

Society Reports.

Toronto Clinical Society.

THE meeting of the Clinical Society was held in St. George's Hall, November 10th, 1897. Dr. Albert A. McDonald presided. The opening address was then given (see page 179).

Cerebral Abscess.—Dr. G. S. Ryerson reported two cases of cerebral abscess following middle ear disease. Most cases of abscess of the brain, he said, arose from neglected disease of the ear. In the first case, the patient was a young lady aged 18, whose ear had been discharging for fifteen years until three months ago, when it ceased suddenly. When she came under treatment she was suffering from a great deal of pain in the head; there was considerable swelling of the external parts of the ear and a slight fetid discharge. There was no marked tenderness of the mastoid, but some redness. There were not indications enough for trephining. Caries seemed to be in the external auditory process. The patient gradually fell into the comatose condition and died. Attention to the suppurating ear would no doubt have prevented this untoward result.

The second case was that of a little child, seen once or twice suffering from acute inflammation of the middle ear, although the discharge was not profuse. For three months it had been in failing health. The mother said that its head had felt hot. Gradually it lost power in its lower extremities. It had slight outward squint and ophthalmoscopic examination showed double optic neuritis. Tenderness over the mastoid was not marked. Again, indications were not sufficient to justify surgical interference. The patient died. The moral of these cases, Dr. Ryerson maintained, was bad. All cases of discharge from the middle ear should be attended to primarily and not be allowed to run on until the children "outgrew it." Cleanliness should be maintained, and every effort made to bring about closure of the drum membrane.

Dr. H. B. Anderson said he was struck with the fact of having seen five cases of abscess of the brain in the post mortem, during a comparatively short period of time, all resulting from ear disease. It seemed to emphasize the necessity of following Dr. Ryerson's advice of attention to discharges from the ear. In some cases the diagnosis was not made until the post mortem was performed. The sequelæ