sensible, lying on his back and groaning. His hands were clenched, his arms semi-flexed, rigid, and raised slightly from the bed, and trembling violently. His legs were extended, stiff, and also trembling. There was slight opisthotonos. His face was pale, his mouth open, eyes widely opened, no squint or deviation, conjunctivæ almost insensitive, pupils contracted, no reaction to light. His respiration was 13 to the minute, expiration accompanied by straining groans like those of a woman in labour, and with each expiration the muscles of the neck and face, including the platysma, were strongly contracted. Temperature in axilla 102.4°. Pulse 116, small, weak, compressible, artery apparently good; beat occasionally dropped during expiration. Heart sounds normal; entry of air good all over lungs. No discharge from either ear; wax was present in each meatus. No redness or sign of injury anywhere about the head, and nothing abnormal to be discovered about the body, except two small oval scars on the left tibia. I considered his condition evidently hopeless, but in order to spare his relatives unnecessary anxiety I gave them all something to do—e.g., fetching ice &c.—and recommended a consultation. At 7.30 A.M., arms and legs more relaxed; no knee-jerk to be got. No difference in resistance of opposite limbs, no distortion of face, conjunctivæ quite insensitive, pupils still contracted, face becoming cyanosed, eyelids relaxed, allowing eyes to be closed. Temperature in axilla 102.4°. Pulse 124, weaker, rather difficult to count, and intermittent. Respiration 10, irregular, but not Cheyne-Stokes. Pulse gradually failed, and death occurred at 8 A.M.

Post-mortem examination, restricted to head, thirty hours after death.—Rigor mortis was slight in arms, marked in legs. On removing the skull cap and cutting through the dura mater, it was found to be adherent to the pia mater in many places. The pia mater was swollen, infiltrated with purulent lymph in the neighbourhood of the vessels all over the convexity, but not more on one side than on the other. Fluid in subdural space increased (?), and rather turbid. Pia mater stripped easily. No tubercles found anywhere, even with lens. Base of brain healthy, vessels good. Dura mater everywhere healthy. No diseased bone found anywhere. Internal ear chiselled out on both sides, but no signs of inflammation found. All sinuses normal, and no further light thrown by cutting up the brain.

Remarks.—I am sorry that the post-mortem examination did not show any cause for the purulent meningitis. As to diagnosis, my first thought was "status epilepticus," and then I thought of poisoning, with all its attendant difficulties for the medical man. I finally fixed on hæmorrhage into the pons; the fact of my not having kept the thermometer in long enough the first time and the consequent higher reading on the second occasion helping me into this error. The history obtained before death was incomplete, and the details above were only obtained afterwards by careful inquiry. I found post mortem that I might have diagnosed the case if I had only known Dr. Fagge's writings better. For those in the same position I venture to add the following extracts: "Simple meningitis commonly begins quite suddenly; it has no prodromata. The patient, if an adult, may be seized with a rigor. Headache is generally present from the first; it may either be referred to the forehead or affect all parts alike. There may be exacerbations from time to time, in which piercing cries are uttered. Giddiness is frequently an early symptom; the ground seems to give way beneath the feet, and the legs may feel so weak that to stand upright is impossible. Vomiting, perhaps, occurs once or oftener.... The temperature rises, and may reach 104° by the third day; there may be great complaint of thirst. The pulse is quickened as a rule, but this is not always the case. Epileptiform convulsions are not uncommon, and sometimes mark the commencement of the disease. His mind may for a time be perfectly clear, but afterwards he becomes delirious or comatose. The pupils are as a rule contracted. The duration of simple meningitis varies with its intensity. Those cases in which the whole surface of the brain, including its convexity, is inflamed scarcely ever last more than a week, and generally terminate within three or four days" (p. 702). I found that Dr. Fagge's "Medicine" threw more light on the case and afforded me more help than any other authority in what Dr. Wilks used to call the hardest examination of all—the examination by the bedside. I think on the whole that it was lucky for me that I was not called in and asked for my prognosis in the early days of the disease.

New Ferry.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON A PECULIAR INJURY TO THE EYE.

BY T. O'CONNELL REDMOND, L.R.C.S.I., L.R.C.P.I.

ON the 11th inst. I was sent for to see a lady who had met with an accident. When I arrived, five hours after the occurrence, I found my patient to be an elderly lady, suffering from what I at first thought was an ordinary black eye (right), except that immediately under and parallel to the eyebrow there was a jagged, open wound, extending for about half an inch, or perhaps a little more. The eye was tightly closed, both lids much puffed and ecchymosed, and blood was oozing from between the lids. She complained of but little pain, and, in fact, suffered her friends to sponge the parts, which had been done frequently before my arrival. The history I got was as follows: She was going down a rather dark staircase, carrying a flower-pot set on a common white delf saucer. There was a trunk at the foot of the stairs, close up against the last step. The old lady did not notice this, but came placidly along until she met the obstacle. The rest to her is a blank. When found, the saucer was smashed, the flower-pot intact, and my patient's eye injured. On examining the eye I felt something hard and pointed under the upper lid. I retracted the lids a little, a matter of much difficulty, and saw, instead of the eye, a white shiny substance. Nothing could be seen save this. I now directed my attention to the wound under the eyebrow, and on passing down a probe came upon a hard substance. I enlarged the wound slightly, and, passing down a forceps, seized the substance, and, with much ease, drew out a piece of the saucer, triangular in shape, equilateral, slightly concave, measuring each side, an inch and one-eighth, with jagged edges and sharp corners. I could now examine the eye, and found to my astonishment that it was clear and sound, although it had been completely covered by the portion of saucer, the concave portion of which rested against the organ. There was some redness of the conjunctiva at the outer canthus, and also a small clot or so. Nothing else. No pain, and vision and accommodation perfect. I sutured the wound, dusted it with iodoform, applied water dressing and a pad, and kept the patient in bed for a couple of days. The old lady is now well.

I think this case is worthy of record, not because of any special difficulties to the medical attendant, but as showing the amount of ill-treatment an eye may suffer and show so little injury. I think it was a most providential escape.

Dublin.

FISTULA IN ANO TREATED BY EXCISION AND SUTURE.

BY E. HOOPER MAY, F.R.C.S. ENG.

IN THE LANCET of July 18th, 1891, Mr. A. S. Barling relates a case of fistula in ano, in which, after opening up the sinus, the wound was sutured.

Last August a woman aged forty was admitted into the Tottenham Hospital under my care, in whose case a similar method of treatment was adopted. In this instance there were two fistulæ, each requiring an incision of considerable length, and so near together that it was deemed advisable to deal with one only at first. This was done in the usual way on Aug. 29th. On Sept. 18th the other sinus was laid open, all granulation tissue carefully cleared away, and the wound closed from the deepest part to the surface by a continuous buried suture of catgut. On Sept. 25th the wound was healed. The wound left by the first operation on Aug. 29th did not heal for another fortnight, although at the time of the second operation the unhealed part of it was scraped and stitched up in the manner above described.

More recently a case has occurred the treatment of which involved long incisions through both gluteal regions. These were closed by the same method, with a result quite