CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

U. OGDEN, M.D., R. ZIMMERMAN, M.D., L.R.C.P., Lond., Consulting Editors.

A. H. WRIGHT, B.A., M.B. M.R.C.S., Eng., I. H. CAMERON, M.B., R. B. NEVITT, B.A., M D.,

SUBSCRIPTION, \$3 PER ANNUM.

All literary communications and exchanges should be addressed to Dr. CAMERON, 273 Sherbourne St. All business communications and remittances should be addressed to the Publishers, Messrs. CARSWELL & CO., No. 28 Adelaide Street East.

TORONTO, JUNE, 1884.

Original Communications.

CASE OF CEREBRAL TUBERCLE?

BY J. F. W. ROSS, M.B., L.R.C.P., LOND. (Reported to the Toronto Medical Society, April 10th, 1884.)

E. P., et. 12; parents both living and well. Her father's family consisted of three females and five males, all living and well.

Her mother's family consisted of the mother and father and twelve children, with history as follows:-

Father and mother both died of consumption.

Children-1. Male, died, æt. 13, consumption; (2) Female, married, died æt. 32, of consumption. Her husband died, but was not consumptive. Two children both died in infancy; (3) Female, died, æt. 25, consumption, not married; (4) Female, died, æt. 19, consumption; Female, died, æt. 20, consumption, unmarried; (6) Male, died, æt. 23, consumption, married, no children, wife living and well; (7) Male, died, æt. 22, consumption, unmarried; (8) Male, died, æt. 20, consumption, unmarried; (9) Male, died, æt. 17, consumption, unmarried; (10) Female, living and well; (11) Female, living and well; (12) Male, died, æt. 18, consumption, unmarried.

Patient has three sisters and nine brothers living and well; one sister died at the age of eight months.

History of previous illness.—Has had no disease but measles.

History of present illness.—Patient com-

The pain extended all over the vertex: vomiting occasionally occurred; the mother had taken her from school; suddenly about six weeks after the first symptoms of headache and vemiting the patient was prostrated with vomiting, hard retching, and violent pain in the head; I was called to see her, and ordered ice to the head, and large doses of bromide of potassium; she was soon well again. About seven days after this her mother brought her to my office to consult me concerning the diplopia which had just developed; I examined the eyes with ophthalmoscope and found optic disc normal; the diplopia could only be obtained in the lower half of the square: no appreciable squint to be noticed; I concluded that the trouble was in the inferior rectus or superior oblique; ordered her to wear a bandage over the left, or sound eye; pupils acted well to light and patient could read if one eye was bandaged.

About two weeks after I was called to see her again; mother said she could not keep either eye bandaged as it made her feel sick and brought on the headache; she had just had another attack, commencing about the same time as the last one, i.e. at four a.m. The headache came first, then vomiting; and about four p. m. the same day she had a severe convulsion. The hands were thrown back; there was a slight cry; the teeth were ground together, and the tongue injured, so that it bled; consciousness was lost for three or four minutes, and then the plained about four months ago of headache. patient spoke rationally, and complained of