

## REPORT OF MEDICAL CASES.

CASE I. R. K., age 24; occupation laborer. This patient was admitted to my ward in the Kingston General Hospital in April last with the following history: Sometime in December 1900 he began to lose power in his left leg. This loss of power gradually increased until the time of his admission to the hospital when he was unable to use the leg at all. When he walked the leg was dragged and he could not stand upon it. A sclerosis of the cord was diagnosed and although no history or other evidence of it could be obtained syphilis was suspected as the cause. The patient was put upon Pot. Iodide and he commenced to improve immediately. About the middle of October he had almost completely recovered the power and the use of his leg and was working around the hospital. He then went home but returned in ten days with the following symptoms: Excruciating frontal headache, nausea and obstinate constipation. Within twenty-four hours his temperature went up to 104, pulse 90 and respiration 24. His abdominal muscles were rigid, his bowels were obstinately constipated, there was slight gurgling on pressure in the right iliac region. In the course of forty-eight hours the pupils became irregularly contracted and the patient developed opisthotonos. A diagnosis of meningitis was made and the patient was put upon a mixture of Pot. Iodide and Pot. Bromide. On account of the gurgling in the right iliac region the possibility of typhoid fever was kept in view and Dr. W. T. Connell was asked to make a blood examination. He reported a typical Widal re-action, in other words that it was a case of typhoid fever. The subsequent history of this case was that in eight days the patient's temperature, pulse and respiration became normal and all other symptoms disappeared. Was this a case of meningitis or of typhoid fever, or was it a case of typhoid fever with meningeal complications? The only evidences of typhoid were the right iliac gurgling and the Widal re-action. As against typhoid we had the character of the temperature chart and the complete recovery in eight days. It is true that the patient may have been