

CEREBRAL AND EPIDURAL ABSCESSSES OF OTITIC ORIGIN.

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Some degree of apology might consistently be offered for introducing so large a subject as Brain Abscess to be discussed in the short time allotted to the reading of a paper, when I consider the fact that we might profitably occupy an entire evening in the consideration of its diagnosis alone, if we took up the matter *in extenso*. It must be therefore in a very superficial way that I will refer to some of the salient features of this disease, which is or should be of intense interest to every practitioner of the healing art, whether he or she be general or special.

To begin with, it is rather humiliating to admit, as we must, that notwithstanding all previous endeavours, it often happens, brain abscess is first discovered at the autopsy. The causes of a mistaken or delayed diagnosis of a brain abscess of otitic origin are various. Every intracranial complication, which has its origin in a purulent otitis, may make its appearance in a sharply defined and easily diagnosed picture. For certainty of diagnosis, however, a fully developed symptom complex is necessary. Many signs pointing to brain abscess may belong to a complicating meningitis. When we remember how intimately in the course of their development, the complications are intertwined, and how the signs of ear disease, functional nerve disturbances and other brain lesions, can closely simulate this condition, we realize the difficulties of diagnosis. So great a master as Schwartz was uncertain of a diagnosis which seemed to lie between an abscess of the temporal region and a meningitis. The autopsy proved it to be a cerebellar abscess. The variations and latent course of brain disease may make the diagnosis very difficult, indeed sometimes impossible. A patient may have an acute or chronic inflammation of the ear with no evidence of brain implication, and be discharged as cured, having only a slight headache perhaps, and feeling well enough to resume his ordinary occupation. In such a case cerebral abscess may develop; indeed instances are on record where a couple of weeks after apparent convalescence the patient has suddenly died from brain abscess without previous signs of its existence. On the other hand this abscess may be latent for many years and long after its origin be excited to renewed activity.

A localized purulent focus within the brain tissue may be either acute or chronic. Acute cases are rare, while the most common cause of chronic cerebral abscess is purulent otitis. These abscesses may involve any region of the brain, may follow a simple inflammation within the tympanum