

No profuse perspiration. She felt like turning around and could hardly stand up. When we handled her she was very irritable and wanted us to go away, and would cry. All reflexes were exaggerated, chiefly on right side. There were no paralyses, although the eye muscles seemed slow in action. Sensation was normal, although it always elicited irritability. Different diagnoses were here made:

Lateral sinus thrombosis.

Cerebellar abscess.

Temporo sphenoidal abscess.

Extra dural abscess.

Meningitis.

These were held to by different consultants.

We ruled out some of these as follows:

Lateral sinus thrombosis was ruled out because there was no rise in temperature after it became subnormal, and there was no profuse perspiration.

Extra dural abscess, on account of expectation that it would have found exit at site of operation.

Meningitis was ruled out because of continuous subnormal temperature and absence of Kernig's sign, no crying out and recognition of neck retraction as being due to antagonistic sterno mastoid action.

This left temporo sphenoid abscess and cerebellar abscess to trouble us. We decided in favor of cerebellar abscess for the following reasons:

1. Age of patient; 10—20 most common age.
2. Forced position in bed; right side persistently up; curled up in bed.
3. Marked paresis of upper limb on same side as lesion.
4. Exaggerated reflexes on right side.
5. Rotation; fall away from the lesion.

Operation showed a large cerebellar abscess. Patient improved for a few days after operation and then all the symptoms of cerebellar abscess and purulent meningitis became very prominent and patient died. Post-mortem showed diffuse purulent meningitis.