

Brain abscess was the cause of death in 2 of these cases, meningitis in 3, and disease of the lungs in 3, in 2 of which were found thrombus of the lateral sinus, and in 1 the sinus was normal.

Of the 52 cases which were relieved, 3 showed signs of disease of the lungs, in 2 of which the mischief was diagnosticated before the operation; 36 of the 52 were cured within one year, that is, the discharge from the ear had ceased, whereas 9 still had a discharge at the end of one year, and 7 were lost sight of. That the discharge still continues in a very large number of cases is, in the opinion of Dr. Bronner, due to the fact that the after-treatment is so frequently neglected.—*British Medical Journal*, vol. ii., 1893.

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SYMPTOMS AND TREATMENT OF THE SEPTIC INFECTION OF THE LATERAL SINUS, AS ILLUSTRATED BY TEN CASES.

MR. W. ARBUTHNOT LANE, in the Section of Otolgy of the British Medical Association, presented a paper based on ten cases of septic infection of the lateral sinus on which he had operated. In every case the suppurative disease of the ear was the origin of the infection of the sinus. Fourteen very interesting conclusions follow, which want of space obliges us to omit.—*British Medical Journal*, vol. ii., 1893.

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THE TREATMENT OF OTITIC BRAIN ABSCESS.

KRETSCHMANN (*Münchener medizinische Wochenschrift*, 40. Jahrgang, No. 29) gives an account of two cases of otitic brain abscess. The first was of special interest because of its occurrence in consequence of an acute suppuration of the middle ear. On account of the absence of characteristic symptoms the abscess was not discovered until the autopsy.

The other abscess of the brain developed in connection with a chronic suppuration of the middle ear and was cured by operation.

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DISCUSSION ON THE SURGICAL TREATMENT OF MASTOID DISEASE AND ITS COMPLICATIONS.

THE above-named discussion was conducted in the Section of Otolgy of the British Medical Association at its meeting in Newcastle-on-Tyne. The discussion was opened by PROF. MACEWEN, of Glasgow, who said that the title of the subject for discussion meant the extension of middle-ear disease to the mastoid region, and that it included for the most part infective disease of the middle ear, and excluded tubercle and carcinoma. He further said that he had found that the greater majority of these diseases travelled from the middle ear to the mastoid antrum and cells, after that invading the mucous membrane, the bone, the dura mater, and membranes of the brain. In many instances, after erosion of the bone, masses of granulation tissue extruded themselves upon the dura mater, which, on removal, promoted re-infection by a fresh surface coming in contact with the infective material pent up in the middle ear. In infective purulent disease of the middle ear the mastoid, antrum, and the mastoid cells ought to be thoroughly ablated. As a rule, after opening the antrum the attic of the middle ear was exposed by enlarging and opening the osseous parts in front. After exposing the