that the left Babinski had disappeared, there were fewer headaches, patient readily replied to questions, and voluntary power was returning in the left arm and leg. However, on the third day a change occurred, collapse supervened and the patient succumbed. An autopsy was made on the brain only and was as follows:—A trephine opening was found in the squamous portion of the right temporal bone, and evidence of a former mastoid operation. On the floor of the right middle cerebral fossa an operative opening was found 1½ by 1 centimeter in size, leading to the tympanic antrum. The tympanic cavity proper and contents were free from necrosis. A large abscess cavity was found in the right temporo-sphenoidal lobe of the brain, extending from almost the apex of the lobe backward to a point approximately opposite to the upper end of the fissure of Rolando. The cavity, which was empty, measured antero-posteriorly 6.5 centimeters and transversely 6 c.m. The wall consisted of a zone of condensation, covered with detritus (an attempt at the formation of a pyogenic membrane) surrounded by a line of congestion. Towards the posterior part of the right island of Reil, above the posterior extremity of the cavity, was an area of incipient red softening, which involved to a slight extent the internal capsule on that side, just before it reaches the crus. Above the centre of this was a more definite area of red softening 7 millimeters in diameter. Anteriorly this area of red softening was continuous with the abscess cavity. The right internal capsule and the tissues between it and the abscess showed well marked yellow softening.

Conclusions.—Although no pus came from curetting the tegmen antri in the first operation, I think in the light of later events and in view of the known frequency of abscesses occurring in this region, from purulent otitis, I would in future be disinclined to follow the custom and advice of those who, like Lambert Lack, say "in the majority of cases the mucous membrane, unless very extensively diseased, will soon become healthy when free drainage has been provided, and its removal by baring the bone, only delays the cure and opens the way to spread infection." At the first operation, no fistula was found leading to the middle fossa, nor any evidence of dehiscence in the petro-squamous suture, yet under similar conditions again, I would enter the middle fossa if any suspicion of the tegmen presented itself, even in the absence of pronounced clinical signs. Should no pus be found after exposing the dura it could be protected by frequent dressings. The occurrence of the temporo-sphenoidal abscess seemed the last straw necessary to preclude my patient's restoration to health. Did this arise from the epidural focus of pus in the middle fossa? From the proximity of the two and the experience of others, it seems reasonable to suppose it did, but we know that such in-