

the case, and to demonstrate fairly satisfactorily the benefit of the opsonic treatment. The clinical forms described may be classified as follows:—

1. The malignant form, in which the victim complains of headache, nausea, vomiting, with fever, and rapidly developing coma, terminating fatally in the course of 12, 24, or 36 hours, or possibly, a few days. So rapid in its progress is this form that many of the characteristic signs, Kernig's reflex signs, paresis, etc., do not develop.

2. A form not so malignant, where, after the onset of the first symptoms mentioned above, there may be stupor, delirium, retraction of the head, opisthotonos, Kernig's, paresis of certain muscles, face and eye muscles for example, finally developing into the ordinary clinical form, as usually seen.

Koplik, in Osler's system, calls attention to the fact that early in such cases there may be a condition of collapse, when all spastic signs disappear, and after such shock passes off, the above clinical picture develops.

3. A form which is characterized by marked remissions, both in the signs and symptoms of the disease. To this class belongs the case which I propose to report.

The chart showed that this was very characteristic of this case from the beginning of the second week. During such remissions, especially in the second and third weeks, the child would appear quite comfortable and comparatively well. The restlessness and peevishness would disappear. Nourishment would be taken freely; but, with the rise of temperature, restlessness would return, then would become irritable, refuse food, gradually become drowsy, passing into stupor, and remain in such a condition till the next period of release.

These remissions would sometimes last for 10 or 12 hours, but oftener for 24 hours, nor did they appear to bear any relationship to the time of day, but rather signified the child's resisting power and his capability of manufacturing his own antitoxin.

The chart showed the remarkable regularity in the rise and fall of the temperature, and also the remarkable equality of time of the periods of attack and recession.

During the first week, however, we have an entirely different picture, and for the sake of reference and conciseness, I will deal with the case in periods of weeks. On the evening of 29th December, 1907, the child complained of headache, was restless, vomited, and was in high fever.

On 30th December, when first seen by me, he complained of severe headache, chiefly occipital, with a pulse of 114, respirations of 52, and a temperature of 102° F.