that the enlarged thyroid mass presses on the recurrent laryngeal nerves, and thus leads to closure of the glottis, and it has been proved experimentally that when these nerves (which supply both dilators and constrictors) are stimulated, the constricting muscles overpower the dilators and close the glottis. This view, however, hardly explains why a condition of very slight dyspnoea sometimes becomes suddenly intensified, and may lead to sudden death (in a case published by Seitz of Zürich death occurred in two minutes after the commencement of the severe dyspnoea). Another explanation occurred to me, while dissecting the muscles from off the growth, especially the sterno-hyoids and thyroids, which pass over the thyroid gland, and were found well developed in the above case. Suppose for a moment that the gradual enlargement of the growth causes some dyspnoea by pressure on the trachea or recurrent laryngeals. This will produce no special trouble, till suddenly one day, perhaps after an unusual muscular effort, the dyspnoea is sufficient to call the sterno-hyoid and thyroid (and possibly mastoid) into action, in their capacity of supplementary inspiratory muscles. These muscles, when contracted, will press the lateral masses of the gland down upon the trachea (which in this instance was already greatly narrowed), and thus increase the dyspnoea; this dyspnoea must, again, throw the muscles into greater activity, and thus a "vicious circle" might be set up, one factor increasing the other, and rapidly leading to a fatal issue. The same sequence of events may possibly occur where the muscles above mentioned and the recurrent laryngeals are the efficient agents, and where therefore death is due to closure of the glottis.

Reading.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF CEREBRO-SPINAL MENINGITIS; RECOVERY; REMARKS.

(Under the care of Dr. EWART.)

THIS case is of some interest, as being a sporadic case of cerebro-spinal meningitis, which recovered, but retained the permanent sequelæ left in cases of the epidemic form. For the notes we are indebted to Dr. Griffiths, medical registrar.

W. T—, a carpenter, twenty-nine years of age, admitted Sept. 17th, 1886, had a family history of good health, and had always been himself strong and well. He worked in a carpenter's shop, under, so far as could be ascertained, good sanitary conditions. He had had no injury or blow, nor did he remember to have "taken cold." He first felt dull and heavy on Sept. 10th, and next day had rigors with much frontal pain, and some pain about the nuchal region; no vomiting, but there was obstinate constipation. On the 12th both eyes were inflamed, the inflammation increasing rapidly. On the 14th he lost the sight of the right eye, and on the 15th that of the left. Delirium set in on the 13th, with high temperature.

He was admitted on the seventh day of the illness, and presented a condition of much prostration, with subsultus tendinum occasionally. He had a coated tongue; the pulse was 88, the temperature 102°, and the respiration 24. He had much difficulty in bending the neck, and had some retraction of the head. He presented much chemosis, with turbidity of the cornea, and tension in both eyes was -2. His heart showed slight hypertrophy, with a general soft systolic murmur. There were no adventitious sounds over the lungs, and no enlargement of the abdominal viscera. His urine was high-coloured, sp. gr. 1024, but non-albuminous; and he was passing loose green stools in bed, having been given a purgative before admission. His deep reflexes were about normal; tache cérébrale well marked; an apparently normal abdomen.

The man remained in an apathetic state for three days,

when he began to mend. His temperature was irregular—the maximum 103°; his pulse-rate averaged 108, and was quite regular. At no time had he any vomiting, and only slight pain in the neck, the chief seat of pain being in the frontal and occipital regions. His eyes showed gradually less chemosis, but the pupils dilated irregularly under atropine, points of lymph being seen on the anterior surface of the lens; the media, however, continued to be thick, though the corneæ regained to a great extent their transparency. On Sept. 21st he had slight improvement in vision, and the media seemed slightly less thick, but he could only distinguish between light and shade, and by degrees this power diminished until he became absolutely blind. His general condition began to improve on the ninth day after admission, his temperature being then normal, and remaining at that level; and though he suffered from frontal headache, he continued to improve until discharged. He was then in fair health, but was completely blind, the media being quite thick and precluding ophthalmoscopic examination. He was treated during the acute stage with an ice-bag applied to the head and neck. He was given two drachms of solution of perchloride of mercury and ten grains of iodide of potassium every four hours, while a strong solution of atropine was applied to the eyes, at first frequently, but only twice daily after the second day. Six ounces of brandy were given daily at first. Later on aconite and belladonna liniment was painted over the forehead to relieve pain, and he was put on tonic treatment till his discharge.

This patient presented all the points of a case of cerebro-spinal meningitis, though many not of a marked character. His condition on admission was more that of prostration than of actual collapse, but the rapidity of onset, want of exciting cause, retraction of head, and progressive ocular symptoms all confirmed the original diagnosis. Among the many interesting papers written on the subject, we would especially refer to Dr. Wilson's paper in the *Dublin Quarterly Journal* for May, 1867, in which, though speaking of the epidemic form of this disease, he describes the ocular symptoms from conjunctivitis through suppurative choroiditis to amaurosis, either from collapse of the globe, detachment of retina, or actual atrophy of the same.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, CITY ROAD.

CASE OF EMPYEMA; FREE INCISION AND DRAINAGE AT LOWEST POINT; RAPID RECOVERY.

(Under the care of Dr. OSWALD BROWNE.)

FOR the notes of this case we are indebted to Mr. Harold Simmons, house-physician.

C. G—, a well-nourished girl, aged eight, was admitted from the out-patient department on Sept. 8th, 1886, giving a history of four months' illness, commencing, after unusual exposure, with rigor and cough, and marked by gradually increasing shortness of breath, pain in the left side, emaciation, and weakness. She had had no previous illness, nor was there any history of hereditary tubercular tendency.

Condition on admission.—Her face was pale and somewhat livid; lips bluish; respiration hurried and shallow, 40; pulse small and soft, 128; temperature 102°; skin moist. Thorax: The left side scarcely moved with respiration, the intercostal furrows were obliterated, and there was bulging of the upper walls of the chest; the percussion note was absolutely dull all over the side, and the respiratory murmur absent, except some distant tubular breathing audible at the extreme apex above the second rib, and some faint sounds along the spine at the inner border of the scapula. No tactile vocal fremitus was perceptible, and the voice sounds, feebly heard at the apex, were totally inaudible below. The right side was resonant; respiration loudly heard, and accompanied posteriorly by sonorous rhonchi. The heart's impulse could be felt in the right nipple line, one inch below the nipple, and the cardiac dullness extended thus far and joined the general dullness on the left side, its upper limit being the third cartilage; the heart sounds were loud and clear. The liver margin was an inch below the costal border in the right nipple line; the spleen not perceptible. Urine acid, containing no albumen.

Sept. 10th.—She was considerably more distressed and cyanosed, temperature had continued at 102°, and there had