been normal. I was called to my third case on June 14th. Hæmorrhage had set in at six months. It had been going on slightly for a week, when some severe gushes rendered interference necessary, although the child had not reached a viable age. The mother made a good recovery. It is a fact of some interest that I had ten months previously confined the same woman with a placenta prævia, and at the same period of her pregnancy. She had had eleven previous confinements, several of them being premature births. In all my cases the head presented. Under chloroform the os was gradually dilated by the fingers, the placenta detached, the hand inserted between the placenta and uterine wall, and a foot brought down. In my last case a small piece of the placenta was found to be detached from the main body, and this piece had been engrafted over the os.

Mile-end-road, E.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ROYAL FREE HOSPITAL.

A CASE OF DISEASE OF THE MIDDLE EAR IN WHICH A RESULTING TEMPORO-SPHENOIDAL ABSCESS DISCHARGED THROUGH THE NOSE; NECROPSY.

(Under the care of Mr. BOYCE BARROW.)

THE mode of termination of a cerebral abscess in the manner described in this case is of sufficient rarity to render the account of considerable interest. Writing on the subject of cerebral abscess due to otitis media, Dr. Bristowe¹ says: "An occasional result of abscess is its extension by bursting or by gradual erosion into the cavity of the arachnoid or into one of the ventricles, or its discharge externally through the ear or nose." The presence of the temporo-sphenoidal abscess was diagnosed in this case, and an operation for the evacuation of the pus commenced, when the unexpected and somewhat copious discharge from the mouth made it probable that some of the symptoms might be due to another and less serious condition. For the notes of this case we are indebted to Mr. Willmott H. Evans, registrar.

A woman aged thirty-eight years was admitted into the Royal Free Hospital under the care of Mr. Barrow on Feb. 1st, 1895. In 1882 she fell, striking her head. This accident was soon followed by a discharge from her right ear, accompanied by a good deal of pain and by complete deafness on that side. In April, 1890, she became an in-patient at the Royal Free Hospital, complaining of an intensely fetid discharge from the right ear. Her temperature was very irregular, and she had occasional rigors; there was also some weakness of the muscles on the right side of the face. The mastoid was explored and no pus was found at the first operation, but about a fortnight later at a second operation, a small quantity of pus was evacuated. Her condition improved, and she was discharged five weeks after admission; but three weeks later she was readmitted, suffering from severe headache. The discharge from the ear was still somewhat offensive. The mastoid cells were carefully cleared out, the dura mater was exposed, and an irregular pus-containing cavity was opened, lying between the dura mater and the bone. This was cleansed as completely as possible. After this operation her condition greatly improved, and she left the hospital a fortnight later with a slight discharge from the ear, but otherwise well. From that time she had been in fairly good health, but had suffered occasionally from pain in the right ear, but no discharge. Last Christmas she caught a severe cold, she became completely deaf on the right side, and there was sharp pain in the right ear. About a week before readmission she noticed a swelling behind the same ear, which after being poulticed for two days broke and discharged a great deal of thick fetid pus through the old scar. On Feb. 1st she

came back to the hospital and was readmitted. The patient had had scarlet fever when a child, but it was not followed by any discharge from the ear. There was nothing noteworthy in her family history. On admission her general condition was good. She complained of great pain in the head, and of tenderness over the right mastoid and down the course of the internal jugular vein. Behind the ear there was a scar which had in part given way, and from the opening so formed pus was oozing. Behind the angle of the jaw on the right side there was a rounded swelling about an inch and a half in diameter; it was tender and hard. On examining her eyes no optic neuritis was to be seen. Her temperature varied somewhat, but was fairly constant at about 102° F. Soon after admission she became very drowsy, and as her temperature still continued raised it was decided to operate, so on Feb. 3rd the scar, from which pus was coming, was opened up, and some extremely fetid granulation tissue was scraped away from the opening into the mastoid. The bone surrounding the opening was found to be intensely hard. The wound and the external auditory meatus, from which also fetid granulation tissue had been scraped, were syringed out with a lotion of carbolic acid (1 in 20) and dressed with glycerine and iodoform gauze. During the operation slight twitchings of the muscles of the right side of the face were noticed. On Feb. 4th, after the operation, the temperature fell to normal, but soon rose again to 101.2°. The facial paresis was still evident, the right eye not being closed so completely as the left. The swelling in the neck had extended further down, and was redder. The temperature continued to be very irregular and on the 6th reached 104°. The drowsiness was more marked, and the patient complained that she could not swallow; for this no cause could be discovered in the throat. Incontinence of urine and feces was present. On the 7th the dysphagia was so great that nutrient enemata were employed. Early on the morning of the 8th the patient had an attack of dyspnoea, becoming very blue; finally she coughed up about two ounces of very fetid pus, and then she seemed much better. The drowsiness became more marked, and at midday on the 8th Mr. Barrow decided to operate. The patient was anaesthetised with the A.C.E. mixture, and Mr. Barrow with chisel and mallet cut away the skull wall behind and above the mastoid process, laying bare the lateral sinus. The bony walls of the mastoid cells were found to be necrosed and filled with caseous pus, which was scraped away. At this moment some pus was seen to be running from the mouth, which seemed to be almost filled with it. The wound was syringed out with carbolic acid lotion and dressed with glycerine and iodoform gauze. Soon after the operation the temperature fell somewhat, but rapidly regained a point over 103°; it varied greatly, sometimes even reaching normal. Pus continued to flow from the mouth, but the amount could not be estimated. The facial paralysis became more marked after the operation. On Feb. 9th the patient's condition had much improved. She was quite sensible and complained of no pain, and her temperature had reached normal. On Feb. 11th her condition was possibly a little better. The pus continued to be discharged from the mouth, but its source could not be discovered. The urine contained much albumen. Attacks of cyanosis came on at irregular intervals. On Feb. 12th the pus had ceased to flow from the mouth, and several attacks of cyanosis had occurred. The respiration was very rapid and shallow. The facial palsy was well marked. The drowsiness was increasing. At 12 noon a severe attack of cyanosis occurred, and in spite of the administration of restoratives the patient gradually sank, dying at 3 P.M.

Necropsy.—At the necropsy, on Feb. 13th, the body was found to be well nourished; rigor mortis was little marked. On removing the dura mater from the right side of the brain pus was seen on the upper surface of the right frontal lobe, and a collection of pus (about one ounce) was found on the under surface of the right frontal lobe, which had been greatly compressed by it. The pus extended to the cribriform plate of the ethmoid, which was apparently abnormally perforated at the side of the crista galli. A track of pus led back from the large collection along the under surface of the brain to the outer surface of the right temporal lobe, where a small aperture communicated with an abscess cavity, containing about a drachm of pus, in the temporal lobe. A small scale of separated bone was found on the petrous portion of the temporal; it had no pus round it, and was probably the result of the operation. The superior longitudinal sinus was thrombosed, but not the lateral sinus.

¹ Theory and Practice of Medicine.