

Dr. Gordon asked Dr. Graham how he accounted for the fact that a cerebral abscess may exist for months or years without presenting any marked symptoms of serious brain trouble.

Dr. Hamilton spoke with reference to the close relationship between suppurative ear diseases and the development of brain abscess.

Dr. A. F. McKenzie asked a question as to the administration of anæsthetics in these cases. We want to avoid shock, and are we right in discarding the anæsthetic?

Dr. Graham, in reply, thought the experience gained by a consideration of the case reported was valuable. There was some difference of opinion at the consultation as to the side upon which the skull should have been trephined. The case referred to by Dr. Carveth would have been a useful guide in the present instance; the cases, however, are hardly analagous, as the patient under Dr. Graham's care was unconscious on admission, and therefore an accurate history could not be elicited from him. Abscesses, the result of pyæmia, as referred to by Dr. Acheson, are usually multiple, and there is some previous deterioration of health. Dr. Graham considered Dr. Peter's explanation a good one, as to the occurrence of the abscess on the opposite side of the brain. He thinks that an abscess even with bacteria present may exist for months or years without developing symptoms, just as we have similar occurrences in other parts of the body. Dr. A. F. McKenzie's question is interesting and important, but difficult to answer. There would presumably be no special objection to the administration of chloroform in such a case.

Hospital Reports.

PULMONARY PHTHISIS, ACCOMPANIED BY ACUTE MILIARY TUBERCULOSIS.

UNDER THE CARE OF A. A. MACDONALD, M.D., IN TORONTO GENERAL HOSPITAL.

[Reported by T. S. Cullen, M.B.]

James Taylor, mason, æt. 23; history, March 7th.

Family history good.—Was never sick before. Last May took cold, and complained of sharp pain in infra-axillary region on left side.

Coughed a little; was feverish in afternoons, and perspired at night; gradually lost weight, but had no diarrhœa.

Present condition.—Christmas, 1890, emaciated and anæmic.

Respiratory system.—Inspect.: Depression in supra and infra-clavicular regions on both sides; diminished expansion over both lungs.

Palpation: Vocal fremitus increased on both sides.

Percussion, right lung: Dullness in supra-clavicular mammary, supra-mammary, and axillary regions. Hyper-resonance in infra-clavicular region.

Left lung: Dullness in supra and infra-clavicular regions, also in infra-axillary area.

Auscultation.—Right lung: Breathing tubular in supra and infra-clavicular regions. Broncho-vesicular in mammary, infra-mammary, and axillary regions. Moist rales in supra and infra-clavicular regions.

Left lung: Tubercular breathing in supra and infra-clavicular areas; a few moist rales over same regions.

Examination of back of chest.—Vocal fremitus increased on both sides.

Percussion: Dullness over whole of both lungs.

Auscultation, right side: Broncho-vesicular breathing, accompanied by a few moist rales, in supra-scapular region.

Left side: Bronchial breathing in supra-scapular area.

Sputum: Amount small; nummular muco-purulent, contains numerous tubercle bacilli.

Circulatory system.—An apical presystolic murmur, mitral obstructive. Pulse, 108, full and strong; temperature, 100°, a.m.; slight perspiration. Tongue large and flabby; appetite poor; bowels constipated; sleeps well.

On January 26th, .0015 cc. of Koch's lymph were injected; the reaction was not marked, and lymph was persisted in until .018 cc. were injected at once. From the first the weight diminished; on only one or two days did it go beyond that of the preceding day.

About the middle of March diarrhœa commenced; this was persistent, requiring frequent doses of pil plumbi c. opio. During the last week the temperature ranged from 98½° to 101°. Death occurred April 6th.