

Hearing is apparently unaffected, but he speaks in a whisper.

During the night and early morning there were strong tonic spasms. In these spasms while the left side of the face was dry and very pale, the right side was almost crimson and transpiring very freely. There was little change in the symptoms for the last few months of his life, save that the spasms were followed by vomiting. He died on May 7th.

Post mortem examination showed the usual evidences of hydrocephalus. In the front part of the anterior portion of the left cerebellar hemisphere and partially imbedded in and connected with it was a soft, somewhat greyish, semi-diffuent tumor, rather larger than a man's thumb. Microscopic examination showed this to be a round cell sarcoma.

Discussion.—Dr. J. E. Graham said that the presence of a tumor was shown by the falling backwards, the staggering gait, and the vertigo. These generally indicate a lesion in the centre of the cerebellum. Although the tumor was not in that position it may have pressed upon the centre. The strabismus was important, because there is said to be a connection, as yet unexplained, between the visual centres and the cerebellar. There is said to be a similar relation between the auditory centres and the cerebellum, but in this case no auditory symptoms were noticed. The strabismus also shows that there must be some connection between co-ordination of the ocular muscles and the cerebellum.

Dr. Reeve had suspected a coarse lesion at the base of the brain, because of the development so soon after the trauma, of the evident paresis of the muscles, and the double optic neuritis. In this, as in many other cases, in spite of the double optic neuritis the vision was normal. Might not the sarcoma have been forming prior to the trauma? We know that we have cases of cerebral abscess in which the abscess was present before the trauma.

Dr. Peters asked why so small a tumor, situated on the outside of the brain, exerting but little pressure on the cerebellum had produced such marked symptoms. The pressure must have been both slight, gradual, and exerted on the whole brain.

Dr. W. P. Caven thought that the vomiting,

nausea, optic neuritis and other symptoms were due not to the pressure of the tumor, but to its location.

Dr. Graham believed that the tumor produced such marked symptoms because it was outside the brain substance.

TYPHOID ULCERS.

Dr. McPhedran showed a specimen of typhoid ulceration, in which in the large intestine the solitary follicles were ulcerated from the cæcum down to the rectum. The ulcers were elevated and hard, admitting the tip of the little finger into the hole scooped out by loss of substance. In the cæcum and small intestine were elevated Peyer's patches and solitary follicles. In none had the gland substance been completely destroyed, but portions were gone here and there giving to its surface an irregular worm-eaten appearance.

The vermiform appendix, of a whitish mottled color, was coiled up like a snail. These coils were held together by lymph, evidently old. The appendix was very much thickened, being fully the size of one's little finger. The mucous membrane of the appendix was ulcerated and of a worm-eaten appearance. One of the mesenteric glands was caseating. In the right lung were two small pea-sized calcareous masses.

The girl, aged 18, had been sick for a week before coming to the Hospital. The temperature chart resembles that of tuberculosis in the great morning falls.

Dr. Osler, of Baltimore, who had seen the specimen, considered it to be typhoid, but in an earlier stage than is usually seen in the dead house.

He was in doubt whether the case was one of typhoid alone, of tuberculosis, or of typhoid with an acute tuberculosis just being super-added. The condition of the mucous membrane of the appendix and the caseating mesenteric gland tend to the view of a tubercular element being present.

EPITHELIOMATOUS STRUCTURES.

A. B. Macallum, M.D.: The epitheliomatous structures referred to were observed four years ago in all the epitheliomatous growths studied. They may be arranged in three classes: (a) small leucocyte-like bodies, which lie either within or between the epithelial cells of the new