

tigo, tinnitus nor much alteration of temperature. The local conditions were such that opening the mastoid antrum at once suggested itself and was proposed, but not accepted by the patient for two reasons: First, his dread of a general anæsthetic, to which he nearly succumbed some years previously, and advice by the medical men administering it on no account to take one again; secondly, his fear the wound would not heal, but remain an open unsightly sore, for which he had some grounds. He was undoubtedly the subject of syphilis contracted many years before—had ulcers on his legs and other parts for which he consulted me some fifteen years ago. He had visited Arkansas Hot Springs, and been frequently saturated with mercury and iodide of potassium, so it was decided to try local medication on account of his objections and the uncertainty of the thoroughness of the previous treatment. Accordingly gutt. zinci chlor. were instilled into his ear every four hours, preceded by copious warm injections of hyd. corrosive, and poultices were continuously applied, which influenced the discharge but little.

On November 28th a curved incision an inch long was made behind the auricle, parallel to its posterior border, down to the bone (Wyld's incision) under local anæsthesia by injections of cocaine: the bone being found roughened and periosteum separated. Two days later the mastoid antrum was opened by means of a gouge the bone being soft and easily cut giving exit to about two drachms of fetid pus. The part was probed and an entrance made into the meatus auditorius, so that free communication was effected between the wound, the meatus and the throat through the Eustachian tube, as was evidenced by fluid injections by either of these openings finding exit by the other two. These free passages gave hopes that the middle ear inflammation would cease.

On December 2nd, two days later, the discharge had much abated. He was visited at 9 a.m., when his ear and wound were syringed with Condy's Fluid and gently probed. Up to this time he was going about his room, reading the papers and conversing with friends, though his rest at night had been disturbed by pain in the left side of the head, which had been excessive the night before at two a.m. About an hour after visiting him,

while seated at breakfast, before he had taken any food, he was suddenly seized with a violent general convulsion, clonic spasm of all the muscles, and loss of consciousness. His face and head were livid and his breathing stertorous, irregular and labored. His face was distorted towards the right, with extreme lateral deviation of the eyes in the same direction. Pulse imperceptible. Temperature not taken. The convulsion lasted several minutes, with five such seizures during the day. At 2 p.m., after moving him from a couch to his bed, he vomited about two ounces of pus. Consciousness returned about 4 p.m., when he was able to answer questions. His ear and mastoid wound were syringed.

December 3rd. No return of convulsions. Had a quiet night. When he blew his nose on this and several subsequent days, blood and pus were found on his handkerchief, as it was also when he cleaned his pharynx by hawking, which he had a constant desire to do.

December 5th. Progressing favorably. No alarming symptoms. Tumefaction about the ear much less. Discharge of grumous pus.

December 6th, 7th and 8th. No noteworthy change.

December 9th. Consultation. Mastoid cells further gouged away under anæsthetics by cocaine injection: as previously, patient dull and lethargic.

December 10th. Slight left facial paralysis, also of right arm, thought to be due to pressure, as he lay constantly upon it; sensation present. Had a quiet night; took fluid nourishment freely; seems less dull.

December 11th. Intellect seems clearer; pulse and temperature normal; inflammation about wound much less.

December 12th. Slightly improved from yesterday, but still dull and apathetic.

December 13th.—Intellect clear; had a quiet night, without much sleep. Right arm, on which he lies constantly, is powerless and very painful when it is moved. When on his back he can, with difficulty and pain, slowly draw it across his chest with the other hand. Ophthalmic examination of eyes. Fundi normal; no optic neuritis; edges of disc defined; no photophobia. The day following the convulsion, the urine, which before