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Original Communications.

ERYSIPELAS AND DOUBLE CEREBRAL ABSCESS.

By GEORGE E. ARMSTRONG, M. D., Professor of Physiology, University of Bishop's College, Montreal.

Read before the Medico-Chirurgical Society of Montreal.

Mr. PRESIDENT and GENTLEMEN,—Cerebral abscess, from whatever cause, being a comparatively rare disease, it falling to the lot of no man to see many cases, I think it well to report and place upon record a case that occurred in my practice a little more than a year ago.

From a pretty full daily record of the case taken at the time, I have taken the following report.

F. F., æt. 17 years, a well developed lad of average height and spare build, a student, was first seen Thursday, 15th February, 1883. Since the fall he has applied himself pretty constantly to his books, but has been in good health until about three (3) weeks ago, when he complained of indisposition to work; his appetite became capricious, and he suffered from headache, the pain being limited to the vertex. His family history is negative. Last Saturday, five (5) days before my first visit, he first noticed a small pimple on the right side of his nose. At my first visit he complained of severe pain in the top of his head. Complete anorexia. Bowels had moved naturally that morning. Tongue had a thin white coat. The bridge and both sides of the nose were red, swollen, hot, and painful, and on the right side was a large sebaceous follicle distended with pus, surrounded by several other ones in the same condition. These

were relieved of their contents by expression, and he was put upon treatment which included a liberal supply of nourishment and rest in bed.

During the two following days the erysipelas extended over both cheeks and upwards over the lower half of the forehead. There was very little constitutional disturbance, with the exception of the continuance of the pain in the top of the head.

18th. July.—Had a slight chill this morning at 9 o'clock. Pulse 92, T. 104; F. Headache continues, tongue pretty clean, a little nausea present but no vomiting, bowels not moved for two days, surface of body moist with perspiration. Erysipelas has not spread since last note. Heart and lungs normal. Hepatic and splenic dullness normal. Ordered a powder of Hydrarg. subchlor. and P. Jalapæ Co.

20th. Headache still continues very severe and remains limited to the vertex. The pain is so severe that he cannot rest or sleep. Finds some relief from an ice cap. The head and neck seem fixed and extended, and he is unable to bend his head forward. He answers correctly any question put to him, but speaks in a slow and drawing manner. Says he can hear nothing in right ear. There is no discharge from the ext. auditory meatus; a little pocket of pus has formed on right side of nose near right eye, which is opened freely. There is a good deal of œdema of the subconjunctival areolar tissue of the right eye. Bowels moved freely after the powder.

T. 100 F. and pulse very slow, only 56 beats in the minute. No chill and no sweating—Gave the right eye in charge of Dr. Proudfoot.

23rd., 10 a. m. P. 68. and intermittent, T. 103.5,