

# Society Reports.

## TORONTO CLINICAL SOCIETY.

STATED MEETING, MAY 1ST, 1901.

The President, Dr. W. H. B. Aikins, in the chair.

Visitors present: Drs. D. M. Anderson and Howland.

### Temporo-Sphenoidal Abscess, Operation, Recovery—Exhibition of Patient.

Dr. Herbert A. Bruce presented this patient, and recited history of the condition. It occurred in a young man of twenty-four years. When he was a small boy, about five or six years of age, he had ear trouble, otitis media in the right ear, and was treated in Toronto by two or three ear specialists for a period of five or six months. He was taken home then apparently cured, continuing to have a little boracic acid dusted into his ear, and the discharge ceased in a few months. Up to the 1st of March of this present year had no trouble apparently at all except occasionally a little discharge at times when he got a cold; but it was nothing to speak of at any time, only a few drops, and then it would cease. He was on the ice playing a wind instrument—a trombone in the band of a country town—and the next day he was taken seriously ill. He said he felt as though he had blown a hole through his ear. His temperature was 101 and pulse increased to 100. Headache, pain in the side of the head and sickness of the stomach were present. The local doctor was called in, and prescribed for him, and he lay in bed for two weeks. He had very few symptoms when seen by Dr. Bruce. He was lying in bed quite rational, with a temperature of  $97\frac{1}{2}$ , and a pulse-rate of 66, with pain in the side of his head, and sickness at times. The history was that he was sick every day three or four times without any apparent cause, which had no relationship with ingestion of food. He had not been out of bed then for two weeks, and enquiry about dizziness or giddiness showed that none had been present. Dr. Bruce got him up to walk a little through the room, when he felt a little light-headed, but not more than one would expect after lying in bed that length of time, so that was not looked upon as a symptom of importance. He had much exaggerated knee jerks, and ankle clonus on both sides, particularly well marked on the right side. Drowsiness was another condition present. He slept a great deal, and seemed