

contained about two teaspoonfuls of creamy pus. This was cleaned and drained, special packing being inserted to ward it from the generally infected mastoid cavity. From the antrum to the external auditory meatus the channel was found quite patent, and free for drainage. The wound was therefore closed in the usual way, after inserting proper drains into it and the superficial sinus. The hospital laboratory reported staphylococcus infection. From the date of this operation the patient's temperature, pulse and general condition were practically normal for over two weeks, the wounds were healing satisfactorily and for a time she gained in strength. Maximum temperature, 98 4-5 F., pulse 72 to 84. On the 14th January, however, a wave of temperature rose one and a half degrees, for 6 hours, then remained normal for 2 days further, when a low septic condition asserted itself, with headaches, some irritability and occasional emesis. A lumbar puncture showed the cerebro-spinal fluid clear, no turbidity or sediment, no meningococci or other bacteria, the specimen being practically normal. The hospital pathologist, Dr. Nicholls, reported that the blood corpuscles were normal in size, shape and number. The hemoglobin was 85 per cent. with, he thought, slight leucocytosis. Examination of the eyes did not give evidence of any pronounced meningeal trouble, neither was there any clinical evidence of sinus thrombosis. On 27th January, after consultation, a second operation was decided upon. On the morning of the 28th, just before this operation was begun, some new symptoms developed, and the hospital neurologist, Dr. Robins, reported as follows:—the patient is semi-stuporose for the first time, but can be roused to answer simple questions; there is external squint of right eye; the pupil in this eye is larger than the left, showing weakness of third nerve; at times a left sided Babinski, not constant; left hemiplegia noticeable; deep reflexes all active. Sensation normal as far as could be tested. Second operation,—Assisted by Drs. England and Kerry the former mastoid wound was reopened. The granulations in the mastoid were found satisfactory, but this time the instrument passed through the tegmen antri into the floor of the middle cerebral fossa with hardly any resistance, and a quantity of thick pus was here released from an epidural abscess. A button of bone was then trephined through the squamous portion of the temporal, and the dura exposed. This was opened and a trocar and canula inserted into the temporo-sphenoidal lobe, directly inwards and downwards. On withdrawing the trocar a stream of very fluid pus followed, which measured about an ounce. On again examining the tympanic cavity, the channel to the external meatus was found patent; drainage was then inserted into both abscesses; the wounds cleaned and dressed. The patient rallied well and the result seemed promising for 48 hours. It was noted