the tincture. It is stated that remedies were applied, but their nature is not mentioned. The pylorus was found "greatly thickened with a cicatrized patch, three inches long and two broad, and another large inflamed spot."

Now although Christison mentions this tincture as a *violent poison*, it is not spoken of in any of the poison charts I have seen, and the only direction as to treatment I have met with is in Pereira's "*Materia Medica*," where "*the same as for the mineral acids*" is advised. (I should say that I have not Mr. Taylor's book at hand.)

But besides the treatment applicable to poisoning by the mineral acids, viz., the administration of chalk, magnesia, the carbonated alkalies, milk, white of egg, &c., the symptoms above related seem imperatively to call for the long continuance of mild diet, the repeated use of castor oil enemata, and great watchfulness of the case for at least a month or six weeks; or in other words, *the disposition to obstinate costiveness, even long after the patient seems convalescent, and the progress of inflammation and ulceration in the pylorus five or six weeks after the poison has been swallowed, should be well borne in mind.*

I should have observed, that in the case of the lady detailed above, the catamenia appeared before their proper time, and were possibly hastened on by the iron; and that owing to their presence and to the black colour of the motions, it was not easy to say whether any blood came from the bowels. I think there was some in the first evacuations.

[Mr. Taylor mentions a case reported to the Westminster Medical Society, in November, 1842, where a girl, aged 15, five months advanced in pregnancy, swallowed an ounce of the tincture of muriate of iron in four doses in one day, for the purpose of inducing abortion. Great irritation of the whole urinary system followed, but this was speedily removed, and she recovered.—Ed.]

ON SIMPLE ACUTE INFLAMMATION OF THE MEMBRANES OF THE BRAIN IN INFANTS.

By Dr. RILLIET, of Geneva.

(Translated for the Provincial Medical and Surgical Journal.)

(Continued from page 153)

MORBID APPEARANCES IN OTHER ORGANS.

Spinal Marrow.—The inflammation sometimes extends from the membranes of the brain to those of the spinal cord. It is to be regretted, however, that in the cases of autopsy which we have at our disposal, the examination of this part has been exceptional. [The author refers the reader for information on this point, to his "*Traité de Maladies des Enfants*," t. i., p. 679.]

Thoracic and Abdominal organs.—The most important fact which is elicited by the examination of these organs in cases of true meningitis is, that tubercles are never met with, although they are universally present in meningitis of the base. Thus, in

seventeen autopsies, we did not once meet with them. The same fact appears from the analysis of the cases reported by Senn, whose observations are the more valuable, as the results are given without any pre-conceived idea of the nature or pathological relations of the disease. We therefore consider it justifiable to propound the pathological law,—*that general meningitis, and meningitis of the convexity of the brain, attacks only non-tuberculous subjects; while inflammation of the base, without co-incident affection of the membrane of the ventricles, is exclusively a disease of the tuberculous habit.*

This law is true in the majority of cases; but as there is no absolute law in pathology, so we may possibly meet with some few exceptions. It may happen, for instance, that inflammation is excited in a tuberculous subject by mechanical injury, purulent absorption, &c., and that in such a case it assumes the characters of true meningitis; but we are convinced that if inflammation arises spontaneously in the tuberculous subject, it will attack the base of the brain; in the non-tuberculous, its convexity, or the entire periphery of the brain.

III. SYMPTOMS.

As the symptoms which are manifested by the nervous system are the most important at all periods of infancy, we shall make them our first consideration.

Headache is a constant and early symptom in children above the age of two or three years; below that age it is often absent, especially in the secondary forms of the disease. This symptom either sets in simultaneously with the fever and vomiting, or precedes these by a day or two. It is confined to the front, and of great intensity, much greater than either in typhoid fever, or the tubercular affection of the brain. Its duration is variable, but seldom beyond the third day.

Intelligence.—The disturbance of the intelligence is also an early symptom, and is never wanting, whether the inflammation be primary or secondary, or at any age. In children of four or five years, disorder of the mental faculties precedes the lesions of motility; the reverse is the case in young infants. The mental disturbance is usually first manifested in an appearance of anxiety and inquietude. The child cannot rest, but changes its position unceasingly. It either refuses to answer questions altogether, or its replies are short and peevish. Subsequently delirium of a violent kind ensues. In some cases, chiefly in very young infants, somnolence or coma precedes the agitation, but most commonly the coma follows the delirium, or alternates with it. As the disease progresses the torpor predominates.

Disorders of Motility.—The most common of this group of symptoms are convulsions. In young infants they are frequently the earliest in the series, and are then severe and repeated. In six infants of from four months to two years of age,—in three, convulsions were the first symptoms; in two, they appeared at a later period; in one, six days before death. In older children convulsions are seldom observed at the

commencement, but are commonly witnessed two or three days before death, or are the immediate precursors of dissolution. They are more commonly partial than general, and are not so uninterrupted in their succession as in younger subjects.

