
On April 12th I had the honour of bringing under the notice of the Medical Society a paper "On an Outbreak of Small-pox, illustrating the relation between that Disease and Cerebro-spinal Meningitis." The following case, when compared with Case I. of the paper above-mentioned, presents many points of interest:—

William M., aged twenty-one years, labourer, in the employment of the Port and Docks Board—residence, 1, Margaret’s Cottages, Great Clarence-street—states he was eleven days ill before admission. Admitted on Thursday, April 28th, about 4 p.m.; conveyed to hospital in the cab belonging to the South Dublin Union. He stated that he was working at ballasting ships on the Saturday week previous to admission; that he was unusually hard worked for some days previous to his illness, and was constantly exposed to wet and cold. He did not feel quite well on Sunday, and on Monday had to give up his work and go to bed. On this day he had shivering fits, pain in his head, and vomited frequently, the vomited matter being of a bright green colour; he next got general pains in his limbs and back, but did not complain of special or severe pain in any one place. On being carefully questioned, he said he never had any pain in the back of his neck, but some all down his back. Temperature on evening of admission, 102.1°; respiration, normal; pulse, 100.

April 21st, 1876.—I first saw him on this day, when he complained of pains in arms, legs, and back; vomiting; diarrhoea; difficulty of passing water; there was no hyperaesthesia anywhere, and the pain did not seem to be severe. On examination, a number of slightly raised purpuric spots were found on the legs, especially on the ankles, and at several points where slight injuries and scratches had occurred; there was a tolerably good vaccination mark at the usual place on the left arm. Temperature, 98.2°; pulse, 84, very weak and compressible; slept pretty well during the night; has vomited green matter, and passed some dark blood from the bowels; there was slight general tenderness of the

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abdomen; the heart sounds were pretty good; respiration normal. A catheter was ordered to be passed, but the patient passed water himself without the aid of the instrument. I believed the case to be one of cerebro-spinal meningitis, and ordered iodide of potassium gr. 40, bromide of potassium gr. 80, water to 8 oz., one ounce to be taken every third hour. I also ordered 20 oz. of claret, and lime-water and milk for drink. Temperature in evening, 98·8°; pulse, 100.

22nd.—Vomiting had continued and become worse, everything being rejected; pain in stomach and tenderness of abdomen increased; spots more numerous and more raised, some spots on hands, and a considerable number over thighs and hips; bowels too free, and discharges of the same character as on previous day; passed normal urine, without assistance; temperature, 97·6°; pulse, 84. Ordered claret to be discontinued. Whiskey 4 oz., to be given in doses of 3 2 at a time, largely diluted with water, and a turpentine stupe to be applied over abdomen. Evening temperature, 97·2°; pulse, 104.

23rd.—Temperature, 97°; pulse, 92; vomiting less frequent, but of same character as yesterday; bowels still too loose, but discharges contain but little blood; spots more numerous and larger; large purpuric spot on prepuce; the spots on the hips had become confluent, and there seemed to be a tendency to bedsores.

24th.—Spots much worse, more raised, harder, and more numerous on legs, thighs, and hips, a few on the arms, and scattered spots over the back and sides of the body; there was a large purpuric patch upon the right upper eyelid, and some minute black spots on lower lip and chin; slept badly; he seemed to be delirious during the night, but the nurse was not quite sure whether he raved when fully awake; pains much less severe—in fact he made no complaint of pains from this day onwards; passed little or no water; bowels still too free, the discharges being free from blood and of a nearly normal colour, but too fluid; temperature, 97·6°; pulse, 112. Ordered—whiskey 6 oz., and 1 oz. of confection of turpentine to be added to the mixture. The patient seemed cheerful, although complaining much of weakness.

25th.—The tongue, which up to this time had been almost normal, had now become dry and brown in the centre; pulse, 112; temperature, 97·6°; left eyelid discoloured by purpuric patch; some of the spots had raised white heads, with a little black spot