

alcohol is not contraindicated. In a recent number of the *Lancet*, Rolleston and Allingham report a case of cerebro-spinal meningitis, treated by laminectomy. The patient was a man 34 years old who was suffering from what appeared to be a severe type of the disease, and in the judgment of the attending physician under simple medical treatment appeared to have little chance of life. Surgical intervention was therefore undertaken; an incision was made over the spines of the lower dorsal vertebræ, and the laminae of the 7th and 8th were excised: the exposed and bulging dura was incised for about an inch in the long axis of the cord; coagulated lymph and cerebro-spinal fluid escaped; a drainage tube was inserted, and the wound dressed antiseptically. Decided improvement at once ensued; for three and a-half weeks the discharge continued; and on any interference with its flow, the symptoms became aggravated. On the thirty-fourth day the temperature remained normal, the discharge greatly diminished, and shortly afterwards disappeared. The tube was removed on the fortieth day, and the wound was completely healed eleven days afterwards. In this case the result appeared to confirm the wisdom of the treatment. Whether a similar result will follow in any large number of cases, experience alone can show.

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#### ON MENINGITIS.

During the past few years, our knowledge of this grave affection has in many directions been extended, and new methods of diagnosis have been afforded us; nevertheless it still is often a matter of much difficulty for the physician to distinguish between the various forms of the disease that may present themselves in practice. Cases of septic meningitis form a considerable proportion of the sporadic cases occurring. These, according to Collins, (*20th Century Med.*, Vol. X) may be grouped into 3 classes:—1st, Those in which the pathogenic bacteria have gained admission to the body through wounds or injuries; 2nd, Those which develop in connection with pathogenic disease in adjacent structures and cavities, such as the mastoid, middle ear, nose, or tonsil; and 3rd, Cases where the inflammation develops in connection with other infectious diseases, such as pneumonia, typhoid fever, influenza, or measles. In the first and second groups the streptococcus is generally the invading micro-organism; in the third group, although the streptococcus may frequently be found, the pneumococcus, staphylococcus, and other pathogenic bacteria are the most important forms. Septic meningitis arising from local mischief is often unilateral. Meningitis arising from pneumonia or any of the so-called specific fevers gives rise to no characteristic symptoms by which it can be distinguished from the symptoms of nerve irritation due to cerebro-spinal congestion induced by the toxæmia of the specific fever. (Osler). Meningitis due primarily to an in-