

the proptosis of both eyes could only result from this cause. Whilst paralysis of the ocular muscles is usually present in such cases, it seemed impossible to me to state whether the immobility of the eyes was due to this cause or to fixation of the protruded eyeballs by swelling at the back of the orbits.

The œdema of the face, which is absent in pure cases of sinus thrombosis, is satisfactorily explained by the purulent phlebitis of the veins of the face.

MacEwan, in his work on Pyogenic Infective Diseases of the Brain, relates the history of five cases of thrombosis of the cavernous sinuses, one of which was due to infection from an old standing syphilitic ozaema.

Coupland (Trans. of Ophth. Soc., Vol. III., 1887) in reporting a case of cavernous sinus thrombosis, has added twenty-eight others. Of these only one had a distinctly nasal origin, being due to ozaena probably of syphilitic origin. Pus was found in the sphenoidal sinuses.

It would thus seem that suppuration in the nose is a rather rare cause of cavernous sinus thrombosis. The origin is much commoner in suppuration of the middle ear, with thrombosis of the cavernous sinus extending forward. It is occasionally due to suppuration extending from the orbit and from necrosis about the pharynx in scarlatina and diphtheria.