the two lower lobes had cleared up almost completely on April 10th. The patient is now much stouter than on admission and is in a condition of obstinate melancholia, refusing her food and having to be fed four times daily with the nasal tube.

The main point of interest in this case is the apparent proximity of death and the recovery under particularly unfavourable conditions. The patient was very much exhausted by her maniacal attack and added to our difficulties by her refusal of food, constant attempts to get out of bed, uncleanly habits, and violent resistance to anything done for her benefit or comfort. The irregularity of the temperature and the absence of a definite crisis are probably due to the pneumonia occurring as a complication of influenza. The effect of the strychnine injections upon the pulse was very marked as was also that of the quinine upon the high temperature. It is remarkable considering the severity of the fever that the patient was able to retain so large a quantity of food as was administered on each occasion through the nasal tube, the amount given altogether in the twenty-four hours consisting of 4 pints of milk, 6 eggs, and 6 ounces of brandy. To this somewhat unusual power of digestion the recovery of the patient is, no doubt, in great part due.

I am indebted to Dr. Tate for permission to publish this case.

Nottingham.

A CASE OF TEMPORO-SPHENOIDAL ABSCESS; TREPHINING; RECOVERY.¹

By HERBERT J. ROPER, M.R.C.S. ENG., L.R.C.P. LOND.;
AND
H. LITTLEWOOD, F.R.C.S. ENG.

A GIRL, aged fourteen years, had had a purulent discharge, which latterly had been offensive, from the left ear for two years. She came of an unhealthy stock, her father and mother being distinctly delicate and her grandmother showing scars all over her body the result of necrosis of bone, probably syphilitic. On June 11th, 1897, she complained of severe pain in the left ear and corresponding side of the head, which nothing appeared to alleviate. On the 13th the headache was still intense, but the earache had ceased. There was only a slight rise of temperature—generally about 101° F. On the 14th she was practically free from pain and on the following three days it was noticed that her memory was defective for common objects in the room. She was unable to name a spoon, fork, knife, chair, &c. As soon as the word was mentioned she recognised it and could pronounce it, but she forgot it again almost immediately. A slow pulse (50) and occasional vomiting were her other symptoms. On the 23rd her temperature was 101°, her pulse was 50, and her respirations were 12. She was drowsy and wished to be let alone. When roused she was childish in her manner and voice, quite different from her usual condition. She remembered dates well, but could not tell the name of any of the surrounding objects in the room. She had taken a dislike to many people of whom she had previously been fond and would have nothing to do with them. There was no disturbance of sensation or power of movement on either side. Optic neuritis was present on both sides. The ear was being carefully syringed with an antiseptic lotion and there was no discharge perceptible. The next day, however, the ear began to “run,” but she was more drowsy than the day before, and the vomiting persisted and grew worse. On the 25th the temperature was normal, the pulse was still slow, but she was not so drowsy. During the day, though, the drowsiness increased and became more and more pronounced during the following three days until it resolved itself into coma. She took nourishment fairly well, retaining some. On the 27th and 28th she passed urine and fæces into the bed. The temperature continued normal. During the 29th the right arm became strongly flexed and remained motionless in that condition. On the 30th she was comatose but still able to swallow liquids; the right arm was paralysed and

the right leg was much weaker than the left. I strongly advised operation at this stage, to which the parents readily consented. Mr. Littlewood at my request performed the operation. I administered ether, of which very little was required. Mr. Littlewood, assisted by Mr. F. E. Taylor, first exposed the mastoid process by a semilunar incision down to the bone and by chiselling opened the antrum until there was a free communication with the external auditory meatus. Some purulent material was found and the cavity was cleansed. He next dissected back a large semicircular flap and then proceeded to trephine over the petrous portion of the temporal bone. On pressing aside the dura mater the anterior surface of the petrous bone was well exposed but nothing was found here. The dura mater was perfectly healthy. Mr. Littlewood then proceeded to remove bone in a backward direction with Hoffmann's cutting forceps until he had exposed the membranes over the temporo-sphenoidal lobe. He then opened the dura mater and exposed the brain, which bulged out and did not pulsate. With a large trocar (Macewen's) he punctured the brain and immediately very offensive, thin, yellowish-green pus, with thick flakes of lymph floating in it, rushed out. The trocar was withdrawn and Mr. Littlewood plugged the opening with his finger in order to allow the pus to escape slowly, so that the intracranial pressure might not be too rapidly reduced. When the pus had all escaped the cavity began at once to shrink. This was then well washed out with boiled water by means of a syphon. Several large flakes of lymph came away with the water which returned. The large scalp-flap, which had become soiled by the discharge, was well washed with boiled water and afterwards with weak carbolic lotion. A drainage-tube was inserted into the abscess cavity and the flap was stitched up with silk sutures. The antrum was packed with iodoform gauze and a dressing of boric wool was applied over the whole. The condition of the patient at the end of the operation was wonderfully good; the extremities were warm and the pulse was 120 and fairly full. Before we left the house she moved her right arm. At 9.30 the patient was asking for food. Milk and soda-water in small quantities were given. On July 1st she had had a fairly good night. She moved her arm quite well and her mental condition was distinctly improved. Her temperature was normal and her pulse was 120. There was no pain. She asked for solid food. The dressing was changed. She had been asking her mother if the knocking had ceased, which appeared to refer to the chiselling. On the 2nd the temperature was subnormal. The patient was bright and cheerful but still amnesic. She took nourishment well. Hernia cerebri had formed. On the 4th the tube was removed and the scalp wound had nearly healed. The hernia continued to increase in size for some days until it was of the size of a Tangerine orange, when it slowly began to shrink. On the 22nd she sat up for a short time daily and was able to read and remember names of objects much better, though she still made mistakes. The antrum was filling up. Pressure was applied to the hernia after a time by means of a piece of thin sheet lead shaped to the hernial protrusion. After this it rapidly decreased in size and towards the end of September disappeared altogether and the wound healed over. The patient's memory gradually improved and now is almost normal. At the present date (March 10th, 1898) she is remarkably well in every respect.

Leeds

THREE CASES OF MYOMATA OF THE UTERUS COMPLICATING PREGNANCY;

PAN-HYSTERECTOMY PERFORMED IN TWO CASES AND SUBPERITONEAL HYSTERECTOMY IN THE THIRD; RECOVERY IN EACH CASE.

By FRED. BOWREMAN JESSETT, F.R.C.S. ENG.,
SURGEON TO THE CANCER HOSPITAL AND TO THE GORDON HOSPITAL FOR FISTULA.

I VENTURE to record these three cases because cases of myomata of the uterus complicating pregnancy are of comparatively rare occurrence and when met with, owing to the rapid growth which the myomata take and the symptoms they produce, are a source of grave anxiety to the medical

¹ A paper read before the Leeds and West Riding Medico-Chirurgical Society on Feb. 4th, 1898.