

J. F., aged 17, admitted under Dr. Wilkins on June 10, '85, complaining of headache and pains (which appeared to be muscular) all over the body, also dizziness, and general weakness; vomiting also was present. He dates the present attack to two weeks previously, up to which time he was perfectly well. At that time he fell from a cart, striking his shoulders and then his head. He was removed home; vomiting set in immediately and lasted several days, and then gradually subsided. At the expiration of about ten days, feeling better, he endeavored to start work again, but having a return of all his symptoms, he was obliged to desist. He had pains in back and over the body generally, dizziness, vomiting, loss of appetite, and elevation of temperature. These symptoms increasing in intensity, he was brought into hospital. On admission, he had a prematurely old appearance—looked quite 25 years of age. He had a stupid and lethargic expression, with dilated pupils. His tongue was coated, and red at both tip and borders. Bowels constipated. Complains very much of headache, backache and insomnia. Since admission, he had been vomiting constantly a thin, grumous fluid. Pulse 70, full and strong; temperature 100° ; respiration 20. His mental condition was irritable and dull; not inclined to answer questions; did not want to be disturbed in any way—taking medicine or otherwise. His urine was examined and found to be normal. There appeared to be marked iliac tenderness of both fossæ. The temperature became normal on the second day in hospital, and remained so during the progress of the disease. On the third day after admission, some slight retraction of head was observed: he could be elevated by the contracted neck muscles. Movements were performed in a rapid and jerky manner. He made several attempts to leave the bed and walk about. He was able to walk a few steps, but was very unsteady and weak. Up to this time he had perfect control over bladder and bowels. On the following day, whilst the resident medical officer, Dr. Gustin, was making his morning rounds of the ward, he observed him become suddenly cyanotic and almost asphyxiated. Pulse 120; pupils contracted; no paralysis nor spasmodic contraction; unable to open mouth;