

He could not, therefore, see the force of Dr. T's remark, and maintained that the hypothesis in the paper was unquestionably correct. As regarded the character of the brain-lesion he thought the description alone would have sufficed to prove this. Brain-lesions, the result of previous otorrhœa, were usually of three kinds; either purulent inflammation of the dura mater, abscess of the brain, or inflammation and coagulation in some of the cerebral sinuses. None of these were present in this case; but, on the contrary, the dura mater was unaffected, whilst the inflammatory action in the other tunics corresponded in its situation to that which we expect to find in the *tubercular* form of the disease. The presence of actual tubercle was not necessary. Tubercle was present in other organs, the lungs and mesentery, and a small deposit in the substance of the brain. He was, therefore, convinced of its tubercular nature, and thought that this view could not be controverted.

The President observed that having seen the brain and a portion of the intestine and mesentery, and listened to Dr. Ross' account of the case, he could not comprehend how any one familiar with pathology could question the tuberculous nature of the meningitis. Basilar Meningitis with central softening of the cerebral substance, is admitted to prove the tuberculous nature of the meningeal inflammation; and meningeal tubercle in its early stages is, no doubt, often overlooked owing to the circumstance that it is developed in the sheaths of the blood-vessels. The case presents an interesting topic for discussion: Did any connection exist between the otorrhœa and the tuberculous meningitis? Troltsch had stated that purulent otitis not rarely precedes that disease, an observation not of great weight when the frequency of otorrhœa in children is borne in mind. In this instance, too, the inflammatory affection of the chest occurred before the aural disease. As to the great mortality of tuberculous meningitis, Dr. Albutt, in his recent work upon the ophthalmoscope, had ably defended an opinion which he appeared to regard as peculiarly his own, but which had been enunciated years ago by Sir William Jenner, viz., that tuberculous meningitis is not invariably fatal. Dr. Albutt maintains that mild forms of the disease not unfrequently get well; that idiocy is occasionally a consequence of a previous attack of tuberculous meningitis, and that the ophthalmoscope will very frequently in such cases reveal congestion of the optic disk and retinal vessels, which, if combined with the ordinary symptoms of tuberculous meningitis, in his opinion justifies the diagnosis of that affection. If these views prove correct they are the most valuable contribution to the subject made since the disease has been distinguished from the simple form.