

drawing manner. Says he hears nothing with right ear. Temperature  $100^{\circ}$ ; pulse 56. 23rd—Pulse 68, and intermittent; temperature  $103.5^{\circ}$ ; opened pocket of pus in forehead. 24th—Mild delirium present. Let out pus at root of nose. 25th—Had good night; pulse 66; temperature  $101.8^{\circ}$ ; answers questions rationally, but slowly. 26th—Gave exit to pus at inner and upper angle of right upper lid. 27th—Dr. Proudfoot made an incision into the orbit quite to the apex to let out pus. March 1st—Has had very restless night; much pain in the head; pulse 54; temperature  $101.8^{\circ}$ . 3rd—No headache; is more intelligent. 5th—Has had paroxysms of intense headache; Cheyne-Stokes breathing. 8th—Constantly moaning, no delirium; pulse 60; temperature  $97.8$ ; extremities cold. 10th—Troubled with vomiting; emaciation extreme. 20th—Growing worse. Dr. Proudfoot made three openings around the right orbit to relieve pus, which was pushing the eye forward. 30th—Much the same; vomiting continues. April 14th—Patient died of exhaustion after an illness of eight weeks and two days. At the *post-mortem* the membranes of the brain were found normal, with the exception of that portion of the dura mater covering the petrous portion of the right temporal bone; here it was of a very dark color, thickened and softened. The arachnoid and pia-mater were normal. An abscess the size of a walnut was found in each hemisphere, and similarly situated on either side. They occupied the centre of the occipital and part of the parietal lobes. They were not congested. The longitudinal sinuses were healthy. Many of the symptoms usually looked for in cerebral abscess were wanting. There was an entire absence of epileptiform seizures, rigors, paralysis, or disordered sensibility; the prominent symptoms being severe headache, delirium, vomiting, a slow, defective articulation, slow pulse, and slow, intermittent respiration. The last two symptoms were evidently due to pressure.

Dr. Ross thought the abscesses were caused from the suppuration in the orbit. In the few cases of cerebral abscess which he has had, two were in the cerebellum. The absence of typical symptoms in cases of tumors and abscesses of the brain was not uncommon.

Dr. Hy. Howard mentioned a case of supposed abscess following erysipelas of the face. He thought that all organs were liable to be affected

by inflammations of the skin covering them, even when bony walls intervene.

Dr. SHEPHERD had seen several cases of abscess of the brain, but all from ear disease. He was of the opinion that in this case it was due to pyæmia.

Dr. PROUDFOOT said he had often seen this patient with Dr. Armstrong, and that there had been very little ear trouble all through—nothing, in fact, to indicate disease of the ear itself. Believed the abscess was due to the erysipelas. Had examined the eye several times with negative results.

Dr. ARMSTRONG, in reply, said why one would think the abscess due to disease of the ear was because this was so frequent a cause, and besides, the dura mater was dark and necrosed over the petrous bone. Deafness was also present, without pressure on the auditory nerve.

*High Specific Gravity of Urine.*—Dr. FOLEY said that lately he had examined a specimen of urine of a clear amber color, containing neither sugar nor albumen, and yet having a specific gravity of 1035.

Dr. Ross said this was not very unusual. Lately he was attending a child of three years of age, who, from over-feeding, had become ill. She had an enormous appetite, but steadily emaciated. Diabetes was suspected. The specific gravity of urine was from 1037 to 1038, but contained no sugar. Examination for urea showed this present in abnormal amount. She soon recovered under appropriate treatment.

Dr. STEWART said that in all cases where there was deficient oxidation—that is, in all cases of azoturia—a high specific gravity would be seen. Correction of the diet will cure this condition.

*Hysterectomy on an Insane Woman.*—Dr. TRENHOLME read a paper on this case, of which the following is an abstract:—

Mrs. R. M. W., of London, Ont., aged 30, was married at the age of 15, previous health being good. Shortly after marriage pregnancy ensued. Excepting heartburn, nothing unusual occurred until her delivery in the spring of 1873. During labor two severe epileptoid convulsions occurred, necessitating instrumental delivery, the child being still-born. Vomiting followed, then blindness, which latter remained for some days; she eventually recovered. Again becoming pregnant, was delivered naturally of a living child in the latter part of the same year. Epileptic fits now