December 30, 1926.—Coma from which he could not be roused. No paresis—patellar reflexes absent; plantar reflexes active; König's sign absent. Fundus examined next day—normal. Temperature 101° F.; pulse 72. Radical mastoid—cholesteatoma—sinus found in region of antrum. Probe passed upwards 2½ in., not much discharge; the opening was slightly enlarged and an iodoform gauze plug inserted. On changing this next day there was a profuse discharge of fœtid pus and brain matter. Tube inserted but it had to be changed twice daily as it appeared to dam up the discharge. He recovered consciousness after the operation but was violent for several nights.

January 5, 1927.—Except for a slight headache is very well, but much discharge persists.

January 19.—Very well, discharge still considerable.

The temperature has been normal since operation and the pulse round about 60 except on two occasions when it dropped to 54.

Left Temporo-sphenoidal Abscess.

By SYDNEY SCOTT, M.S.

S. P. C., MALE, aged 44. Referred by Dr. Hinds Howell.

History.—Three weeks ago: "influenza," left otalgia, no discharge. In bed three days, then out and about. Two weeks ago: back to bed, headache, chiefly left side. Vomiting once or twice daily. Had a shivering attack. Some mental wandering. Left otalgia, with discharge, began two days after return to bed; discharge has continued since. One week ago became drowsy and somewhat incoherent; very severe headache, mainly left temporal. Marked paraphasia noticed before admission.

Condition on Examination: September 28, 1924.—Patient semi-comatose, talks incoherently, yawns repeatedly, tongue dry and furred. Left otitis media. Pus in meatus. Slight hemiplegia (right). Temperature 97·6° F.; pulse 52; respiration 20. *Cranial Nerves*: Right seventh, weakness; others, normal. *Reflexes*: Right biceps, supinator and abdominal muscles, reflexes not obtained. Slight weakness of right upper extremity. Right knee-jerk could not be tested owing to ankylosed knee. Right ankle-jerk slightly diminished. No flexor plantar response, Left side normal. No sensory changes. *Eyes*: Normal.

Diagnosis.—Left acute suppurative otitis media with left temporo-sphenoidal abscess.

Operation: September 28, 1924.—Left ear: Schwartze's operation; cellular mastoid; pus in antrum and cells. Tegmen antri removed; dura mater bulging under tension; feeble pulsation. Exposed more widely. Brain explored: Abscess found ¼ in. from the surface; ½ oz. slightly offensive pus evacuated. Drained with six small tubes. Wound packed open.

Bacteriology of Pus.—Pure growth of streptococci.

Subsequent Progress: November 4, 1924.—Discharged cured; ear dry; mentality and speech apparently normal.

Left Temporo-sphenoidal Abscess.

By SYDNEY SCOTT, M.S.

L. B., AGED 22. First complained of deafness and discharge from the left ear in May, 1926: Headaches, left frontal.

Owing to repeated attacks of headache (left frontal) she was admitted to hospital on December, 30, 1926, and the mastoid was opened and drained. The antrum