

were small, presumably from the excessive drops. But on the towel which had been thrown over my knees about a drachm of thick, yellow, offensive pus was found at the part where his left ear had rested, and which had obviously been pressed out of it. The meatus also contained pus. This was the first indication both to the mother and myself of any ear disease, the child not having at any time complained of his ear.

He was carried home, put to bed and ordered to have his ear syringed with warm boracic lotion. During the following week he was restless, occasionally delirious, sensation of falling; face pale, occasional flushings, temperature 101° to 102°, loss of appetite, constipation. Was given calomel and sodæ bicarb., gr. ii. of each, also chloral and bromide of potass mixture.

On September 20th, he was sent to hospital. Lies quietly on his left side with knees drawn up, cries when moved, temperature 102°, pulse 120, respiration 24. Eyes bathed in boric acid lotion, and ears syringed with the same, body sponged with tepid water, bowels moved twice.

From the 20th to the 25th his condition remained much the same as during the previous few days; little change in treatment. Temperature was unstable, varying from 102° to 104°, without regard to periodicity in any part of the day or night. There were no local signs of inflammation over the mastoid. He cried and moaned in his sleep, out of which he would awaken with a shrill cry, as in fear, and then relapse into sleep again. Trembles when stirred, rigidity of the neck with retraction of head, tache cerebrale, no discharge from ear, eyes deviating towards the left: the symptoms being those of meningitis by extension of inflammation from the middle ear: opening the mastoid cells was advised but refused.

Two days later, September 25th, when he had grown worse, an operation was allowed and performed as a dernier resort, a mallet and chisel being the instruments used. Only a small quantity of pus was found.

He slept quietly for more than an hour after the operation, and awakened by a cry. Respiration and pulse became more frequent till five o'clock on the following evening, thirty hours after the operation, and ten days after the first discharge of pus from the ear, when he died.

Endeavours to obtain a post-mortem unfortunately were unsuccessful.

In the Royal London Ophthalmic Hospital reports for December, 1892, there are recorded cases of acute illness with head symptoms, accompanied by morbid appearances in the eye, simulating glioma, death from meningitis, middle ear disease.

PAROTIDITIS.

BY A. E. BOLTON, M.D., PORT SIMPSON, B.C.

A recent epidemic has taught me that the age of twenty years, or even thirty, does not insure immunity from this disease, and the severity of the general symptoms correspond with the age of the patient and the admixture of European blood—young children and natives being but slightly indisposed even when the local symptoms were severe, and adults, especially whites and half-breeds, evidencing great prostration, anorexia and severe headache. Orchitis developed in about the usually given percentage, but I noticed a feature that I have not seen reported before, that of facial paralysis following the swelling of the gland. In my own case, although the swelling was not great, I experienced a loss of sensation and motion in an area extending from the temple to the angle of the jaw, and from the gland to the angle of the mouth. This lasted about two weeks after the disappearance of the swelling, and passed away gradually without treatment. Shortly after, I was called to attend a man of about forty years, suffering from facial paralysis, unilateral and quite complete, but no sign of extension to lower parts of the body, and no head symptoms. Upon enquiry I found there had been pain in the region of the parotid gland, but no perceptible swelling. The muscles are recovering motion more rapidly than is generally the case in such paralysis, under the use of pot. iodid. and nux vomica and the faradic current, and I feel quite certain that parotiditis was the cause.

The orchitis in each case subsided rapidly under treatment of bran poultices, with aconite sp. nit. arth. and colchicum internally.

The University of Dorpath, which was founded in 1622 by Gustavus Adolphus, has been abolished.