9th. Temp. a. m. 100.4, p. m. 101. Headache persisting. Ordered morph. sulph. gr. ¼ hyd. submur. gr. 1½ every 2 hours.

10th. Temp. 99. Pulse slow; Nothing positive to show that there was anything wrong with any of the deeper structures, still I was strongly impressed in that direction. Headache diffuse, opiate relieved, yet not narcotized in any way. Slower in answering. Tenderness to pressure and percussion most marked over the mastoid, but not confined there. Front of head aches. Ordered 6 leeches to the mastoid.

11th. Temp. a. m. 101.1; p. m. 100. Pulse 66. Not improved.

12th. Temp. 100.5 a. m. Dr. Tobin saw him and agreed to the propriety of making an incision over the mastoid, and if no relief then to trephine. Becoming duller. No eye symptoms, nor vomiting but once, and that was attributed to the medicine he took for a cathartic.

13th. Condition unimproved. Temp. a. m. 100, p. m. 100.3; pulse 69. His deafness made it difficult to converse with him. Brain functions more impaired. Slow in breathing. Answers correctly when spoken to in a decided manner. No difficulty in speech.

14th. Temp. a. m. 100; p. m. 98. Headache persists. Seldom refers to any pain in occipital region; Sometimes to forehead. Tenderness most marked over lower and back part of mastoid.

15th. Temp. a. m. 100; p. m. same; pulse 60. Still duller. Very slow in answering. Difficult to comprehend questions asked him. Breathing slow. No Cheyne Stokes respiration. No rigidity of muscles of neck. No eye symptoms, except some dilatation of both pupils. Dr. Farrell being on duty on the surgical side was asked to trephine—which he did, making an opening in the mastoid at the part near the mastoid foramen, after raising up a flap of the overlying tissues. On coming down upon the dura mater a thin whitish fluid came out of the opening at each pulsation of the brain, indicating inflammation of the membrane. It was felt that the disease causing the symptoms had been reached. The wound was carefully dressed after drainage had been provided for by horse hairs which readily passed between the bone and the membrane; but he died the next morning without having any symptoms to indicate further disease.

Autopsy by Dr. Morrow on the 16th. When the brain covering was removed meningitis was found over the temporo—sphenoidal lobe—destruction of the whole inner table of bone corresponding to the mastoid cells, and an abscess in the cerebellum extending from the tip of the left lobe to the median line, dissecting it completely in two. The contents of the abscess were greenish and very fetid, and surrounding the abscess was a dense capsule. An opening existed in the abscess next the mastoid and a probe passed from within the cavity in the cerebellum outwards impinged directly upon the dura at the site of the opening made by the drill, beneath the lateral sinus. If the dura had been punctured the abscess could have been easily emptied. No pus was found beneath or about the lateral sinus or in the posterior fossa.

In reviewing the foregoing case it is evident that the abscess was of long standing. Its walls were nearly one-