

and with a little manipulation some pus came from upper part, and on enlarging about two ounces of fetid pus poured out. No well-defined wall about abscess. Cavity large enough to admit finger, and opening was at upper surface. Cerebellum much disintegrated and distended. Drainage tubes were inserted in abscess cavity and wound dressed, leaving it open. Prognosis bad. Next day patient brighter, pain gone, having had a good night's sleep. Temp. 100 deg., pulse 120. For the next few days patient was restless, complained of pain in back of head and neck, had distress in breathing, some delirious. Part of cerebellum became discolored and dead, and I excised a dead portion as large as half my thumb. Temp. 103 deg., pulse 116, respirations were irregular; patient had a chill, had difficulty in swallowing, dimness of sight. These bad symptoms disappeared in a few more days under good nursing, and by the 20th she was doing well and wound healing nicely. Some diplopia and dizziness when sitting up. Right arm and leg very weak, left normal. Nov. 28th left hospital with wound nicely healed. Dec. 3rd wound completely healed, right arm and leg yet weak. Feb. 4th, 1905. —For a few days wound has been painful, and on palpation found a small fluctuating spot and incised, and found a small pocket of pus with sinus leading down in direction of antrum, and some discharge from meatus. This sinus and pus discharge has continued till now, although not accompanied by other bad symptoms and no pain.

*Conclusion.*—In the light which the operations revealed in this case undoubtedly a radical should have been done at first, but when first seen I was not sure that any mastoid operation was needed, and absence of tenderness over mastoid was explained by density of bone over antrum, and patient's friends especially were very averse to any operation. Through patient's delay in notifying me of continuance of symptoms she was not seen again until condition was so bad that the only thought in my mind was that of doing enough to save patient's life for a while.

Now, before a complete cure is obtained it will be necessary to remove original cause of trouble by removing the ossicles and curetting middle ear cavity, and I propose doing that when patient's health and strength are recovered, if I can obtain her consent.

*Query.*—How long had cerebellar abscess been present? My opinion now is that it had been there for probably a year