headache and pain since the day after I had seen her before, but they had not notified me. Much pain over top of head, slight, localized tenderness over antrum region, continued sagging of external canal wall, patient dull mentally and in great distress. Temp. 102 deg. I advised operation at once, and brother and sister who were present consented, but as this was late in the afternoon and place not suitable, I had them next morning take her to St. Joseph's Hospital. Temp. on admission 100 4-5 deg. In the afternoon I opened the mastoid bone, finding it very much sclerosed, and the first opening found was the antrum, which was filled with fetid pus. Cleared out well whole mastoid bone and antrum and made free communication with middle ear cavity. Temp. after the operation 100 1-5 deg. There was considerable albumin in the urine. Next day patient was some better, little pain, and temp. 100 deg. Another day and pain over top of head was as bad as ever, and temp. had come down to 99 deg. Next day again, temp. 98 4-5 deg., and pain in head continues, expression dull. On 27th condition the same, and concluded to extend wound and see if any other collection of pus could be found to produce the symptoms. Bone was removed back over sigmoid sinus and a small epidural abscess was found over the vein, but no indication of any more extension. Patient did not bear anesthetic well and operation had to be stopped and perform artificial respiration. There was no sign or characteristic symptoms of sinus involvement, such as chills, light temperature, local pain, or tenderness, and so the wound was dressed and patient put back to bed.

Next day, the 28th, the patient seemed better, having had a more natural sleep for the greater part of the night. Temp. 99 deg., pulse 80. After the first operation temp. went down to normal and on 29th pain in top of head as bad as ever. Oct. 1st pain still severe on top of head. Optic neuritis present in each eye, more marked in left eye, which also had some small hemorrhages. On consultation we concluded to try again, and patient was taken to the operating-room table for the third time, and the bone was removed extensively back over cerebellar region and up over cerebrum also. Sinus was found occluded, and on being incised no blood flowed. Internal jugular vein was then dissected out in the neck and tied, and sinus could not be syringed open between wounds. Cerebrum was needled in various directions with no result. There was some inflammatory tissue back over cerebellum,