

ear, communicating with the interior of the auditory foramen.

It is difficult to determine from what point these serious lesions take their origin, but we are inclined to the opinion that the bone is primarily affected. Two encysted tubercles were very evident on the side of the large cavity above described. The encysted tuberculous matter probably became softened, and this softening converted the internal and middle ear into a single cavity bathed with pus; and afterwards the membranes of the tympanum became ulcerated, and allowed the pus to escape externally. In none of the four cases was the disease of the bone similar to caries; the bony tissue was neither black, soft, nor crepitating, but only infiltrated with pus or separated into large sequestra. The substance of the brain in the vicinity of the diseased petrous bone was healthy, except in the cases in which the dura mater covering its posterior surface had been destroyed or inflamed. All four children were scrofulous in the highest degree.

*Symptoms.*—After the occurrence of suppuration, and the escape of pus from the ear for two or three months, paralysis of the face supervenes; but it is limited to motion, the sensibility of the integuments remaining. This symptom is of great importance, since it clearly indicates disease of the osseous structure around the motor nerve of the seventh pair. It is important also to notice whether any small portions of bone escape externally with the discharge.

The *prognosis* of tubercular disease of the petrous portion of the temporal bone is always unfavourable; because, on the one hand, this affection leads us to apprehend the existence of tuberculization of the brain and other organs; and on the other, because it never can be cured, without complete deafness, even supposing it limited to the petrous bone.

With respect to the question—whether the otitis be the cause, or the effect of an encephalic inflammation, we have no doubt, 1st—that the disease of the bone is scarcely ever the result of the disease of the brain. 2d—that the cerebral affection is in most cases simply a coincidence. 3d—that when disease of the encephalon exists in the part corresponding to the alteration of the bone and dura mater, the inflammation has un-

questionably been transmitted from the ear to the brain.

*Treatment.*—This should be both general and local. The former is the same as for tubercular disease. The local treatment consists of the free employment of emollient injections into the interior of the ear, in order to prevent an accumulation of purulent matter. One or two leeches may be applied near the concha to prevent engorgement of the membrane lining the auditory meatus. Perhaps also the canal might be touched very lightly with nitrate of silver. If an abscess in the mastoid process have preceded the discharge, it should be opened. Issues, setons, &c., have been advised to be applied to the back of the neck as revulsives.—*Pro. Med. and Sur. Jour.*

*Meningeal Apoplexy.*—*Pathological Appearances.*—We extract the following from a comprehensive essay by M. Ozanam, "On the Eclamsia of Infants," *Archives Generales*, March, 1850. He observes, that in those cases the blood is generally the product of exhalation and not of rupture. As it is seldom that we have an opportunity of examining the appearances until some time after the effusion has taken place, the blood is usually found more or less coagulated; we sometimes, however, discover simple bloody serum, without coagula. The quantity of blood effused in these cases is various, and the coagula vary both in colour and consistence, according to the date at which they are examined.

If the patient survives five or six days, the blood is found to be coagulated and enclosed in a delicate false membrane, which adheres to the parietal lamina of the arachnoid, from which it is in some cases with difficulty distinguished.

The extent of these hæmorrhages, and of the cysts which succeed to them, is very variable; in some instances they are not wider than a sixpence, in others they develop the entire surface of both hemispheres. The latter enormous effusions are in general only met with in infants, before the closure of the fontanelles.

The further progress of the effusion is thus described:—The cyst alluded to becomes gradually more and more organized, and puts on a distinctly fibrous appearance. The thickening of the