

Original Communications.

A case of Cerebro Spinal Meningitis. By E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal.

(Read before the Medico-Chirurgical Society of Montreal, January 23rd.)

The following notes of a case of this fatal and somewhat recent disease, is brought under your notice as an illustration of the course and pathological conditions met with in a most severe form of the disease:—

The subject of this disease was a strong, well-developed, healthy little girl, 3 years of age, the daughter of healthy parents of Irish extraction.

The child was taken ill on the 1st of June, but it was not till 9 p.m. on the 2nd of June, that I was called to attend her. She was very restless, vomiting occasionally. Pulse 165; skin hot and dry; bowels and bladder all right; pupils of both eyes normal, and no head symptoms. Gave the child tr. aconite and digitalis to control the action of the heart and relieve the skin.

3rd June, 11 a.m. Passed a good night; the febrile symptoms having abated shortly after midnight; had slept for five hours, and had a good breakfast; skin cool, and all seems well.

4th June, 10.30 a.m.—Passed a restless night, changing her position constantly; skin hot and dry. Began to be delirious about 7 a.m., since which time there is complete loss of vision, pupils widely dilated, heat of head extreme; pulse 150, temperature 102.2. Cries out in pain every few moments; has vomited; bowels not opened. Ordered the hair to be cut short off, and ice applied to the head, two leeches to the back of each ear, and dry cups to nape of neck and upper part of spine. Gave internally $2\frac{1}{2}$ grs. pot. iod., 5 grs. pot. bromid., 5 minims tr. digitalis, every two hours.

3 p.m.—Less restless, has had short sleeps; took some beef tea and corn starch with relish. Pupils less widely dilated, but still insensible to light. Pulse 114; temp. 103.2. Treatment continued, and in addition gave 5 minims of fluid extract of ergot every five hours.

8 p.m.—Less heat of skin; pupils normal, cannot see; is much more tranquil. Pulse 128; temp. 103.1.

5th June, 10.30 a.m.—Takes food well; is tolerably tranquil; no vision; pulse 112, temp. 100. Applied one dry cup only; otherwise continued the same treatment.

5.30 p.m.—Not nearly so well; very restless; pulse 130; temp. 102.5. Applied several cups to neck and spine.

6th June, 9 a.m.—Had convulsions at 4 a.m. Is now rational. Pupils slightly dilated; sight has returned; has slight bronchial cough; calls out for food, ice and drinks; pulse 110; temp. 100. At 11 a.m. is much as before, but not quite so well. Pulse 134; temp. 101.2.

11 p.m.—Condition as when last noted. Has slept on two occasions about twenty minutes each time.

7th June, 11 a.m.—Sight continues, pupils act freely, skin hot, and does not take food well; pulse 168; temp. 101.

5.30 p.m.—Pulse 140; temp. 100.8. Omitted former mixture, and gave Quinine, phos. acid and hyoscyamus.

8th June, 6 p.m.—Is much the same as yesterday. Treatment continued; cups reapplied. Pulse 108; temp. 101.7.

9th June, 11 a.m.—Passed a good night, sleeping well nearly all the time; is very cross and fretful; looks quite natural; eats well. Pulse 108, temp. 100.6.

6 p.m.—Slept quietly nearly all the day; enjoys her food. Pulse 100, temp. 98.3.

10th June, 11 a.m.—Is decidedly better, but very cross and irritable; eats and sleeps very well. Pulse 104; temp. 98.3. Vision present, but not perfect as before illness, being able to see objects directly in front of her, but not at either side.

11th June, 5 p.m.—Improving rapidly; insisted on being placed at table with the rest of the family to her meals; is very weak and cannot sit up long; eats and sleeps very well indeed. Pulse 68; temp. 99.

13th June.—Continues to improve, and eats and sleeps well, though restless by times. Gave the pyrophosphate of iron. Convalescent. Discontinued further attendance.

25th Oct.—Up to this date the child had continuously improved, and gained in both flesh and strength, although occasionally had complained of pains in her head. Had purulent discharges from ears at different times. The mind of the child, which had been rendered infantile by the disease, was being rapidly restored, and she enjoyed her out-of-door play with her little comrades as well as ever. The range of vision was greater, although the pupils continued to be somewhat dilated. On this day she was taken suddenly ill with pains in her head, great restlessness, marked opisthotonus, dilated pupils, but no extra heat of skin.