bably occurs more frequently in tuberculous than in any other form of intracranial tumour, syphilitic growths of course excepted.

In each of my cases the father of the patient had died from pulmonary phthisis, and in the second case there had probably been other deaths from phthisis in his family. Without going further one may suggest that it is at least probable that the cause of the illness in these patients was a tuberculous mass in some indifferent part of the brain, which ceased to grow or became encapsuled. The duration of the illness was about eight months in the first and four months in the second case.

Dr. Gowers² gives a short account of two cases, and says that he "has seen a considerable number of other cases with well-marked symptoms of a tumour, probably tuberculous, which passed away permanently under treatment," and a most instructive case in point, in which the accuracy of the diagnosis was confirmed at the necropsy made four years afterwards is reported by Dr. R. T. Williamson.³ The patient, a man aged 27, had suffered from Jacksonian epilepsy (left-sided), with impaired vision. He got better, the fits ceased, vision improved, and he returned to work, with a slight loss of power on the left side. Four years later he suffered from ataxia, headache, vomiting, and double optic neuritis, with tuberculous lung disease, and the necropsy disclosed an old encapsulated tuberculous nodule in the right cerebral hemisphere, with a recent tuberculous mass in the cerebellum.

There is one point with regard to the prognosis in such cases after the period of symptoms of active disease has passed away. Of course, in cases of tuberculous diseases there is always a liability, as is illustrated in Dr. Williamson's case, at some subsequent period to a recrudescence of the disease, but apart from this there seems to be also a danger of sudden death after the symptoms of the former illness have disappeared. Dr. Gowers mentions that in one of his cases referred to above sudden death occurred after there had been no recurrence of symptoms for three years. The same fact was recently exemplified in a patient who had been under my care for cerebral syphilis, due, as the necropsy showed, to the presence of a large syphilitic growth on the under surface of and involving the substance of the left frontal lobe. There was no other lesion. This man suffered at first from attacks of loss of consciousness, later from attacks of Jacksonian epilepsy (right-sided), with right hemiparesis; from headache, vomiting, vertigo, spasm of the left orbicularis muscle, fixation of the left pupil, and double optic neuritis ending in blindness. He became unable to stand or walk, was at first mentally dull and drowsy, and then for two or three weeks very irritable, noisy, violent, and at times quite maniacal, and lost all idea of his surroundings. After a stay in the hospital of three months' duration he recovered from all his symptoms except that he was left blind from optic atrophy, and with slight loss of power on the right side. In all other respects he left the hospital apparently well, and able to walk about nearly as well as ever except for the blindness. After he had been at home for a month, and was to all appearance in good health and perfectly free from all his former symptoms, he one day fell down dead quite suddenly whilst walking in the street.

REFERENCES.

- ¹ Bristowe, *Diseases of the Nervous System*. ² *Diseases of the Nervous System*, vol. ii, p. 519. ³ *Med. Chron.*, September, 1896, p. 406.

A CASE OF CEREBRAL ABSCESS, PRESENTING SOME UNUSUAL FEATURES.

By MORLEY WILLIS, F.R.C.S.ENG.

I AM indebted to Mr. T. Chalmers Norton for permission to publish this case, which occurred in his practice at the Hospital for Sick Children and Women, Bristol, at the time I was house-surgeon at that institution.

E. L., aged 8 years, was admitted on January 28th, 1896. On January 24th she complained of headache, was sick once, and her friends for the first time noticed a discharge of matter from the left ear. They attributed the headache to a fall a few days previously, though the only evident injury due to the fall was a cut lip. On January 25th and 26th she was sick several

times, and on the last-named day her manner altered, and she was very excited and unruly.

For the greater part of January 26th and the whole of January 27th she was not conscious, and recognised no one. Her head and neck were markedly retracted on admission, and had been so since January 26th. When not disturbed she lay quiet and still, and curled up, that is, flexed generally, except at the neck, which was extended. She much objected to being disturbed, turning away, and crying petulantly on being roused. The temperature was 101° F. There were sordes on teeth and lips, and the tongue was dry. Though not profoundly unconscious it was obvious that she did not recognise her mother. There was no purulent or other discharge from either ear, nor any offensive odour from the meatus. There was no paralysis of any sort at this time.

The notes for the next two days show some improvement in her mental condition, and she gave intelligible replies to questions relating to feeding, and asked for bread and butter. Coincidentally with this improvement the temperature fell, until on the morning of February 1st, five days after admission, it was 98° F. For those five days it had been at 100° to 101° F., the latter on most evenings.

