vagus, stopping for some half hour or more at the pulmonary plexuses, and then following the pneumogastric through the diaphragm to the stomach, causing in the first place a flow of mucus, and secondly vomiting.

The anatomy is more difficult. The auricular branch of the pneumogastric nerve supplies, so far as is at present known, the skin on the back of the ear, whilst the skin of the external auditory canal is supplied by the auriculo-temporal branch from the third division of the fifth, this being proved not only by dissection, but also, as Mr. Hilton points out in his lectures on Rest and Pain, "by the frequency of earache accompanying toothache and malignant disease of the tongue, and by stiffness of the jaws (the muscles of mastication being supplied by motor branches from the third division of the fifth) accompanying earache, &c.

Now, I am not aware that anatomists describe any communication between the two nerves in question—viz., the auricular branch of the pneumogastric and the auriculo-temporal of the fifth, but I think this case goes a long way to prove that communications between them really do exist, and if so almost certainly at their peripheral distribution. At any rate, the facts are most interesting, and have an important practical bearing, which ought not to be overlooked.

Twickenham.

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. BARTHOLOMEW'S HOSPITAL.

THREE CASES OF CHRONIC MENINGITIS, FOLLOWING INJURY TO THE SKULL.

(Under the care of Dr. SOUTHEY.)

THE following is the second case of the interesting series we began last week (page 796).

CASE 2. *Fall on the back of the head, followed four months after by cerebral symptoms; death.*—John A—, aged sixteen, a fairly nourished, but pale, lymphatic lad, with a vacant, half-imbecile expression, was taken to the hospital by his mother on July 10th last. He cried and sobbed in a frightened, child-like manner, and seemed intellectually degraded. His skin felt hot, dry, and desquamating; his tongue was moist and a little furred; pulse 108, regular, and small; respiration about 20. The temperature would be normal or below normal in the morning, but suddenly rise to 102° between 2 and 8 P.M. He walked upstairs, but stood like a person weak in his knees, and with his legs somewhat wide apart. He required help to undress himself, but not because of any special paralysis. The only muscle in which any impairment of power could be discovered was the external rectus of the left eye. After he was in bed he assumed the crouching attitude, lying habitually on his left side, with his knees drawn up and his hands between his thighs, as if always feeling cold.

The physical examination of the heart, lungs, and abdominal organs elicited no facts indicative of disease.

The patient had enjoyed perfect health, and intellectually had been equal to boys of his own age, up to Christmas last (1878-79), when, while sliding on the ice, he had fallen down and struck the back of his head heavily, suffering some concussion of the brain, and was laid up in bed at home for a week after the accident. He resumed his employment, however, and was able to do his work as well as before his fall up to May 1st. About this date he had a bad attack of vomiting, and since that vomiting the lad seemed to his mother to have lost all his wits, became dreamy and apathetic, and able to remember nothing properly. From May to July, the date of his admission, he lay at

home in bed most of the day, vomiting frequently, but still keeping a good deal of his food down. Latterly he had troubled his family very much at night-time, waking up, screaming violently, keeping everyone awake about him, sobbing like a naughty child, and refusing to be comforted or quieted. By day he was drowsy, apathetic, slow in responding to questions, but possessed of ordinary discernment; while at night he was restless, terrified, and irrational. His bowels were inclined to be costive. He had no particular thirst, and he passed an average of three pints of urine per diem, of sp. gr. 1020, containing no albumen, and showing no noticeable excess of earthy phosphates.

He was ordered tepid baths, with occasional cold spinal douches; a wet rag to his forehead when his temperature was high; a grain of calomel, followed by a saline, when the bowels had been confined for forty-eight hours; a nourishing diet, but no stimulant.

Observations in the hospital entirely confirmed the account received about him. On some nights he slept pretty quietly, on others he would scream and sob and disturb the ward. He behaved like a great baby at all times, but was clean in his habits. He did not complain of much pain in his head, or appear to suffer headache, but he often asked to have his head chopped off, and was at times possessed with the idea that it was desired to chop it off.

He took very little solid food, plenty of milk and fluids; as a natural consequence, he passed large quantities of urine, 70 to 115 ounces sometimes per diem. Scybala accumulated in his colon, and required clearing out artificially once. He only vomited once or twice in July; entertained a variety of delusions; thought his bed was inhabited first by rats, then by eels, and that various animals, elephants, visited him. A restless noisy night was, however, often succeeded by vomiting on the following day.

On August 6th a careful ophthalmoscope examination was made by Mr. B. Vernon, who reported the right optic disc extremely red; left disc red, in parts ill defined; retinal veins engorged.

About the end of August no more delusions were heard of. The temperature-chart was carefully kept from July 10th to Aug. 14th. For three days in succession the temperature would be maintained between 101.5° and 104°, then it would drop to normal or below (97.2°) for two days, and then rise again gradually each night one or two degrees until it reached 104.8°, or, as it did on one occasion, 105°. Latterly he complained more of headache; the temperature fluctuated less, and was seldom above 102° or below 99°; he became weaker muscularly; his tongue was tremulous, and although he could sit up in bed the effort to do so brought on intense pain in the head and vomiting. *Tâches cérébrales* were well-marked.

Counter-irritation was applied over the occiput, and iodide of potassium was given internally, and chloral hydrate and bromide of potassium occasionally. In September recourse was had to hypodermics of morphia, with great relief to pain and vomiting. On Sept. 15th it was determined to put a seton in the back of the neck. The first attempt was made with a silk thread, which was soon pulled out again. Two days later he was anæsthetised with chloroform, and a proper seton was introduced. He had scarcely recovered from the effects of the chloroform, four hours only having intervened, when he had the first of a series of epileptic fits, recurring at short intervals until death on the same evening. Death occurred ten weeks after his admission, or about twenty weeks after the manifestation of the first cerebral symptoms, and over nine months after the receipt of an injury to the head.

Necropsy.—The scalp and calvaria were healthy. There were many tough adhesions at the fork of the optic commissure, and a layer of lymph on the surface of the olfactory nerves and the adjacent cerebral hemispheres. The convolutions were flattened on both sides, and the whole base of the brain was covered with tough, but not thick, deposits of lymph. The sides of both Sylvian fissures were adherent, and the cerebral hemispheres were adherent in front. The fourth ventricle was closed by adhesions, and in each lateral ventricle three or four ounces of clear serum were found. The iter was closed, but seemed not quite impervious on dissection. The brain-substance was healthy; there was no tubercle anywhere. The spinal cord and membranes were also healthy. There was no tubercle or evidence of disease in the lungs or bronchial glands. The heart and the abdominal viscera were likewise free from evidences of disease.