A FATAL CASE OF BLASTOMYCOSIS.

By FRANCIS J. SHEPHERD, M.D., LL.D., and L. I. RHEA, M.D.,

Montreal.

M. M., an Italian, twenty-five years of age, came to our clinic on Aug. 2, 1910, complaining of an eruption on the nose and side of the face. Thinking the case looked like blastomycosis we admitted him into our wards for observation.

HISTORY. His parents are living and healthy; his brothers and sisters are also healthy. When he came to this country two years ago he was in perfect health, but began to fail about four months ago. He has been working as a railway navvy, but lately has lived in Montreal.

On examining him in the wards the day after admission, we found that in addition to the eruption on his face, there was a sinus discharging pus freely and leading down to diseased bone at the sternal end of the right clavicle; also a fluctuating sv lling over the second lumbar vertebra. The growth on the face cov 'ed the upper threequarters of the right side of the nose, extending up to the inner canthus of the eye, and was continuous with a fungating growth below the right lower eyelid, the size of a twenty-five-cent piece. This, in parts, over the nose, was ulcerating and discharging pus. There were spots, evidenced by scars, which showed healing; in some locations a thick scab covered the ulceration and in the neighborhood of the growth, on the right cheek, were some nodules of a reddish color which had not yet ulcerated.

Portions of tissue were removed and sent to the pathologist and cultures were also made from pus taken from the lesions on the face and that coming from the sinus at the upper end of the sternum.

An examination of the heart and lungs was negative at this time and the urine was also found to be normal.

The pathological examination, both cultures and sections, having shown blastomycosis, the patient was put on twenty-grain doses of iodide of potash three times a day. This appeared to do him no good, for by September 1st, his respirations became rapid (36) and his temperature rose to 102° F. and a dull area appeared over the base of the right lung, with diminished breath sounds and increased vocal fremitus, but no blowing breathing. There was diminished expansion on the right side. An aspirating needle was thrust into the dull area, but only bloody fluid resulted, which produced no cultures of the