On February 7th a view of the optic discs was obtained, and they appeared slightly redder than usual. From this time she got worse, vomiting frequently, occasionally screaming, and appeared to indicate that she had pain in her head, although at this time her expressions were not very intelligible.

On February 16th (20 days after admission) some weakness of the right arm and hand was observed; and the wrinkles and folds of the right side of the face were less marked than those of the left, especially when she cried. Her speech had become more impaired, and she could not make herself understood.

These symptoms all became more and more marked until, on February 22nd, there was complete facial paralysis of the right side, and greatly impaired power in the right arm and hand. The tongue on being protruded was strongly deviated to the right of the middle line, that is, towards the paralysed side. With this there were now distinct evidences of optic neuritis.

Taken together, these symptoms appeared conclusive evidence of a lesion affecting Broca's convolution and those parts of the cortex lying in the immediate neighbourhood of the lower end of the Rolandic fissure. The history of the case indicated as the cause an abscess in the temporo-sphenoidal lobe of the left side, which, gradually enlarging, pressed upon the structures named.

It was, therefore, decided to explore the brain in this situation, and on February 23rd, the patient having been anaesthetised with chloroform, a disc of bone $\frac{1}{2}$ in. in diameter was removed with a trephine, the pin of the trephine being applied to a spot corresponding to the lower end of the fissure of Rolando. The dura mater was incised and turned up, and then, carefully avoiding some rather large veins on the surface of the brain, a silver trocar and cannula were passed into the substance of the brain in a direction slightly downwards and backwards from the centre of the area of cortex exposed by the removal of the disc of bone. It had been observed as soon as the disc of bone had been removed that there was an increase in the intracranial pressure; when the dura mater was incised the brain bulged somewhat into the hole in the skull, and pulsation in the brain itself was hardly at all visible. On removing the trocar pus welled up through the cannula.

The cannula itself was left *in situ* for drainage. The wound was sewn up entirely, a hole having been made in the flap to permit the passage of the cannula. A small superficial drainage tube was placed in the posterior inferior angle of the wound, which was then dressed antiseptically, and the patient was removed to bed.

On the day following the operation there was an obvious diminution in the signs of compression, the patient being conscious, and appearing to understand what was said to her. On the second day after the operation the discharge of pus ceased, and as it was thought that the cannula might have become blocked, a little chloroform was given, and it was removed and reinserted in the same direction, but, on removing the trocar, not pus, but a stream of pure blood, shot up at

least a foot into the air. This was controlled by the finger, lightly placed on the mouth of the cannula, but recurred at once on removal of the finger. The cannula was therefore withdrawn, but on reinserting it more backwards and downwards the same thing occurred; nothing was done, therefore, and the patient was returned to bed.

Two days later another attempt was made to drain the cavity, but without success. No stream of blood now issued from the cannula, but some slight arterial hæmorrhage occurred on the surface of the brain, which was arrested by pressure on the left carotid artery. These repeated attempts were made because the abscess had so quickly ceased to discharge, and there were still some signs of compression remaining.

From this time to the termination of the case, the recovery was uneventful. The patient gradually regained the power in her right arm and hand; her speech remained defective for a longer time, only very gradually improving.

On May 6th she was discharged to the seaside Convalescent Home.

I saw her last on September 23rd, and found her almost well, and having very little difficulty with her speech. There was just the faintest trace of facial paralysis on the right side, and the tongue, on being protruded, deviated slightly towards that side. Beyond this she appeared quite well. She went to school, and was apparently a very intelligent girl.

COMMENT.—On admission, the symptoms, consisting of headache, vomiting, high temperature, retraction of head and neck, and marked signs of "cerebral irritation," in a patient the subject of otitis media purulenta, warranted a diagnosis of meningitis. I think it is unusual for such signs, so well marked as in this case, to subside completely, and give place to those of cerebral abscess. The temperature fell coincidentally with the cessation of the signs of meningitis; and with the supervention of those of cerebral abscess it became subnormal and so remained throughout, no distinct rise taking place after the operation. The average temperature throughout was, after the first five days below 98° F., occasionally as low as 97°. The second unusual feature was the forcible ejection of a stream of blood through the cannula, which occurred on two occasions. It could not have come from one of the venous sinuses, the direction and extent to which the cannula was inserted negating the idea that one of these had been punctured; while the force with which the blood was ejected is also opposed to this hypothesis. It is almost inconceivable that any individual vessel could have been so punctured that its lumen was placed in direct continuity with that of the cannula. The most probable explanation appears to me to be that it was blood which came from an effusion or hæmorrhage which had taken place into the original abscess cavity, and its forcible ejection was due to the greatly increased intracranial pressure which existed as a result of it.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CASE OF MARKED INTOLERANCE OF SALICYLATE OF SODIUM.

