of potassium was administered. The result was striking and gratifying; in three days the sputum as well as the wound discharge began markedly to lessen in amount, and in a week's time both had ceased. This happy state of affairs persisted from that time onwards. The patient, after being in hospital over three months, was discharged quite well, and is now doing his work and feels like a normal individual again. He is also undergoing a course of anti-syphilitic treatment.

The following comments I think are justified by the above. The only thing that at all militated against the diagnosis of tropical abscess was the absence of a history of dysentery or typhoid fever, whilst the negative specific history (interrogation on which point, by the way, was hardly suggested by the condition) tended to mislead. The contents of the cavities were typically those of tropical liver abscesses. Yet it would appear that the lesions were breaking-down gummata of the liver. In favour of this view are the persistence, multiplicity, fresh deposits, and the response to iodide, for I have little doubt that the exhibition of this drug determined the related rapid change. The interesting feature is the striking simulation by tertiary syphilomatous liver disease to tropical abscess, if the above deduction be correct. I suggest the necessity of keeping this point in view in unprogressive cases, and even acting upon it previous to subjecting patients to operation; and the advisability in any case at least of giving iodide of potassium a trial in all liver diseases where other means fail, or before giving up hope.

St. Mary's Hospital, London, W.

NOTES ON A CASE OF INFECTION OF THE BASE OF THE BRAIN FROM A CARIOUS TOOTH.

BY S. W. MILNER, M.R.C.S. ENG.

THE patient was a married woman, aged 36 years, and had been healthy. On April 28th, 1910, she developed a "gumboil" from a decayed tooth in the left lower jaw and had neuralgia on the left side of the head. On April 30th and May 1st she had pain in the left temple and back of the head and also in both eyes and took to her bed. On May 3rd she called in a medical man, and he was in attendance until the 11th, when she was admitted to Gravesend Hospital. On the 4th when in bed she had "violent shaking." The right ear had always been rather deaf, but it was noticed that the deafness had become worse. On the 6th there was "swelling" of the right eye. On the 8th there was some delirium and the temperature rose to 106° F. On the 9th there was "swelling" of the left eye. On the 11th she was admitted to hospital.

On arrival at hospital she was conscious but exhausted and answered questions clearly, although very deaf. It was noticed that the right ear was totally deaf. With the left ear a loud ticking watch was heard at three inches distance. The right side of the face was paralysed. There was loss of sensation in the left side of the face. Both eyes were prominent, the right the more so, and both lids were red and swollen. The right pupil was dilated. Vision in the right eye was reduced to perception of light. The patient took fluid food readily. The temperature was 104° F. and pulse 106. There was a sensation of "something going round and round" in the head. The patient had very little sleep. The pulse remained good and there was no vomiting. There was a purulent discharge from both conjunctivæ. On the following day (May 12th) she had a rigor at 11 A.M., when the temperature rose to 105.6°. This was followed by delirium and restlessness. She took milk well. She was sleepless and delirious all night and at 3.30 A.M. became very collapsed. On May 13th the morning temperature was 101.2°, pulse 82, and respiration 40. She was delirious all day and vomited twice. She slept at intervals and perspired freely. She had no sleep at night and was delirious. She vomited green fluid three times and at 7.5 A.M. was very collapsed. She did not recover and died at 8.30 A.M.

A post-mortem examination was made. On opening the skull and removing the dura mater great engorgement of the vessels was noted. The membranes on the base of the brain from the optic chiasma in front to the under surface of the cerebellum behind and spreading laterally to the under surface of each temporo-sphenoidal lobe were green and necrotic and putrefying. On stripping off this membrane and the vessels the brain substance was normal in appearance and nothing abnormal was found on slicing the

various parts of the brain. The dura mater was next removed from the base of the skull and the structures passing through the various foramina were examined. The left Gasserian ganglion was necrotic, as were the nerves leaving it. The right ganglion was healthy. The pituitary body was necrotic. The body of the sphenoid and both petrous bones were partially necrosed and greatly congested on section. In neither internal ear was pus found. The circular sinus and cavernous sinuses were thrombosed. There was pus in both orbits under the fibres of the levator palpebræ superioris. On pulling on the left inferior maxillary nerve as it left the skull through the foramen ovale pus was seen coming up around the nerve, and a probe passed easily along the nerve and beneath the mucous membrane of the left cheek—this being no doubt the track of the original infection from the tooth to the brain.

Gravesend Hospital.

Medical Societies.

HARVEIAN SOCIETY OF LONDON.

Diagnosis and Treatment of Cystic Disease of the Breast.

A MEETING of this society was held on Oct. 27th, Dr. M. HANDFIELD-JONES, the President, being in the chair.

Mr. D'ARCY POWER opened a discussion on the Diagnosis and Treatment of Cystic Disease of the Breast by drawing attention to the difficulty which he had often experienced in diagnosing and treating cystic tumours of the breast. He stated that the classification of cystic disease was chaotic at the present time and offered for consideration the following scheme:—

(A) Non-Inflammatory.

(a) Innocent	...	{	(1) Adenoma	...	...	{	(i.) Ducts.
			(2) Fibroma...	...	...	{	(ii.) Acini.
(b) Malignant	...	{	(1) Carcinoma	...	...	{	(i.) Pericanalicular.
			(2) Sarcoma...	...	...	{	(ii.) Intracanalicular.
(b) Malignant	...	{	(1) Carcinoma	...	...	{	(i.) Duct papilloma.
			(2) Sarcoma...	...	...	{	(ii.) Duct carcinoma.
						{	(i.) Cystic.
						{	(ii.) Degenerating.

(B) Inflammatory.

(i.) Galactocoele	...	{	(1) Cyst single and simple.
(ii.) Mastitis	...	{	(2) Cysts multiple.

(C) Congenital.... Lymphangioma.

(D) Parasitic ... Hydatid.

Cystic adenomata were well recognised tumours of the breast and called for little comment. Mr. Power gave short notes of two cases, and pointed out that in removing the tumour it was necessary to cut clean through the overlying breast tissue before any attempt was made to enucleate the adenoma. He thought that it was not necessary to remove every adenoma of the breast. Cystic fibroma of the breast, or Brodie's disease of the breast, occurred in an innocent form—cystic fibroma—and in a malignant form—cystic sarcoma. The innocent cystic fibroma of the breast was characterised by an overgrowth of connective tissue starting in the stroma round the ducts and acini—the pericanalicular form—or in the subepithelial tissue of the ducts themselves—the intracanalicular variety. Both tumours were associated with the formation of numerous cysts filled at first with clear serous fluid. The cysts were therefore due to obstruction of the glandular tissue, although in some cases there was microscopical evidence that the glandular epithelium had itself undergone cystic degeneration. The cyst wall in the pericanalicular form was often invaginated by the new growth of fibrous tissue until the cyst became a mere slit, and on section the tumour seemed to be solid until a probe was passed into the slits, when the invaginating growth could be turned out and the cyst demonstrated. In the intracanalicular form the cysts remained obvious and the growth sprouted into it as "a duct papilloma." Mr. Power illustrated his remarks by cases, and then went on to show that secondary changes might take place in the connective tissue of stroma of intracanalicular cystic disease. Malignant cystic disease of the breast attacked the same parts as cystic fibroma. It occurred in the forms of cystic sarcoma and duct cancer—the sarcoma corresponding with pericanalicular cystic fibroma and duct cancer being the correlative of the intracanalicular form. Cystic sarcoma was