

**LATERAL SINUS THROMBOSIS AND CEREBELLAR ABSCESS.\***

---

BY J. P. MORTON, M.D., HAMILTON, ONT.

---

Our purpose is to compare two cases one of lateral sinus thrombosis with one of cerebellar abscess.

These cases were under our care at the same time and offered us opportunities for contrast. We found it difficult to steer ourselves through them without mistakes.

The lateral sinus case was in a man of 45 years, who had suffered from right chronic otorrhoea for three years. He was well nourished, of decidedly lymphatic temperament, and was a very heavy drinker.

When we saw him first he was in bed with a T. of 101 degrees and P. 110. He was not complaining much, and his wife thought he was much worse than he pretended to be. He seemed dull, but had been out on a spree for two or three days before. He looked very sick to us and was perspiring heavily. There were no pupillary disturbances. He was constipated, with furred and coated tongue. Slight tenderness was present over mastoid very high up. There was no sagging of walls, and a perforation through Shrapnell's membrane seemed to be plugged with dried matter.

We immediately enlarged this opening down as far as meatal floor and curetted the middle ear and otic, which seemed filled with cholesteatomatous substance, and there seemed to be very little free matter. During the next three days he was much better, T. being 99.5, the ear-ache and tenderness over mastoid disappeared. We used ice over mastoid. On fifth day his temperature rose to 101 and he was perspiring profusely. Mastoid tenderness was very difficult to elicit. He seemed drowsy, although in this connection you must remember his natural apathetic condition and his alcoholic condition. He answered intelligently, but slowly. We sent him to the hospital and watched him for two days. Perspiration continued to be profuse; his temperature went to 103.5 on second day in hospital. He seemed to be duller mentally. There was twitching of facial muscles. No pupillary disturbance and fundus normal. No tenderness in neck over internal jugular vein. There was now profuse discharge from middle ear, but if there had been tenderness over mastoid he now would admit of no more on the

---

\* Read at annual meeting of Ontario Medical Association at Hamilton.