

drowsy and willing to go to sleep almost any time. He took nourishment fairly well. These were the only symptoms present. There were no eye symptoms. On examination of the ear Dr. Bruce found a slight discharge at the consultation in the country, very slight, with perforation of the drum. Over the mastoid there was a slight amount of swelling. Dr. Bruce came to the conclusion that there was certainly mastoid disease, and probably also cerebral abscess. He advised his removal to Toronto General Hospital, where he was taken immediately on the advice, and after two days in bed he was operated on. The condition found was briefly as follows: An incision was made in the usual position down over the mastoid, from the base to the tip, one half inch behind the ear, and the antrum was opened. Pus was found here, and then on passing a probe down into the cells these were found filled with cholesteatomatous material. A portion of the squamous bone was then chiselled away, thus exposing the temporo-sphenoidal lobe of the brain. A grooved trocar was passed in, and pus was seen oozing along the groove. A considerable quantity of pus was then evacuated, between three and four ounces, and there was a cavity as large as a tangerine orange. The ossicles were then removed from the ear, and a portion of the posterior wall of the meatus removed. A drainage tube was placed in the cavity, and dressings applied, the whole wound being left open. This operation was performed on the 14th of March last, about seven weeks ago, and the result is very satisfactory. The cavity drained nicely, and Dr. Bruce thinks it entirely filled in, but a little opening remains, and syringing is still done through the opening, and out at the external auditory meatus. During the first week after the operation there was considerable delirium, the patient being noisy and restless, but that disappeared, and he made a satisfactory recovery. One peculiar feature of the pus was the extreme offensiveness of the odor. The roof of the middle ear had been completely destroyed.

Dr. Hamilton asked Dr. Bruce the condition of the reflexes, which were much increased before the operation. Dr. Bruce then examined these, and found them still slightly exaggerated. Ankle clonus was also still slightly present.

Dr. Grasett thought Dr. Bruce ought to present the case again in the fall, when discussion could then take place.

Dr. Orr thought that chronic suppuration had been going on in the middle ear for many years, and that it was extraordinary that there should be such extensive lesion of the bone with so few symptoms.

Dr. Ross referred to the case of a boy who was shot in the temporo-sphenoidal region. A probe demonstrated that the