

## V. EAR.

**Report of a Case of Brain and Other Abscesses, Following Tonsillar Abscess and Non-Perforative Suppurative Otitis Media**—D. MILTON GREENE—*Journ. Am. Med. Assn.*, November 11, 1899.

The most interesting feature of this case is the peripheral symptoms caused by the central pathology. At one time in the course of the disease the patient was able to say but the one word "No." The author believes there was disturbance of the "utterance center," of Broadbent. Paralysis of the entire right side of face, body and extremities occurred. A large abscess was found two inches above the auditory meatus. After operation speech gradually returned and the paralysis fully recovered.

ANDREWS.

**Four Cases of Cerebellar Abscess**—B. ALEX. RANDALL—*Journ. Am. Med. Assn.*, November 11, 1899.

The first case was that of a boy, fifteen years old, with chronic suppurative otitis media. Directly following a slap on the ear mastoid symptoms developed. In the mastoid operation no cranial sinus could be found, but the autopsy showed a small cerebellar abscess, and destruction of lung tissue. The route of cranial infection was not discovered. In the second case there had been extensive destruction of bone between the mastoid and the cranial cavity. Two weeks later cranial symptoms developed, and in a second operation, while enlarging the cranial opening backward, the rongeur bit off the large mastoid emissary close to the sigmoid sinus. The operation was abandoned because of hemorrhage. Death, four days later, was evidently caused by a cerebellar abscess. The author believes he should not have attempted to enlarge the cranial opening, but should have made an additional opening. The third case was typical and recovered. In the fourth case a large cerebellar abscess was found and evacuated, but the patient died suddenly a few hours after the operation.

ANDREWS.

**Infective Sinus Thrombosis**—FRED WHITING—*Journ. Am. Med. Assn.*, October 28, 1899.

The local and systemic conditions found in sinus thrombosis constitute three stages:

1. The thrombus, composed of fibrin, red blood corpuscles, exfoliated endothelium, leucocytes and protoplasmic cells, has not undergone degeneration, and the systemic symptoms, pyrexia and rigors are insignificant.

2. The thrombus has undergone degeneration with the resulting systemic absorption, characterized by rigors and pronounced septicopyemic fluctuations of temperature.

3. The thrombus disintegrating with systemic absorption accompanied by rigors, rapid and great fluctuations of temperature, and central or peripheral embolic metastases, terminating usually in septic pneumonia, enteritis, or meningitis.

ANDREWS.