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A CASE OF COMA DUE TO CEREBRAL ABSCESS;

SUCCESSFUL EVACUATION OF THE ABCESS BY THE TREPHINE; DEATH.

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The majority of cases of cerebral abscess are secondary to caries and necrosis of the cranial bones, and especially to such affections of the petros portion of the temporal bone. The abscess will generally be found in the temporo-sphenoidal lobe, and more early in the middle lobe of the brain, or the cerebellum. These cases are usually associatod with long-standing otorrhœa. They may also be complicated by meningitis and pyæmia, and thus render a difficult diagnosis still more embarrassing. In most cases, inquiry will elicit that there have been premonitory symptoms, The pains spoken of by patients, too often by doctors, as "neuralgic," are, in truth, due to chronic basal meningitis, localised to the region over the inflamed and diseased bone. The symptoms of cerebral abscess are known to be dubious and misleading in the highest degree. When the collection of pus is found in the temporo-sphenoidal lobe, the symptoms are exceedingly vague. This portion of the brain has few certain motor functions. Post-mortem examinations may reveal disease in it for the first time. In a remarkable paper by Macewen, two cases of abscess in the temporo-sphenoidal lobe, treated by operation, are related. The first case was unsuccessful. The patient was *in extremis* at the time of operation, and in this respect resembles the case I am about to narrate. At the necropsy, the whole lobe was found to be destroyed, and the neighboring convolutions implicated in encephalitis. The second case was successful, and is one of the most interesting in a remarkable series, as indicating the possibility of localisation of abscess in the temporo-sphenoidal lobe by a careful process of exclusion conducted by a careful and competent observer. The details of the case about to be described are as follows:

A woman, aged thirty-two, was admitted into Charing-Cross Hospital, on Sept. 26th, 1888, in a condition of profound coma. The only history obtained of her case was to the effect that she had been under the care of a neighboring practitioner for "pains in the head," that these had lately got worse, and that since the morning she had been drowsy and stupid. On examining the right ear, pus was found in the meatus, and a foul odour was apparent on close investigation. The auditory canal being cleaned, the tympanic membrane was found to be quite destroyed, and protuberant granulations were abundant. The pupils were equal, somewhat dilated, not acting to light. There was no squinting, and optic neuritis was not looked for. The face was dusky and congested, the respiration slow and stertorous, the skin burning hot to the the touch, and the temperature 104°. There were no evidences in the lungs, joints, or skin of general pyæmia; no tenderness or œdema in the mastoid region, or fulness down the course of the jugular vein. The pulse was regular and compressible, 120 to the minute. Free leeching was tried without benefit. The case was watched for about three hours. The coma was obviously deepening and the patient in a condition of impending death. About 6 P.M. I operated. The right side of the head was shaved and carefully cleansed with strong carbolic acid. A large flap, with its base downwards, was formed above and behind the auricle, the vessels being twisted. A large trephine was applied at a spot one inch above and a quarter of an inch behind the external auditory meatus. On removal of an exceedingly thin disc of bone the dura bulged strongly, did not pulsate, and no suppuration could be detected beneath it. A small trocar and cannula was now passed downwards and forwards