Exacerbations and remissions in symptoms are considered in relation to mechanical obstruction to venous drainage as a result of an enlarged pregnant uterus, and to possible estrogenic factors giving rise to increased vascularization.

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**REFERENCES**


**SUBDURAL HYGROMA COMPLICATING MENINGOCOCCIC MENINGITIS**

**STANLEY H. STEINBERG, M.D.,* AND JAMES PETER MURPHY, M.D.†**

*Washington, D.C.*

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To the list of complications of meningitis must be added subdural hygroma (hydroma or effusion in the subdural space), which has become prominent only recently as a complication of acute bacterial meningitis. The majority of cases of meningitis in which subdural hygromas have been found have been due to *Haemophilus influenzae*. However, cases in which *D. pneumoniae, Salmonella sp.*, paracolon bacillus, *Ps. aeruginosa*, and *N. meningitidis* were the etiological agents have also been reported. The relative paucity of information in the literature in regard to subdural hygroma as a complication of meningitis, and the fact that the patient
in the following case required early surgical treatment with ensuing complete recovery prompted this report.

CASE REPORT

R.B., a 5-month-old white male infant, was admitted to Children's Hospital, Washington, D.C. (Record #51-1815), on Feb. 11, 1951, because of fever of 8 hours' duration. Past history was negative.

Examination. The infant was well-developed, well-nourished, acutely ill, and lethargic, with stiff neck, bulging fontanelle and hyperactive deep reflexes. Temperature was 103.6°F (39.8°C). CSF showed 485 cells, glucose 0 mg. per cent, protein 330 mg. per cent and numerous gram negative intracellular and extracellular diplococci on smear; culture yielded N. meningitidis. Blood culture yielded N. meningitidis. Initial WBC was 3,350; lymphocytes 75 per cent.

Course. Chloramphenicol was given intramuscularly (150 mg./kg.) for 6 days and then changed to 250 mg. orally every 6 hours for 6 days. Sulfadiazine was given orally (gr. ii/lb.) for 5 days.

The therapy of choice in acute meningococcic meningitis is the combined use of chloramphenicol and sulfadiazine. Both of these antibiotics have been found to pass the thecal barrier. Initial therapy with these antibiotics is usually parenteral and is changed to oral therapy after subsidence of the acute phase of the illness. The chloramphenicol sensitivity test in this case was reported "sensitive to less than 10 mcg./cc."

Temperature dropped to normal in 12 hours after start of therapy but began a gradual rise to 101.8°F and maintained a plateau at 101.8°F. for 44 hours (Fig. 1). At this point sulfadiazine was discontinued with the possibility of drug fever in mind. Four hours after discontinuance of sulfadiazine the temperature began a drop to normal which was maintained throughout the hospital stay, excepting only a slight postoperative rise.

The fontanelle became normal after the initial spinal puncture but was again bulging on the 4th day of treatment. Spinal puncture at this time had no effect on the fontanelle; the fluid was negative to culture. Blood culture was also negative. Bilateral subdural taps were done. The left side yielded 20 cc. and the right 10 cc. of xanthochromic fluid. The left sub-