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WINNIPEG GENERAL HOSPITAL NOTES.

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TUBERCULAR MENINGITIS.

CASE 1.—J.H., aged 21, foreigner, was admitted to the Winnipeg General Hospital under Dr. Blanchard, October 15th, 1890, complaining of a severe headache, anorexia and weakness. His previous health has always been good. The family history is very vague. One brother died at the age of nine from some obscure brain trouble, said to be due to over-reading.

The present illness began about October 1st, '90, the patient then experiencing a dull frontal headache. At first this was not constant but it soon became much more severe and about October 12th it became constant and he was obliged to take to his bed. A physician was called in who pronounced the patient to be suffering from a mild attack of typhoid fever, and sent him to the hospital. Previous to this his appetite has been good and his bowels regular. He has suffered slightly from vomiting and indigestion.

On admission the patient appeared very languid and indisposed, although not seriously ill. Eyes are dull and heavy, pupils normal, skin dry and hot. The tongue is heavily coated with a thick white fur, breath somewhat offensive, anorexia, bowels constipated. The abdomen is flat but otherwise apparently normal. There are no rose-colored spots and no iliac tenderness; temperature 98 to 99°F., pulse 50 to 60, respirations normal. He complained of a dull constant headache situated in the frontal and parietal regions, sometimes in the occipital region. The sleep is poor and muscular tremors are seen at times. The heart, lungs and urine were examined with a negative result. A tonic was given before meals and analgesics for the pain with very slight benefit.

Oct. 27th. Sleep was very broken last night; vomiting and epistaxis this morning. He is very irritable and complains of stiffness of the neck. An ice cap was applied to the head and sedatives given freely.

Oct. 28th. Patient is somewhat delirious to day and is very restless; temperature 100 2-5°F., previous to to-day it never going above 99°F.; face flushed; pulse slow and full. The fundus of the eye was examined, it appearing congested and the blood vessels indistinct. No tubercular nodules were discovered on the choroid. The ears were examined and reported negative. These symptoms continued until the 30th inst., when the patient became very listless and finally unconscious. The pupils were moderately contracted but even and active; temperature 102°F.; the pulse remaining slow and full; no "tache cerebrale" were elicited. A transient paresis of the right arm and leg was noticed to-day which was soon recovered from, but followed by a similar paresis of the left side; swallowing became difficult. Later, on both sides of the body became paralysed and the patient sank into a deep coma and died on the 31st, about midnight. Before death the temperature gradually rising to 105°F.; the pulse and respirations becoming rapid (140 and 60), and the chest filled with rales.

The autopsy revealed acute miliary tuberculosis affecting both lungs throughout, and the surface of the kidneys and liver. There was a moderate amount of effusion into the subarachnoid space at the base of the brain, and into the lateral ventricles. A tubercular meningitis of an advanced degree affecting the thin membranes at the base of the brain was