

Original Communications.

Cases of Cerebro-Spinal Fever. By WILLIAM GARDNER, M.A., M.D., C.M.; Professor of Medical Jurisprudence, University of Bishop's College.

I am induced to publish the two following cases of this disease, thinking that they may be of interest to the Profession, from the fact of their being typical cases of two different forms of the disease, the Simple and Purpuric, as described by Mr. J. Netten Radcliffe, in the second volume of Reynold's System of Medicine, and also from the fact of this having been, until within a few months, a rare disease in this city.

Case No. 1.—Frank C., a healthy little boy, æt. 10, was quite well on Sunday, 12th May last, when, having eaten a hearty dinner, he was seized with rigors, vomiting, headache, delirium, thirst, and other symptoms of high fever, which continued throughout the rest of the day and a part of the night following, when he commenced to perspire and then slept for some time. I first saw him at 11 a.m. of Monday, the 13th. He lay quiet; his skin damp, his clothing still wet from the perspiration, which had been profuse. The face presented a peculiar, vacant expression; when spoken to, he looked up and answered questions, but immediately relapsed to a semi-stupid state, in which the mind evidently wandered. The tongue was coated, and the bowels confined; the pulse 130; the temperature 101° . Ordered a dose of castor oil. I saw him again at 5 p.m. of the same day. The pulse as at last visit; the temperature is now $105\frac{1}{2}^{\circ}$. He is very restless, and in a condition of wild excited delirium. The vomiting, which had ceased with the subsidence of the fever, has returned, and now everything is rejected; has complained once of pains about his knees; there is, however, no swelling or redness of these joints, and they are not tender. Prescribed quinine in doses of 3 grains every three hours, with the view of reducing the high temperature; at 11 p.m. of the same day the pulse is 126; the temperature 100° ; the patient is quieter, but still delirious, and the vomiting continues. There are now present on the back and front of the chest, and on the abdomen, a number of petechial-looking spots; they are of small size, somewhat irregular in outline, purple in colour, and cannot be effaced by pressure.

Tuesday, 14th May, 10.30 a.m.—Has passed a restless, delirious night, and is in much the same

condition as at last report; 11.30 p.m., pulse 120; temperature $101\frac{1}{2}^{\circ}$, is apparently worse since morning, more delirious. The vomiting is less frequent. The head is forcibly retracted from spasmodic contraction of the muscles of the nape of the neck; there is rigidity of the hamstring muscles, the tendons standing out sharply against the skin, and a condition of semi-priapism exists.

Wednesday, 15th, 11 a.m.—Has passed a very bad night, having been very much excited with delirium of a wild character. The pulse is variable; from 96 to 120 during the visit, the beats are, however, of equal force; the temperature $101\frac{1}{2}^{\circ}$; vomiting has almost ceased; rigidity of the muscles of the nape and recti abdominis well marked; there is some squinting, the pupils are equal. Patient gives evidence of general hyperæsthesia.

Dr. Howard saw the patient with me in consultation this morning. The patient was ordered the following draught:

℞ pot. bromid grs. v.
Potass iodid gr iss.
Ext. ergot fluid miii.
Tinct. cinchon m xv.
Aquæ $\frac{3}{4}$ ss.

to be given every two hours, also an ointment consisting of equal parts biniodide of mercury and belladonna ointments, to be rubbed into the whole length of the spinal column every four hours. Special attention was also ordered to be directed to the feeding of the patient with milk, beef-tea, etc. 11.30 p.m. temperature, $100\frac{1}{2}^{\circ}$; pulse varies from 80 to 100. He is somewhat quieter, the delirium being of a less noisy character than this morning. His mental condition is somewhat peculiar; he lies quiet generally, but at intervals starts up, apparently under the influence of some delusion; the vomiting has ceased entirely, the bowels costive.

Thursday, 16th, 10.30 a.m. Temperature $100\frac{1}{2}^{\circ}$; pulse 82. Has passed a quiet night, but seems more lethargic than heretofore, although he can still be roused to consciousness; passes urine under him in bed; the petechial spots are disappearing, and no new ones are being formed. There is a copious eruption of herpes about the chin and lips; there is also livid, red, tender swelling of anterior and outer part of right ankle; condition otherwise as before; takes milk and beef-tee quite freely. 11.30 p.m., pulse 105; temperature $101\frac{1}{2}^{\circ}$. Ordered 5 grs. calomel to be followed at end of six hours by a teaspoonful of epsom salts.

Friday, 17th, 10.30 a.m.—Pulse 96; temperature $101\frac{1}{2}^{\circ}$, bowels moved; has passed the night fairly well. 11 p.m., pulse 118; temperature $102\frac{1}{2}^{\circ}$;