Other disorders of the motor functions replace convulsions when these are absent, or succeed to them when they disappear. Thus in some cases, rigidity of the limbs is noticed during the first or second day; in others, a more or less perfect hemiplegia occurs. Some of these phenomena, such as rigidity of the trunk, with drawing backward of the head, are probably to be referred to an extension of the inflammation in the membranes of the cord.

Organs of Sense.—Intolerance of light and noise exists from the commencement. At a more advanced stage there is strabismus and contracted pupil; still later the pupil is largely dilated and insensible.

Countenance.—In the commencement of the disease, the face is alternately flushed and pale; it then bears an expression of haggard anxiety, or of dulness and stupidity. The child appears to fix its gaze for a few moments upon some object, and then relapses into a vacant stare.

Circulation.—There is always more or less febrile disturbance; the pulse is quick, and the surface hot. Occasionally there is an appearance of remittance in the fever, with concomitant variation in the pulse. In general, a fluctuation in the pulse is a constant symptom. [The author admits that he wants more information on the characters of the pulse in the cerebral diseases of children. He might have found much that he requires in English works on these affections, especially in those of Cheyne and Abercrombie.]

Respiration.—The respiration is generally irregular, and sighing. In some cases it is very rapid.

Digestion.—It is seldom that vomiting is absent in primary meningitis of children above the age of four years. This symptom generally appears on the first or second day, and is spontaneous and frequent. In some cases it continues without respite till the close of the disease. In younger children, and in some cases of secondary meningitis, vomiting is absent. Constipation is a common symptom, but it is neither so common nor so obstinate as in the tubercular form of the disease. As death approaches the belly becomes retracted.

(To be continued.)

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES
UNDER THE TREATMENT OF WILLIAM
SANDS COX, ESQ.

By PETER HINCKES BIRD, one of the Resident
Medical Officers.

(Continued from page 154.)

CASE XXVI.

CATARACT.

William Stephenson, aged 63, iron-roller, admitted
April 16th, 1846, into the Queen's Hospital, under the

care of Mr. Sands Cox. He states that the sight of the left eye has been lost for nearly two years, and that of the right eye ten weeks. The sight left them both by degrees; was very good previously. Has always been a healthy man.

Present State.—The lens of the left eye presents a dull grey colour, marbled with amber, is of small size, and convex; the margin of the pupil forms a blackish, not quite circular, ring round it; that of the right eye is of a dull-grey glistening colour, with streaks upon it; it is also small, and appears convex; pupil as in the other eye. He can see the lights of the windows in the ward, but cannot distinguish the bars between them, while objects appear misty; cannot see his hands without they are placed in the light; can see them better when placed on one side of the eye; can see the blaze of a candle, which appears misty, but cannot see the candlestick; can distinguish black from white. He complains of no pain in the head or eyes; general health good.

Ordered to have the extract of belladonna applied round the eyes in order to dilate the pupil.

May 9th. Since last report he has had the belladonna regularly applied, but has experienced no relief from it; the pupil is very slightly dilated.

Ordered to have the following lotion dropped into his eyes:—R. Extr. Belladon., gr. v.; Aquæ, oz. j. M. Fiat Lotio.

16th. The drops have been applied regularly, but the dilatation of the pupil is scarcely if at all increased.

23rd. Has continued the use of the drops; the dilatation of the pupil is slightly increased; however, he sees no better.

June 10th. The extract of belladonna has been assiduously applied round the orbits, and the use of the drops has been persisted in, but with no apparent improvement to the sight, or increased dilatation of the pupil.

July 12th. It was the intention of Mr. Cox to have operated this morning, but the weather is at present so exceedingly warm that it was thought proper to defer it for a short time.

August 5th. Mr. Cox operated this morning in the following manner:—The patient being placed in the recumbent position on the operating table, the eye-ball being held steady by an assistant, the left eye was first operated on. The needle was introduced through the sclerotic, about a line and a half from the margin of the cornea, and directed into the posterior chamber of the eye, immediately behind the lens, so as to be visible through the pupil, lacerating the capsule, and depressing the cataract; the eye was slightly opened and the patient stated he could see. The right eye was operated on in the same manner, immediately after the left. The anterior surface of the lens had contracted adhesions with the uvea, which were broken down; the eyelid was also elevated, and the patient declared he could see.

Ordered to be carried and put to bed; to be kept in the dark and quiet; to have also a compress of linen, damped with a cold lotion, applied on each eye. He bore the operation remarkably well.