DAY.	RESPIRATION.	PULSE.	TEMP. IN DEG. FAHR.
29.....	30.....	144.....	102
30.....	28.....	130.....	103
31.....	30.....	130.....	103
32.....	24.....	120.....	101.5
33.....	24.....	120.....	99
34.....	Not noted	100.....	98
35.....	—	100.....	98
36.....	—	108.....	99
37.....	—	110.....	99
38.....	Irregular	96.....	97.5
39.....	”	84.....	96.2
40.....	31.....	100.....	102
41.....	26.....	86.....	99

The temperature soon fell to the normal, and there was no further variation of consequence. The patient remained in a very doubtful state for two months, and was discharged in October quite well, except his eye, which was almost useless. The foregoing range of temperature shows well the frequent variations which occur in cases of this class. Each of the great rises in temperature corresponded with an aggravation of all the symptoms of meningitis. On each occasion on which the temperature fell very low, as on the tenth and thirty-ninth days, the patient fell into a state of almost hopeless collapse. It is worthy of remark that, on the eighteenth day, a temperature of 103 deg. corresponded with a pulse of 90; while, on the thirtieth day, a similar temperature corresponded with a pulse of 130. A similar want of relation may be observed on the thirteenth day, when a temperature of 97 deg. accompanied a pulse of 110. All these discrepancies between pulse and temperature were accompanied by other urgent symptoms.*

CASE XI.—Patrick E., aged 20, a member of the Royal Irish Constabulary; three days ill before his admission into Dr. Stevens's Hospital on January 13th, 1868. All the symptoms of meningitis well marked; and numerous shotty purpuric spots.

A portion of the range of temperature in this case is given, on account of its reaching the remarkably high point of 110 deg. Otherwise, the variations much resembled those of Case X. The treatment pursued was also similar in the last case.

DAY.	TEMP.	DAY.	TEMP.
15.....	99.5	21, at 10 o'clock	110
16.....	100	21, at 1 o'clock	105.5
17.....	103.5	22.....	100
18.....	102.5	23.....	100
19.....	99	24.....	99
20.....	100	25.....	100

There were frequent variations after the twenty-fourth day; but the temperature never again rose above 101 deg. On the eleventh day, he thought himself convalescent; on the fifteenth day, the pain in his head returned, but was gone on the following day, to return again on the seventeenth, to improve again on the eighteenth day. This improvement continued until the twenty-first day, when he was seized with sudden pain in the head (the most severe he had yet experienced), causing him to cry out; his temperature rose to 110 deg. at ten o'clock A.M.; he vomited shortly after; and at one o'clock the temperature was 105.5. The patient from this time got worse; sometimes a temporary improvement took place; he became gradually exhausted; and died on the seventy-sixth day.

On *post mortem* examination, considerable subarachnoid effusion and slight opacity of the arachnoid at the base of the brain were observed. There was no increase of vascularity, nor minute structural change in the nerve-tissue, which was carefully examined by my friend, Dr. Robert M'Donnell.

So high a temperature (110 deg.) as that attained in this case on the twenty-first day, has, I believe, been only once recorded (Wunderlich), as occurring in a case of meningitis.†

CASE XII.—Kate D., aged 6 years; four days ill before her admission into Cork Street Hospital on July 12th, 1867.‡

DAY.	RESPIRATION.	PULSE.	TEMP. IN DEG. FAHR.
5.....	24.....	130.....	104
6.....	26.....	140.....	104.25
7.....	36.....	144.....	101
8.....	24.....	140.....	102.5

DAY.	RESPIRATION.	PULSE.	TEMP. IN DEG. FAHR.
9.....	25.....	90.....	101
10.....	?	90.....	102
11.....	30.....	120.....	103
12.....	?	?	100
13.....	?	100.....	100
14.....	?	130.....	101
15.....	20.....	130.....	101.5
16.....	20.....	?	100
17.....	20.....	140.....	99
18.....	20.....	110.....	100
19.....	20.....	105.....	101
20.....	20.....	90.....	98
21.....	20.....	75.....	100
22.....	20.....	75.....	99
23.....	20.....	70.....	99.5
24.....	20.....	130.....	99.5
25.....	20.....	132.....	100
26.....	20.....	100.....	98.5
27.....	20.....	100.....	98.5
28.....	20.....	84.....	99
29.....	?	108.....	98
30.....	20.....	?	98
31.....	?	?	98.5
32.....	?	?	97.5
33.....	?	?	98

This case was treated internally by calomel, until the gums were slightly affected; then iodide of potassium and belladonna, with blister along spine, and leeches to head and behind ears. Herpes appeared on the face and right arm on the sixteenth day. This was followed by pemphigus. A small abscess formed on the right parietal protuberance on the twenty-fourth day. None of these complications were accompanied by an increase of temperature. There are many discrepancies between the pulse and temperature, as observed in other cases. However, the highest temperature (104.25 deg.) and most frequent pulse (144) occurred on the same (sixth) day.

From the foregoing cases and observations, we may, I think, arrive at the following conclusions, with regard to the thermometry of this disease. 1. That it has no typical range of temperature. 2. That the temperature seldom exceeds 100 deg. in mild cases (Class I—Case III being complex); 103 deg. in rapidly fatal (Class II), or moderately severe cases (Class III); or 104 deg. in any. 3. That the degree of temperature and frequency of pulse have not that accord usually found in acute disease; although the accordance is usually much closer in favourable (Cases I, II, III, VI, IX) than unfavourable cases (IV, VII, VIII, X, and XII). 4. That variations in temperature seldom precede, but usually (when at all related to) accompany variations in other symptoms. 5. That low temperatures (95 or 96 degs.) usually indicate a severe case, or bad result. 6. That high temperatures (over 104 deg.) indicate a severe case (VIII and X). 7. That great and frequent variations of temperature indicate a serious and prolonged case, with a very doubtful result (Cases X and XII).

[The above article was written in June last. Since that date, a valuable and elaborate report on "Epidemic Cerebro-Spinal Meningitis, or Cerebro-Spinal Fever", by Edward W. Collins, M.B. Dub., has appeared in the *Dublin Quarterly Journal of Medical Science* for August of this year. Mr. Collins's observations accord in the main with those above recorded, as they do also with those of several other observers of known repute. I believe that the report of Mr. Collins contains the most able digest which has yet appeared of the literature of cerebro-spinal meningitis.]

CASE OF TRIPLETS, OF WHICH TWO WERE BLIGHTED.

By W. V. LYLE, Esq.

ON the morning of July 27th, 1868, I was called to Mrs. D., and found her in labour. Digital examination showed the os dilated to the extent of a crown, and the head normally presenting. The membranes were unbroken. To the left and posterior side of the os, an undefined and moveable body intervened between the membranes and the presenting head. After a short time, I ruptured the membranes, and almost immediately was expelled a blighted foetus of about four months' growth. The foetus was attached by an attenuated cord. The labour progressed favourably, and a living female child of about eight months was born. A few minutes after the placenta was expelled, and in connexion with it, was a separate sac, containing another blighted foetus, apparently of the same age—not, however, connected by any cord. The mother made a good recovery. The infant is also doing well.

* This patient was under the care of Dr. Kennedy during the latter part of his residence in the hospital.

† The brain and spinal cord of this patient were exhibited at the Pathological Society of Dublin on March 28th, 1868.

‡ This case has been referred to already in the *JOURNAL* of September 28th, 1867, as also Cases VIII and X. Case XII has also been mentioned (with special reference to the eruptions that occurred during its course) in the *Journal of Cutaneous Medicine* for 1868, page 39.