

live but not multiply; boiling the catgut in alcohol removes all traces of the bichloride and destroys any germ life which may exist init, thus constituting it the ideal storage fluid. Catgut prepared by the above method is thoroughly sterile, can be kept so for many years, and what is also of great importance, does not require to be chromicized, as it remains about as long in a wound without being absorbed as the chromicized material.

### Selected Articles.

#### TUBERCULAR MENINGITIS AND CEREBRO-SPINAL MENINGITIS CONTRASTED.

Two children admitted to the hospital on the same day (May 8th), were seen by you soon after admission, both evidently affected with some disorder of the brain. Both cases have now run their course, and you saw in the *post-mortem* room, both of the brains. The symptoms were discussed, compared, and contrasted at the bedside, and the true diagnosis was arrived at in both cases; but the subject is so important that a review of the points which led to the diagnosis may be useful to you, now that you have seen the actual state of matters after death.

The case of the older child, a boy eleven and a half years of age, presented little difficulty. We had here a typical case of tubercular meningitis—typical so far as we can speak of types in this disease; for you will soon find that cases differ from each other, and from the “types” you choose to create in your own minds; deviations from the ordinary cause, occur from certain peculiarities being superadded. In this case, for example, squinting which is one of the commonest symptoms was, and apparently had been, entirely absent. On looking at him, we found a bandage on his arm, and on inquiry, we found he had been treated at the out-patient department for a tubercular abscess of the elbow. This was a point of capital importance in the diagnosis, and made it almost superfluous to inquire into his family history or his previous health, or for the evidence of recent falling off in condition. These points are of great value in diagnosis in many cases, and indeed this boy's mother was said to be dying of “decline,” but in his elbow there was obvious evidence, apart from all such inquiries, that our patient himself was affected with tubercular disease; and in presence of grave brain symptoms, the presumptive probability of tubercular disease in the brain, or its membranes, was overwhelming.

He lay almost unconscious, and showed little signs of consciousness even when disturbed. As already stated, there was no squinting; but his pupils were not natural. They were neither very contracted nor very dilated, but they did not respond normally to the stimulus of light. At the first application of light, you might chance to see a contraction sufficiently marked to make you think they were acting normally; but with the light still applied, you would see them dilate again, and indeed go through various phases in this way. This “osculation” of the pupil, as we call it, is a common feature in tubercular meningitis. On watching the effect of the respiration on the pupil, we could occasionally see, in a slight form, what I have called attention to in a communication on Cheyne-Stokes breathing; during the deep inspirations a dilatation was noticeable; a rhythmical dilatation and contraction, with the inspiration and expiration, may sometimes be seen in cases of Cheyne-Stokes breathing whether due to renal, cardiac, or cerebral disease.

In cases of tubercular meningitis we may have the most perfect development of Cheyne-Stokes breathing; but usually, the breathing is more of the irregular type, with recurring long-drawn sighs.

On drawing a nail or a pencil over the skin of the abdomen, I showed you a moderately well developed “*tache cerebrale*.” But you must not allow yourselves to be misled by this name into thinking that this is a pathognomic sign. We get it in typhoid fever, and various other diseases, usually no doubt with signs of nerve disturbance; at present I have in the Western Infirmary the most perfect specimen of it I ever saw, in a girl with Graves' disease.

The abdomen in this body was flat, or it might almost be described as retracted; and this combined with the emaciation, which brought the pelvic bones into prominence, gave the appearance of the “boat-shaped belly” which you have heard of under this or other allied names. The bowels in this case, as is usual in tubercular meningitis, were constipated, both before admission and while in the ward.

Vomiting did not seem to have been a feature in this case; certainly none occurred in the ward.

The temperature was higher than normal, but the degree of fever was not great—100° to 101° in the rectum, the pulse was usually high, 130 to 168 per minute. The examination of other organs pointed to some mischief in the lower part of the right lung.

The course of the case after admission was steadily downward, and he died on May 12th, without any marked elevation of temperature (100° F.) At the *post-mortem* examinations, as you saw, the base of the brain was coated with exudation, the sylvian fissures were glued together on each side, and on lifting up the lobe, the