

the oscillations always being coarse and rapid. At times there were distinct contractures of the arms and legs with variable degrees of paralysis.

The gait is uncertain—at times markedly ataxic and at others undertaken with comparative ease.

With this are other stigmata, such as defective color vision, lost taste and smell and distinct alteration in hearing. The pharyngeal reflex is absent. Sensation to pain is variable from time to time, though the tactile and thermic sense seem present normally.

### "OBITER SCRIPTA" III.

#### SOME INTERESTING CASES AFFECTING THE RESPIRATORY SYSTEM.

##### CASE I.

**Serous membrane tuberculosis, involving pleura and peritoneum, with chronic non-tuberculous muco-purulent bronchitis. Terminal disseminated miliary tuberculosis.**

Cases of this kind are always of very great interest and belong really to the more uncommon manifestations of tuberculosis. The victim of this disease was a young man, who, had according to his account been in good health up to the onset of his present illness.

*History.*—He entered the hospital on the last day of December, 1897, complaining of dyspnoea, cough, general malaise and an acute pain in the left side which had come on *suddenly* two weeks previously. All these symptoms had followed exposure to cold and wet and in a very short time copious expectoration and prostration supervened. There was a family history of tuberculosis.

On admission, his temperature was  $100\frac{1}{2}^{\circ}$ , his pulse 106, and the respirations 28 per minute. He was markedly anæmic and the skin was moist. Apart from some irregularity in the pulse, the circulatory system showed no other evidence of disease.

His *chest* was of a tuberculous conformation being long with an acute angle at the ensiform cartilage, widened intercostal spaces and generally flattened. Examination showed a left sided pleural effusion of moderate degree, while on auscultation a few moist râles were heard over the left apex; the breathing on the right side was harsh. The sputum was copious, muco-purulent in character, and repeated examination failed to give evidence of either tubercle bacilli or elastic tissue. The *digestive system* showed in the main, a full and tense abdomen with no spontaneous pain, and palpation revealed neither tenderness, tumour, nor evidences of fluid. The spleen and liver were of normal size. The urine gave no evidence of disease.