

had been normal, assumed a dark porter-like appearance, was scanty and contained albumen, which a day or two later again became normal.

December 15th. Slept more heavily last night. Passed urine involuntarily in bed; nurse reported slight twitching of left hand. Has taken little nourishment.

December 16th. Comatose; passed urine in bed; respiration and pulse growing rapid; temperature 101; perspiring; dilating pupils.

December 17th. Death.

REMARKS.

The foregoing case exemplifies the grave import of chronic purulent discharge from the ear; from its liability to extend to the mastoid cells, the meninges of the brain, and occlusion of the lateral sinus by thrombus—a portion of which may become detached and carried to the lungs, setting up septic pneumonia. The symptoms in this case, though plainly indicative of middle ear disease with extension to the mastoid antrum, were not characteristic of a further extension to the brain or the formation of an abscess up to the time of the convulsion. The former condition, at least, is usually indicated by rigors, vomiting, severe headache, elevation and instability of temperature, optic neuritis, photophobia and other symptoms, though which occurrence, doubtless, was unobtrusively going on. The delay in operating was unfortunate for the patient, as the indications for such were present weeks before it was undertaken.

Whether carrying the operative procedure further by opening the lateral sinus and turning out the clot, which probably had formed there on opening the abscess, would have availed anything cannot be decided, as a *post mortem* examination was not obtainable. At this stage of the case, that is, after freely opening the mastoid cells, and no improvement following after several days delay, opening the lateral sinus might with propriety have been justifiable. But to attempt so severe an operation without a general anæsthetic (which his friends still objected to, and which now was doubtfully advisable), seemed unwarrantable. His specific taint also weighed against it.

The vomiting of pus shortly after the convulsion, which was likely displaced from its seat by it and swallowed during its action, and vomited on the

return of consciousness, indicated subdural abscess of the cerebellum bursting through the Eustachian tube, or through the base of the skull.

Our diagnosis of such serious lesions is fast becoming more definite and their treatment more prompt and exact by surgical operation. Dr. W. H. Bennett, of St. George's Hospital, in an able paper on this subject, in the *London Lancet* for October last, emphasizes the diagnostic importance of pain on pressure behind the mastoid process over the mastoid foramen through which the vein of the same name directly enters the lateral sinus. This he regards as pathognomonic of thrombus of the lateral sinus.

To Mr. Victor Horsley we owe the valuable suggestion of ligaturing the internal jugular vein in the neck before laying open the lateral sinus and turning the clot out, thereby lessening the danger of hæmorrhage and also of a clot being carried to the lungs, setting up septic pneumonia.

Meetings of Medical Societies.

COUNTY MEDICAL ASSOCIATION.

The eleventh regular meeting of the County of Simcoe Medical Association was held in the council chamber, Collingwood, on Thursday evening, September 27th, the newly elected president, Dr. Howland, of Huntsville, in the chair. The following members were present: Drs. Aikman, Ardagh, Arthurs, Aylesworth, Ball, Bird, Decker, Donaldson, Hanly, Hunt, Large, Lehmann, McGee, McFaul, McLeod, McClinton, McKay, Morton, Nesbitt, Pauling, Peters, Raikes, Ross, Smith, Starr, Stephens, and West.

The meeting was opened with a paper by Dr. Hunt, of New Lowell, on the diagnosis and treatment of scarlet fever, which was very fully discussed by Drs. Hanly and Stephens.

Dr. McKay, of Collingwood, presented a patient with an abdominal tumor, giving a full and exhaustive history of the case.

Dr. A. E. Ardagh, of Orillia, read a paper on meningitis in children, which was discussed by Drs. Morton, Stephens and Slaw.

Dr. Starr, of Toronto, the secretary of the Canadian Medical Association, was present as the guest of the Society, and read a paper, illustrated