

was further a small abscess containing but a few drops of pus in the posterior portion of the right optic thalamus. The pus present in the left ventricle extended down into the third and fourth ventricles. On cutting into the cerebellum the left lobe was found normal; the right lateral lobe was the seat of another abscess, with well-defined walls, filled with necrotic material, associated with the same pale greenish pus; this was 5 cm. in the greatest diameter and about 3 cm. wide, being of oval shape. The pons and medulla were normal.

A few encapsuled diplococci were found in the greenish pus of the cerebral abscesses.

We have recorded this case mainly because of its bearing upon the relationship between lung disease and cerebral abscess. That such relationship frequently exists has long been recognized. Only last year one of us (F.) had a case under observation, presenting many points of similarity with the present, and while we were engaged upon studying the material obtained from this case, our mutual friend, Dr. Williamson, of Manchester, published a short article in the *Medical Chronicle*, bringing together the observations of several observers upon this very subject. Hence it is not inappropriate to call attention here to this case.

Williamson's epitome of the literature of the subject shows that more frequently cerebral abscess develops as an accompaniment of chronic lung trouble, rather than as a sequela of acute. More especially it is in cases of chronic bronchitis and bronchiectasis that the relationship is found. There are, however, several cases in which the abscess formation has followed upon acute pneumonia. In the case mentioned by us the exact conditions which had led to the abscess formation cannot be stated with absolute certainty, although it is safe to infer from the history given that the patient had suffered from croupous pneumonia, and, from the condition of the lung both macro- and microscopically, that this disease had affected the lower lobes on either side. The presence of lanceolate diplococci in the characteristic greenish pus may be urged with some force in favour of this contention. On admission into hospital the condition was one of advanced resolution of the disease, the only active disturbance found at the autopsy