

However unaccustomed the commencement appeared, in the absence of all possible supposition, and in view of the antecedents, finding the child delicate, M. Peter thought of meningitis. The abdomen was retracted, and he noticed a well-marked mark of meningitis. He decided for a tubercular meningitis, and attributed the hemiplegia to accumulation of tubercular granulations at one point of the base of the brain having caused a small focus of softening. In fact, soon the collection of symptoms developed themselves, and the child died with all the signs of cerebral meningitis.

Although constipation is an almost constant symptom, it may be wanting. M. Peter was called to a delicate child, aged 3 years, who had been somnolent for some days, and attacked with abundant diarrhoea. The state of coma was so profound that when the child was shaken it did not move. M. Peter diagnosed tubercular meningitis in spite of the diarrhoea. We may consider the disease for some days as tubercular peritonitis. The child fell away rapidly, its cries became more characteristic, and the meningeal spot could be noticed clearly with cutaneous hyperæsthesia. One day convulsions with irregular pulse supervened, and death with epileptiform attack.

This short collection of unusual cases shows the necessity of grouping any symptoms which are noticed. In this case the meningeal stain which is provoked by scratching with the nail the skin of the abdomen, chest, or limbs, and which persists pretty long after the scratch, becomes a symptom of importance. Taken by itself its value is infinitely lessened.—*The Doctor.*

SIMULATED CHLOROSIS.

M. Potain lately lectured on this subject at the Hôpital Necker, and his remarks were reported in the *Journal de Médecine et de Chir. Prat.* He thinks that chlorosis is simulated by several other diseases. Perhaps the English school would rather speak of the other diseases producing a cachetic state resembling, to some extent, chlorosis. We may also remark that most Englishmen would, in the majority of the instances named, have used the word *anæmia*. Thus M. Potain speaks of all hæmorrhage as likely to simulate chlorosis. The next group he mentions is that in which the digestion is at fault—cases, as we should say, of mal-nutrition. Next we have cardiac diseases and ex-ophthalmic goitre, in which diseases we have ourselves seen patients with what is called a chlorotic look. We may say the same of another group, including diseases due to marsh miasm, to lead poisoning, to iodism, and to syphilis. In pregnancy, leucorrhœa, and some other conditions, there is a state that M. Potain calls simulated chlorosis, but which we should classify as *anæmic* or *cachetic*. We think the various cachexias worth observing, particularly in reference to malignant disease.—*The Doctor.*