

this diminution of distention, many patients continue to suffer who might be benefited or cured by the plan I propose.

It may be asked if there is no danger that distention of the stomach, by a full ordinary meal, after a patient has followed for two, three, or four weeks the plan I propose, would not be more difficult and a source of greater trouble than before that organ had been allowed to contract considerably during the time this plan has been pursued. Facts answer this question in a way that leaves no doubt. There has never been in the cases I have attended the least trace of an increased trouble due to that cause. Even those patients who have not derived benefit from my plan of alimentation, and among them two who had while following it more acidity and flatulency, have, at any rate, had no increased trouble after having given it up. It is probable that the good obtained from this plan in dyspeptic patients depends at first on the rest given to the irritated stomach, and subsequently on a great amelioration in the quality of the gastric juice.

In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of formation of blood from the notably increased amount of food that the patient can digest.

I have made but very few trials—and incomplete ones—of this plan in cases of organic affections of the stomach. I cannot but think, however, that it deserves being tried in most of such cases.

Against the obstinate vomiting of pregnancy this plan has already been employed successfully by a number of physicians, and once by myself in a case which many modes of medical treatment had failed. —*Archives of Practical Medicine, January, 1873.*

#### A CASE OF DISEASE OF THE EAR. FOLLOWED BY ABSCESS OF THE BRAIN.

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In the following case, the disease of the brain was probably the result of the inflammation of the middle ear, which attacked the periosteum of the tympanum. The inflammation then passed through that portion of the petrous bone lying near the upper wall of the tympanum to the dura-mater, and thence to the brain. The moisture and redness of the portion of bone described, and the adhesion of the dura-mater at that point, serve to mark the track of the disease.

This case illustrates the dangers attendant upon internal otitis, and the necessity of an early and vigorous treatment. If it had been possible to arrest the disease when it first attacked the ear, and before the bone, or rather the periosteum was invaded, the life of the patient would probably have been saved. Early and free leeching, with decided and continued counter-irritation, offer the greatest chance of safety in cases like the above.

The existence of so large a lesion of the brain without marked derangement of sensation or motion, is of considerable physiological interest. A portion of the right hemisphere, of the size of a hen's egg, was destroyed, without destroying motion or sensation of either half of the body. The slow pulse—

48 in the minute—and the slow and intermittent respiration, which existed simultaneously for several days after the attack of April 5th, made me suspicious of disease of the cerebellum. The patient appeared as if the action of the heart and lungs was nearly paralyzed. At the autopsy the elevations of the medulla oblongata were flattened by the pressure of the abscess upon them, and this was the probable cause of the slow pulse and breathing.

The treatment produced no result except the important one of relieving suffering. It is very likely that the paroxysms of intense pain, which appeared periodically for a few days when the pulse and respiration were the slowest, and which were apparently controlled by quinia, would have subsided of themselves. They were probably induced by an extension of the disease in the head, perhaps by the formation or increase of pus, and subsided as the brain became accustomed to the pressure. The bromide of potassium seem to control the restlessness and delirium in a marked degree.

A. T., an American lad, æt. 15, was attacked, while at school in the country, with severe otalgia of the right ear, during the last week in January, 1867. The pain was intense and persistent and according to his own report accompanied with tenderness and swelling of the right meatus, and pain in the ear with deglutition. He was confined to his bed for a week or more, and treated by a physician of the neighborhood. After a few days of suffering, the ear poured out a moderate discharge, and he obtained some relief. The relief, however was not complete, and he came to Boston for advice. I saw him on the 16th of Feb., 1867. He was able to come to my house. The hearing and appearance of his left ear were normal. His right meatus contained a moderate amount of purulent matter. The walls of the meatus were red, and the surface of the membrana tympani presented a radiated, red appearance. Inflation of the cavity of the tympanum through the Eustachian tube produced, momentarily, a sharp pain in the affected ear. He heard the ticking of my watch only when it was pressed on the ear. He was then suffering from otalgia, especially at night, so that his sleep was disturbed. Two leeches were applied to the orifice of the right meatus. He was directed to instil into the ear a solution of a grain of sulphate of atropia in an ounce of water every hour or two, if there was pain; the solution to be warmed before applying it. He was put on a restricted diet, and kept quiet. Counter-irritation by means of croton oil was kept up on the mastoid process, directly after leeching.

At the same time he was ordered the iodide of potassium internally. The meatus was syringed often enough to keep it clean. He gradually and steadily improved. The membrana tympani assumed a normal appearance, and the pain disappeared. By the 7th of March he heard the ticking of my watch two or three feet from his right ear. He slept and ate well, and complained of no pain or discomfort. Excepting weakness, he seemed to be well. During this apparent convalescence, he had three short attacks of severe pain in the right side of the head and