

pia or morphia, or solutions of carbolic acid in water or oil, answer better. Protection of the inflamed surface from the air, and especially from friction by the clothing, is also essential. I have tried a mild galvanic current, the negative pole applied to the spine and the position over the eruption, but without, as far as I could see, any beneficial result. On account of the extreme sensitiveness of the eruption, but a very weak current can be borne. Possibly the subsequent hyperæsthesia or anæsthesia might be advantageously treated in this way.

The prognosis of the affection is usually favorable, but I always feel, in very old people, that the occurrence of an attack of zoster is serious matter; since although the attack is generally recovered from, yet it often proves to be the commencement of a general breaking up of the system that leads to a fatal termination within a year or two after. In such cases the eruption is apt to be almost gangrenous in appearance, and the resulting cicatrices are deep and permanent.

### BRAIN INJURIES\*

BY DR. OLMSTED, HAMILTON.

M.S., æt 17, a large strapping fellow, 5 feet 10 inches high; weight 175 pounds; a farm laborer, admitted into City Hospital, Hamilton, 8th February, 1892.

*Complaint:* Dizziness, severe attacks of pain in head, and staggering gait.

*Family History:* Father died at the age of 26 years of phthisis. Mother alive, æt. 38; healthy. Mother remarried. Patient has one brother and one half-brother, and three half-sisters, all alive and healthy, except the half brother, who probably had infantile paralysis, as one leg is less developed than the other.

*Previous History:* Had compound fracture of the elbow-joint when 6 years old, and measles at age of 7 years; otherwise had excellent health till June, 1891. No syphilis. Patient while lifting some farm implements felt a sharp shooting pain, beginning on each side of the head near the temples, and extending from the points up towards the vertex of skull, where they apparently met. The pain was felt on the top of the head at intervals of one or two weeks during the next three months, and always had

the same characteristics, coming on suddenly, being a sharp shooting and very severe pain, radiating from the point of the commencement, and it always compelled the patient to sit down. The attacks would last from ten minutes to one or two hours, with intervals perhaps of two or three weeks, during which time he felt as well as ever. Sometimes, however, there would be a succession of attacks lasting two or three days. At first the pain would commence on top of head, but gradually shifted backwards until it located itself at a point corresponding to the occipital protuberance, and since September, 1891, the pain has always started from this point. In November he noticed a sort of scum come over the eyes, which would last two or three minutes and then pass away. Sometimes when he would look out he could not see anything. These attacks of loss of sight would come on two or three times a day, and he could not read. He did not appear, however, to get worse. About the beginning of January, 1892, he noticed that his gait was unsteady and could not walk straight. The ground felt to him normal. Shortly after the ataxic gait was observed he began to suffer from vertigo, and at times would fall down.

*Present Condition:* Boy well developed, intelligent; pupils widely dilated, with atrophic double optic neuritis; vision impaired, appetite good, bowels regular, muscular powers good, sensation normal, knee phenomenon slightly diminished on both sides; when he walks he has an irregular, reeling gait, with a tendency to go to his right. He keeps his eyes on the floor, and has great difficulty in walking with the eyes closed. The right foot at times comes down a little heavier than the left one. Can stand with the feet together and the eyes closed. He sleeps a good deal during the day, but can be roused easily and always answered questions intelligently. During February and March patient would have an attack of pain every day or two, which would last about ten or fifteen minutes. The pain comes on suddenly without any warning, situated over occipital protuberance, shooting from this point up the head and down the back a short distance. No spasms. Says his head feels as though there was a ton weight on it. His face and head is bathed in perspiration and congested. Pupils enlarged; pulse slow, 40-48,

\* Read before the Ontario Medical Association.