

On exposing the lateral ventricles these cavities look of normal size; walls in places granular; choroid plexuses dark. The right corpus striatum appears flatter than the left, and has a greyish-yellow tint, while to the touch it is yielding and semi-fluctuating. On section it presents a soft, greyish-red appearance, and the elements separate under a gentle stream of water. This condition of softening involves nearly the whole corpus, extending posteriorly into the thalamus, and outwards and downwards for $\frac{1}{2}$ inch into the substance of the frontal lobe. Portions from these parts show under the microscope: (1), broken down and degenerating nerve filaments; (2), compound granular corpuscles, very abundant; (3) hæmatoidin grains and crystals. The greater part of the right thalamus opticus, the left, and the left corpus striatum, appear normal.

Base of Brain.—No lymph or effusion; arteries healthy. On the right half of the optic commissure the pia mater is matted and thickened, and the same condition extends for a short distance along the right optic tract. On the side of the crus just in front of where the tract winds round it, is a greyish yellow nodule, the size of a pea, attached to the pia mater. The roots of the various nerves, at their superficial origins, appear normal.

On following out the right sylvian fissure a bunch of tubercles is found on the meninges situated in the receding angle formed by the convolutions of the Island of Reil and the deeper ones of the frontal lobe. The group is made up of six or seven greyish yellow masses ranging in size from small peas to small marbles, closely matted together and partly imbedded in the brain substance about them. A branch of the middle cerebral artery runs upon the surface of the mass, the calibre of which, on slitting it up, is found considerably diminished, but not obstructed. The brain substance about the tubercles is softened, more especially towards the deeper part of the frontal lobe, where it is continuous with the softened area about the right corpus striatum. A section through the group shows that the bodies composing it are closely united together by condensed meningeal tissue of a dark red colour. On separating the left sylvian fissure another somewhat smaller bunch of tubercles is met with, occupying a very similar position to that described in the right, only a little further back in the fissure, and not so much imbedded in the brain substance; six or seven tubercles, the size of peas, compose the mass, and present the usual character of these growths; the central part of each is yellowish in colour, firm and dry,

and made up of finely granular matter and the remains of corpuscles. At the periphery the tubercle cells are abundant, and mingled with them are irregular masses of protoplasm, giant cells. The small arteries in the neighborhood of the tubercles present an increase in the cells of the adventitia, but not to the extent seen in cases of acute tubercular meningitis. *No miliary tubercles were found.*

Lungs and other organs healthy. No tubercle found elsewhere.

Some of the Sequelæ of Pleurisy.—By ALEXANDER B. BLACKADER, B.A., M.D., M.R.C.S. Eng.; late Resident Assistant to the Brompton Hospital for Diseases of the Chest, London, and late House Surgeon Great Ormond Street Children's Hospital London. Read before the Medico-Chirurgical Society of Montreal, December 14th 1877.

The inflammatory affections of the chest, even after all their immediate symptoms may have passed away, call forth the anxious thought of the physician, in reference to the sequelæ that may so often follow them.

The dregs of inflammatory changes linger about this region, in a way they appear to do nowhere else, taxing all the powers of the constitution in the effort to throw them off, and occasionally after a period of latency, extending perhaps over years, originate, directly, or indirectly, fresh mischief, which slowly undermines the vitality.

The sequelæ of the pneumonias, especially the chronic and catarrhal forms, we are all more or less familiar with and dread. Bronchitis in a more open manner leaves its remains behind with sufficient frequency to keep us on our guard; but the effects of pleurisy appear to me to some extent to have been overlooked, and underestimated, perhaps, because more latent and less frequent.

Indeed many authors appear to think that it is a very infrequent occurrence for any serious lesion to follow, even after a somewhat protracted attack. I cannot say this agrees with my own observations.

Out of 124 cases of phthisis received into Brompton Hospital whose histories I made out, 14 had a distinct history of primary attack of pleurisy, so far as could be ascertained only simple and unilateral. While among the outdoor patients, although I have no distinct records as to numbers, it was a matter of frequent remark how often the contracted and nearly motionless side told the tale of previous pleurisy.

Dr. C. J. B. Williams in his work on "Pulmonary Consumption," though classing them under