ON December 19th, 1896, a domestic servant was sent to consult me by her mistress, on account of severe pains in her feet, which prevented her doing her work.

On examination I found that the girl, who was aged 19, had lately suffered from acute rheumatism, and had had several subsequent subacute attacks.

On the present occasion her right ankle and the extensor muscles of her left toes were affected, and both slightly swollen. Her temperature was under 100° F., and but for slight anæmia she was otherwise well.

She told me that when she had rheumatic fever, nine months ago, she had not been able to take what she called "rheumatic medicine," and that it had to be stopped after a few days' trial.

I prescribed for her sodium salicylate gr. x, to be taken thrice a day, and sent her home to bed. Next day I was sent for, and found that the pains in her feet had all but

gone, and that she complained of severe headache, ringing in the ears, giddiness, and lightness of the head, all of which, she said, had come on shortly after she had taken the second dose of mixture, and had continued till she fell asleep. In the course of the night she had once awakened, dreaming that she was standing by a waterfall, and that the rushing of the water had made her so giddy that she was about to fall into the stream.

In the morning the symptoms had gone, and, after a light breakfast, she had a third dose, shortly after which the giddiness, headache, and ringing in the ears returned as badly as ever.

I questioned her closely in case she should ever have been warned of the possible effects of an overdose, and have imagined all these symptoms, and she replied that she had never either heard of them or experienced them before—the reason for the "rheumatic medicine" having been stopped before, having been, she said, on account of weakness of the heart. She was not a hysterical girl—she had not taken more than the gr. x dose, and later on I found gr. v doses produced with her similar but less severe effects; so much so that the amount of the salicylate given in the twenty-four hours had finally to be reduced to gr. viiss, which nevertheless proved sufficient in the course of a few days to complete the cure of the arthralgia and muscular pain.

Stow-on-the-Wold.

DAVID WIELD, M.A., M.D.

PICRIC ACID IN ECZEMA.

As picric, or carbazotic, acid is at present being much used as a local application in cases of eczema, and as Dr. Maclellan says that it is quite free from danger, may I say that in my experience, although it is most valuable in the majority of cases, still in one adult patient I prescribed it for it caused much prostration, and, in fact, all the symptoms of carbouluria, with very dark urine. The dermatitis affected the arms and legs, and the drug was ordered to be painted on night and morning. After this had been done for ten days, the unpleasant symptoms I have mentioned developed, and certainly resembled the action of carbolic acid, to which it is, as Dr. Maclellan mentions, constitutionally related.

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RHEUMATISM WITH HYPERPYREXIA.

IN the BRITISH MEDICAL JOURNAL of November 7th, 1896, p. 1389, an interesting case was recorded under the above heading. On reading it I was reminded of a somewhat similar one which ended fatally, and about which I was never able to satisfy myself. I have not the notes of the case at hand, but I have a very vivid recollection of the events in connection with it, which are as follows:

On a Sunday a young and apparently healthy soldier, after a bath proceeded to cut his toenails. One of these he cut too low, and caused some slight bleeding, which was easily stopped.

Next day (Monday) he went on duty, but had to be relieved, when he was detained for temporary treatment at Edinburgh Castle. The following day (Tuesday) he complained of pains, and was unfit for duty. On Wednesday he was sent to Glencorse Military Hospital, with a diagnosis of rheumatism. On arrival his temperature was about 101°. He complained of acute pain in both wrists, which were swollen, and there was a distinct odour characteristic of rheumatic fever. Other concomitant conditions led to the belief that the case was one of acute rheumatism, and the man was at once treated with sodium salicylate and topical applications.

The case did not improve, nor did any other joints become affected, but the pain in the wrists and back of the hands rather increased.

On the following Sunday he was worse; at morning visit the temperature was about 102°. On returning from church I was surprised to learn that the temperature had gone up to 108°. Wet packing was at once resorted to, which reduced the temperature to 103°, but the man died unconscious shortly after.

The *post-mortem* examination revealed, besides the expected congested condition of all the internal organs, a curious con-