and seemed to engage the entire side of the head, being worse at night. This continued, the man became steadily worse, profound insensibility followed, accompanied by strabismus and paralysis of right side of the face, and he sank and died. On post-mortem examination tubercle was found in the brain substance and scattered through other organs of the body. (This interesting case will be found in the Original department of this journal.)

Dr. Trenholme remarked that he was not at all satisfied that the deductions drawn in the paper just read were correct. In the first place he thought it most probable that the attack had been one of *pneumonia*, not *pleurisy*, and had terminated in the destruction of of the lung described. Further, the description of the meningitis, he thought, was of a form which might have been produced from the otorrhœa, and, occurring principally on the same side of the brain, he could not look upon it as a coincidence, but as cause and effect. The absence of distinct tubercles on the meninges, he thought, also favoured this view.

Dr. F. W. Campbell said that his attention had been very much directed lately to the subject of tubercular meningitis on account of one or two peculiar cases in his own practice, and it was surprising how much we had to learn upon this important disease. He related one of these cases—that of a child in whom he had diagnosed this affection, and was confirmed in his opinion by a consulting physician. The patient became gradually insensible and remained completely so for many hours, when, strange to relate, his consciousness returned, remained quite clear for between two and three days, when he again relapsed into a comatose condition and died.

Dr. Gardner supplemented this with the account of a patient of his who presented the following history: Two years ago he had been treated for a very severe and persistent headache. When first attended by Dr. G. he was believed to have typhoid fever, but when apparently passing through the latter stages of this disease developed the most marked cerebral symptoms and died comatose after paralysis. Taken in connection with his previous attack, he had come to the conclusion that this patient had really died of tubercular meningitis, but was not permitted a post-mortem by which to verify or negative this opinion.

Dr. Ross said, in reply to the remarks of Dr. Trenholme, that in the first place, as regarded the original thoracic attack, the symptoms given were shortness of breath, with very acute pain in the *left* side; then, on his admission the signs of extensive pleuritic effusion on that side, as detailed, were clear and unmistakeable, whilst on the right side there were no signs of recent pneumonia.