

CASES IN PRACTICE.

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Cerebro-Spinal Meningitis.

Ward 21, Toronto General Hospital. Admitted December 27th, 1898. Died December 27th, 1898.

History.—R. S., aged 50. Family history negative.

Personal History.—Laborer at G. T. R. shops. Good habits. Always strong and healthy. No history of ear disease. Was at work on Friday, December 23rd, apparently in perfect health. Woke at four o'clock Saturday morning, and complained of severe pain in the back of the head, greatest on the right side. This pain was of a sharp, shooting character, and at times extended into the right temporal region and down the neck. Was very feverish, and refused his food. The pain continued and increased towards evening. Seen by Dr. Noble Saturday evening. Temperature, 103; pulse, full and frequent; face flushed. Complained of severe pain in back of head and neck. Passed a very restless night, and vomited frequently, but brought up very little from his stomach. The pain continued throughout Sunday, but the vomiting was not so frequent as during Saturday night. Sunday night, very severe pain in back of head and neck; very restless; threw himself from side to side in bed; twitching of arms and legs; did not sleep. Monday passed with an increase in the severity of the pain and greater restlessness. Monday night, became delirious; tried to get out of bed when he was left alone; tumbling and twitching of arms and legs.

Admitted to hospital Tuesday morning. Temperature, 103; pulse, 124; respirations, 42; face flushed; head turned towards left side; stiffness of muscles of neck; irregular movements of eyes; pupils dilated, react slightly to light; irregular contractions of muscles of arms, legs, face and thorax; knee-jerk increased on both sides; ankle clonus present on both sides. Sensation—hyperesthesia. Pin pricks caused contraction of muscles of arms and legs. Died Tuesday night, December 27th. Before death, temperature, 103½; pulse, 150; respirations, 60.

Autopsy.—By Dr. J. Caven, December 28th, 1898, 3 p.m. Nutrition fair. *Post-mortem* staining in dependent parts; rigor mortis marked; orifices normal. Fat, deep yellow color; muscle, dark red; very little fat in omentum; no peritoneal adhesions; no fluid in peritoneal cavity; no pleural adhesions; no excess of fluid in either cavity; about 1 oz. clear fluid