

distant. He was free from pain, but the hearing had not improved, and there was still a slight elevation of temperature, a circumstance in itself of grave import. On the way home visited some relatives, and is reported to have taken cold again. On the fourth day after leaving Montreal was seized with a violent headache, and on the sixth day died comatose. There was no autopsy, but a comparison with the next case warrants the assumption that death resulted from acute meningitis.

CASE XVII.—A brief account of this case may be found in the CANADA MEDICAL AND SURGICAL JOURNAL for March, 1880, a synopsis of which is as follows:

J. W., laborer, æt. 35, was admitted into Hospital January 17, 1880. Delirious, paralysis of left side. One month ago ear-ache for a few hours, followed by discharge from the ear; resumed work the following day; discharge ceased in three or four days, and he felt well till nine days ago, when the ear-ache returned with extreme violence; two days before admission discharge from the ear recurred, but the pain kept on increasing and extended over the entire left side of head. He soon became delirious, and began to lose power in the left arm, there was no vomiting. On admission, free purulent discharge from the ear; mastoid region normal; constant talkative wandering delirium with intervals of half-stupidity; temperature 102° ; pulse 96. Died comatose on the 19th, that is, the fourth day after the apparent onset of the head symptoms. The autopsy showed diffuse purulent meningitis, the origin of which was clearly traceable to the diseased ear. The anatomical peculiarities of this the temporal bone (the specimen exhibited) explain why there was no external sign of mastoid disease, and it will be seen that the operation of opening the mastoid down to the seat of disease could not possibly have been performed without coming in contact with walls of the lateral sinus, which curves so far forwards that only a thin diaphanous lamella of bone exists between it and the posterior wall of the external auditory canal, the cancellous bony structure in the vicinity of the posterior wall of the tympanum being thus completely sepa-