

Another member of the Association spoke of using the ice cap and cold sponging in these cases.

Dr. GORDON, in reply, said that small doses of paragoric are of great benefit, still one should be very guarded in the use of opium in these cases. In regard to the cold bath, he states that he invariably resorts to the use of the cold sponging and lumps of ice to the spine.

A CASE OF SUBCUTANEOUS EMPHYSEMA.

Dr. FRED. FENTON (Toronto) exhibited a specimen of tubercle in the lung of a child six months old, and proceeded to give a history of the case. The child was described to him as having been well, until it had reached the age of five months, except for an attack of bronchitis at the third month. On December 23rd last, five days before death, the baby was very restless, but there was no cough to any degree; in fact, it was not a marked feature at any time. Swelling was noticed in the greater part of the neck, chest and shoulders, passing upwards over the head so that you could see a large projection over the vertex and then spread downwards over the chest and abdomen. It was limited to the neck behind. Over the parotid region it advanced upwards, spreading forward over the cheeks. Passing down the chest-wall in front it became limited at the lower border of the pectoral majors. It passed forwards and backwards to the spine, and downwards to the crest of the ilium and over the inner half of Poupart's ligaments it escaped. It also spread down the arms to about half way to the elbow. A post-mortem examination was made about six hours after death. The body was not greatly emaciated. The subcutaneous tissues were dry and bloodless, and the left pleural cavity showed no fluid and no adhesions. The left lung showed many emphysematous blebs of varying sizes, and the point of entrance of the air into the pleural sac could not be discovered. The liver and spleen were large, and greyish tubercles were scattered over the surface of the latter. There was no gas formation in any of the internal organs. Microscopic examination of the tissues determined tubercle bacilli in the lungs, a few in the liver and spleen, and none in the kidneys. The emphysematous blebs could be traced into the root of the left lung. In the right thorax there were pleural adhesions everywhere, especially over the lower and middle lobes, and the balance of the lung was literally studded with yellow tubercles. The father, a man of fifty, has suffered from winter cough for years because of chronic bronchitis. No direct evidence of tuberculosis was obtained in the mother, but she is poorly nourished and looks a fit subject for the disease. The production of emphysema is usually ascribed to prolonged and violent coughing, but this was never a feature of the case. The question of infection arises, and the history of the whole case