

Arthritis.	4	8.7	per cent.
Acute purulent pericarditis.	3	6.5	"
Acute cystitis.	3	6.5	"
Mastoiditis	2	4.3	"
Hydrocephalus.	2	4.3	"
Chronic phthisis.	2	4.3	"
Bedsore.	2	4.3	"
Furuncles.	2	4.3	"
Septicæmia	2	4.3	"
Acute endocarditis.	1	2.2	"
Parotitis (double).	1	2.2	"
Pyonephrosis.	1	2.2	"
Sinus thrombosis.	1	2.2	"
Cerebral abscess.	1	2.2	"

Of the above I would especially bring before your notice the arthritis, acute purulent pericarditis and parotitis.

Arthritis.—Both old and modern authors mention joint disease as a rather rare complication of cerebro-spinal fever.

Two definite forms may be found:—

(1) Group of cases characterized by pain, redness, swelling œdema, *i.e.*, the typical arthritis of any toxæmia which rapidly subsides without injury to the joint.

(2) Those cases which go on to pus formation, with all the characteristics of the septic joint.

Of the first group little may be said, they resemble the rheumatic joint in appearance, and both large and small joints may be affected, including wrists, elbows, hands, knees and hips.

Of the second group they point rather to a local manifestation of a general septicæmia.

Osler refers to a case where the meningococcus was isolated from pus of a joint and also from the blood stream during life.

In our series arthritis occurred four times (8.7 per cent), three of these in the knee joint and one in elbow. In one case the pneumococcus was cultivated from the pus of joint.

The other three cases rapidly subsided under ordinary treatment. Acute pericarditis gave no sign during life and was only revealed at the autopsy. Parotitis is a very rare complication of this disease.

Course and Termination.—The course of the disease in this series reveals examples of each of the various classical types mentioned in the literature—but that group of cases described as Fulminant or Foudroyante is very numerous. By this term we indicate those cases which