

lesion, and is sometimes associated with organic disease of the brain. Tumours of the brain, especially those in the neighbourhood of the fourth ventricle, may have this symptom. In all cases you should seek for the possible nervous disorder underlying the polyuria. There is no doubt here, from the pain, the blindness, the ophthalmoscopic report, that the real lesion is in the cranium; the case is one of central trouble, the diabetes being but one of the symptoms.

Now, let me point out the extraordinary result of treatment in this case. He is, practically, well of the diabetes; when we stop the iodide the four pints of urine will, doubtless, fall to the normal quantity. He is strong, active, and well, apparently, and when he recovers from his brain trouble he will have no polyuria.

I first used ergot in diabetes insipidus two years ago, in this hospital, with complete success; the case afterward was admitted to the surgical ward with a broken leg, but his polyuria has not returned. This case I reported to the Pathological Society. In ergot, freely used, we have one of the most active agents in controlling this symptom, which, as I have before stated, is generally linked to disease of the nervous system. Everything has been tried in the treatment of diabetes insipidus, and, I may say, on the strength of three cases, that ergot shows a power in this respect that nothing else does, although, like other remedies, it may fail in some cases.

Now for the point of ergot causing the meningeal exacerbation. This is easily disposed of. The signs of meningitis came on twelve days after the ergot had been stopped, and were accompanied by a distinct rise in temperature. Such exacerbations are quite common in meningitis, and I think this is sufficiently explained by the previous attack; the ergot could not have caused it.

As to the evidence of meningitis. Violent delirium, with hallucinations, is one of the most certain diagnostic signs of meningitis affecting the base or convexity of the hemispheres. Another point is the admirable result from iodide of potassium, which is important evidence as to the nature of the disease. This case proves

what has been doubted, that acute meningitis may come on in the course of chronic disorders, without a blow or evident exciting cause.

The diagnosis between chronic meningitis with thickening, and a small tumour, is sometimes difficult, if not impossible. The absence of headache, vomiting, and convulsions would favour the idea of a tumour, but, in truth, a small tumour, and meningeal thickening with exudation, do not furnish points of differential diagnosis, and are practically very much the same thing; the meningeal disease and deposit really constitute a flattened tumour, and may give rise to symptoms from pressure on the brain.

There is sufficient reason for continuing the exhibition of the iodide of potassium, and of applying counter-irritants to the back of the neck.

[The patient remained under observation two weeks longer, when, being improved in every respect, he was discharged at his own request, in order to return to work. The urine was still about sixty ounces, but he continued taking the iodide of potassium up to the day he left the ward.]—*Phil. Med. and Surg. Reporter.*

CIRRHOSIS OF LIVER IN A BOY AGED 14.—

At a meeting of the Pathological Society of Dublin, on January 13th, the President showed the viscera of a boy, aged 14, who had general dropsy with marked ascites. Passive pleural effusion occurred, and necessitated thoracentesis. On repeating the operation, the fluid was purulent. After death, the right lung appeared compressed and carnified; the pleura was thickened. The pericardium was firmly adherent to the anterior surface of the heart, which was small. A calcareous plate existed in the pericardium, and passed into the substance of the heart itself. The liver was nodulated; its connective tissue was increased; its cells fatty. The kidneys were granular. The urine had been frequently tested and found free from albumen, of moderate specific gravity, and excessive in quantity. The atrophy of the heart, in the presence of an adherent pericardium, was, doubtless, due to the long-continued cachectic state of the boy's system.—*Brit. Med. Jour.*