

## Clinical Lecture.

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### CLINICAL REMARKS ON TWO CASES OF GROSS CEREBRAL DISEASE.

BEING THE SUBSTANCE OF A CLINIC HELD IN THE ROYAL VICTORIA HOSPITAL ON MARCH 4TH, 1898.

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The two cases under consideration present features of an entirely different character. The first is characterized by general cerebral symptoms, as headache, vomiting and optic neuritis. In the second case there is an absence of such general symptoms, but a multitude of symptoms of a paralytic character.

#### CASE I.

**Severe occipital headache—General convulsions—Vomiting—Optic neuritis—Slow cerebration. Gradual disappearance of the above symptoms. The fundus presenting atropic appearance—Ataxia—Loss of knee-jerks. (Reported by Dr. Robins, Senior House Physician.)**

H. B., a schoolboy aged 9, of French Canadian origin, was admitted to the Medical Wards of the Royal Victoria Hospital on Feb. 8th, 1898, complaining of severe occipital headache, dimness of vision, constipation, and colicky pains in the abdomen.

The history of his illness, so far as it could be obtained from his mother, is as follows:

On Jan. 5th, 1898, the patient was feverish, and complained of epigastric pain and slight headache. On the following day (Jan. 6th), the child had a cough. There was pain in the elbows, and he had some nausea and vomited once. He was seen the same day by a physician, who pronounced the trouble to be bronchitis and dilatation of the heart. There was some pain in the chest on coughing. Hæmaturia was not present, and the patient had no sore throat.

The fever lasted only two days, and the cough passed away in a fortnight.

The patient vomited seven or eight times in the five weeks preceding his admission, the last occasion being a week before admission (Feb. 1st). The vomiting generally took place after food. It was