with pus, by direct extension of the infection through the tegmen and dura, or may follow other avenues by veins and lymphatics; or pus in the mastoid may cause them; or indeed it is claimed and seems proved that a collection of pus in any part of the body may, through metastases, cause the formation of a cerebral abscess. The locality most frequently affected through purulent otitis is the temporo-sphenoidal lobe, and the next in frequency the cerebellum. If it be located so that the increase in size causes pressure on the motor tract, or upon the motor area of the cortex, then localizing symptoms ensue. When the abscess is chronic the increase in pressure develops so gradually that paralysis may occur without convulsions. In chronic cases a marked impairment of health may be the first sign of cerebral abscess. The temperature is seldom above 99 F. the pulse normal, subnormal or intermittent. Headache is apt to be present and is dull or diffuse in character. Sometimes sleeplessness is the only symptom for which the patient seeks advice. Again you may have anorexia, irritability, sleepiness and a stuporose state, gradually deepening into coma. It is well to remember that an otitis on one side may produce an abscess in the opposite hemisphere. Examination of the eyes is sometimes a useful aid, for optic neuritis is often present.

When there is pus between the dura mater and the osseous wall of the cranium it is only necessary to perforate the skull in order to evacuate the fluid. The decision as to the exact location of an epidural abscess is sometimes a difficult matter, but experience has shown that the most usual location (Dench) for such abscesses has been either in the posterior cranial fossa, or the middle fossa. In emptying these abscesses it is unwise to remove the bone beyond their limits, for there is danger of breaking down the firm adhesions which protect the cranial cavity from the purulent collection. If a perisinus abscess is opened it is most important to separate this cavity from the mastoid wound to prevent infection of the exposed dura, which might result in general purulent meningitis, and hence if the cavity be large the dressings may require changing daily or oftener. The results generally of operative treatment in simple epidural abscesses are very favorable.

Apropos of these remarks I beg to report to the Society a case wherein there occurred simultaneously one temporo-sphenoidal abscess, two epidural abscesses, and one sub-periosteal abscess in the same subject all of otitic origin, within a comparatively short time.

Mrs. M. entered the Western Hospital on 28th December last complaining of pain and swelling behind the right ear, with occasional headaches. She was 37 years old, the mother of eight children in 10 years of married life, and was again pregnant. She had "pleurisy" 2