

September 5th.—Vacant-looking ; quarrelsome ; tries to bite ; fits much more frequent.

September 10th.—Fits more severe ; difficulty in swallowing ; unable to answer when spoken to.

September 20th.—Unable to answer when spoken to ; lies in a semi-conscious state ; cannot swallow ; fed *per rectum* ; fits continuous day and night.

September 30th.—Dead.

*Post-mortem notes. Autopsy made thirteen hours after death.*

Body well nourished ; head well shaped. On removing calvarium dura mater non-adherent, all blood-vessels very full and prominent, longitudinal sinus bulging. On removing the dura mater, vessels still very prominent, pia arachnoid friable, surface of grey matter very soft and pinkish-looking, the least touch causing the convolutions to peel off. The pia arachnoid could not be removed without loosening the surface of the convolutions. When the pia mater was removed the convolutions did not look grey, but pinkish. The brain presented numerous small masses, nodules of a semi-cartilaginous feel, resisting the knife ; they were about the size of an ordinary pea, and were numerous throughout the cerebrum and cerebellum. They were not in the spinal cord. They were in the walls of the ventricles, and could be seen and felt protruding from the surface. They had a pinkish tint, probably from the colour of their investing membrane ; internally they were white, and firm in character. They appeared to be dried-up cysts ; they could be easily separated from the brain tissue. The cysts were not shrunken ; the contents must have become dry, as the cyst sac was full. There were also numerous cysticerci studded throughout both cerebrum and cerebellum. There were a good many in the ventricles, some attached by thin pedicles, a few floating loose. They were about one quarter inch in diameter, almost transparent, and showed a white spot at one point in their walls. They floated easily in water. Occasionally two were attached together by a thin pedicle. Their membrane was tough ; it required a firm squeeze to rupture the cyst. There were no cysts found in any other part of the body.

(<sup>1</sup>) Read before the Cape Town Branch of the British Medical Association.

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*A Case of Cysticercus Cellulosæ of the Brain.* Reported by Dr. W. C. SULLIVAN (with the permission of the Prison Commissioners).

D. R.—, æt. 27, butler, of Italian nationality, resident in England for past eight months, married, two children, the younger aged six weeks ; in prison for petty larceny.

Nothing special in family history. No illness of note in patient's own antecedents, except that two years ago he is said to have had a "fit," in which spasm of right hand and arm preceded loss of conscious-

ness ; there was subsequent aphasia and paresis of the right side, but these symptoms cleared up completely within about two days, and patient has had no nervous troubles since. He is not known ever to have suffered from tapeworm.

Owing to difficulties of language, slight mental defect might, of course, have passed unnoticed ; but marked enfeeblement of intellect was quite excluded by his general demeanour and his ready adaptation to his surroundings.

The first symptoms of illness appeared on October 24th, six weeks after patient's admission to prison. On that date he complained of headache, which did not present any special characters, and was not accompanied by fever. During the two following days the headache continued, still without other symptoms and with normal temperature. On October 27th, however, the patient stated he had had rigors during the night, that the pain in the head had become much more severe, and that his vision was dim. His temperature was 102.5° F. ; pulse 64 ; there was marked retraction of the head ; pupils were contracted, equal, and did not react to light or on convergence ; Kernig's sign was present on both sides. There was a very profuse discharge of sero-purulent fluid from the right ear. This, the patient stated, had commenced the evening of the previous day. The sediment from this fluid examined under the microscope showed *tænia* hooklets. The patient rapidly became delirious, appeared to become totally blind, and had retention of urine. At noon he had a slight attack of general convulsions, followed by a phase of co-ordinated movements of clutching the throat and pulling the nose. After that time he remained in a state of coma, with sighing and irregular breathing ; temperature remained at 102° F., and pulse about 68. Two hours later he died by sudden respiratory failure.

*Post-mortem examination.*—The thoracic and abdominal organs were healthy ; there was no trace of tapeworm in the intestines.

On removal of the calvarium several rounded impressions were visible on the inner surface of both parietal bones, the bony tissue where it was most worn being little thicker than parchment. These depressions corresponded to prominences produced by cysts in the subdural space. The dura mater was healthy, and was nowhere adherent to the cyst wall. It presented, however, a spicule of ossification on the right side close to the superior longitudinal sinus, and at this point was adherent to the pia mater over the ascending parietal convolution. Several cysts projected on the surface of the brain, especially in the larger fissures. At the base of the brain was a large quantity of thin purulent matter bathing the pons and medulla and extending along the sheaths of the cranial nerves.

The dura over the pars petrosa appeared healthy. There was no perforation of the tympanic plate. On opening the middle ear the cavity was found to be filled with thin purulent matter similar to that within the cranium. The mucous membrane and ossicles appeared normal. The mode of communication between the tympanic cavity and the subdural space could not be determined. The cysticerci were those of *Tænia solium*.