the stomach. The bowels had not moved since the 15th, but there were no signs of mechanical obstruction. There was no pain, no tympanites; the pulse had not been above 70, full, strong and normal; tongue foul; much thirst; skin dry and hot. "A deathly feeling at the pit of the stomach," was all she complained of. On the 20th the bowels had not been moved, and a drop of croton oil was given and accompanied with cathartic enemata. No movement of the bowels followed. Satisfied that physic had been sufficiently tried, it was dropped, and the case, thoroughly investigated, was diagnosed as one of paralysis. Acting on this decision, the patient was placed on nux vomica, and the electric current was passed from mouth to anus and repeated in three hours.

May 21st.—The patient passed a comfortable night. One operation from the bowels this morning. A physician saw the patient with me in the afternoon. He confirmed the diagnosis, advised the treatment continued, and made a favorable prognosis. Two more operations of the bowels at night.

22d.—Patient is feeling somewhat better. Has taken beef-tea and gruel to-day, and retained them well. Repeated the electrical current and continued the nux vomica. One operation to-day.

23d.—Treatment continued. One operation.

24th.—Gave two compound cathartic pills. Repeated galvanic current. Continued nux vomica. Two operations to-day.

25th.—Patient steadily improving. Discontinued the use of the battery and nux vomica. Bowels respond readily to physic.

Throughout the case the pulse was normal, except under the excitement of the battery it rose to 85, and once to 92.

EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

To the Editors of the Boston Medical and Surgical Journal.

In the interesting article from my friend Dr. Shaw, on this subject, in your JOURNAL for May 30, occurs the following sentence:—"From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute" (that is for ordinary daylight or sunlight). One of the great advantages which the method of illumination of von Troëltzsch, of which Dr. Shaw justly speaks so highly, is, as it seems to me, the fact that we are *never obliged* to substitute lamp or gaslight for ordinary daylight, even if the weather be cloudy or stormy. I have never as yet seen the daylight which was not sufficient to fully illuminate the auditory canal and membrana tympani, when reflected by the concave mirror. Believing, as I do, that the introduction of this simple means of examination has done more for the advance of our knowledge in ear disease than any one suggestion ever made in this province, I am induced to ask you to insert this as an addendum to an article which has

done a real service to the profession. If I am correct in my views of the adaptability of the mirror to any weather, cloudy or pleasant, its use becomes still more simple.

New York, June 3d, 1867.

Respectfully,
D. B. ST. JOHN ROOSA.

THE FEVER THERMOMETER.

(Concluded from page 370.)

A FEW months since, a young man, 18 years of age, and by occupation a farmer, presented himself to me with the following symptoms: Had been "feeling badly" for about ten days; slight headache; tongue lightly coated; urine high colored; some diarrhœa; pulse 86. He had no chills; his appetite was not much impaired; his bowels were not tympanitic, and he was performing his regular work upon the farm.

Was this a case of simple malaise, autumnal diarrhœa, or typhoid fever? It did not seem to me easy to decide. But on applying the thermometer to the axilla, the mercury rose rapidly to 103. This enabled me to exclude the two former, and the patient was accordingly warned that his disease was probably typhoid fever, and was advised to take his bed, which he was soon glad to do.

Three days after, the symptoms had become well marked, and indicated a case of rather more than usual severity. On the ninth day, there were perceptible signs of convalescence, and the case progressed finely until the thirteenth day, when his symptoms were as follows: Very slight meteorism of the bowels; pulse 76; tongue and teeth clean; no delirium, and a moist skin, the temperature of which was 99. A speedy convalescence was predicted. On making my evening visit, eight hours after, I found him apparently comfortable, but a slightly corrugated appearance about the eyebrows arrested my attention. The pupils were slightly contracted, and he complained of a disagreeable feeling in the head, although no pain. He was in an unusually happy frame of mind, which was the more noticeable as the degree of exhilaration was equal to that caused by the taking of cerebral stimulants. His pulse was a little quicker; otherwise his symptoms were unchanged. There was no suppression of the urine, and he had taken no opiates. Had had considerable company during the day.

Were these symptoms owing to simple fatigue, or to the advent of cerebral disease? The thermometer indicated his temperature at 105°, a rise of six degrees in eight hours. From this fact, I judged that meningitis had supervened, and an unfavorable opinion was at once given. The prognosis was confirmed on the following day by his death, preceded by coma and convulsions.

In making a differential diagnosis between the different forms