surface of the forearm. Only a discrete papule existed on the posterior surface of the left arm. Power in both arms quite normal.

Case 4.—On admission had been ill five days, and the rash was present from the beginning, and faded at the end of two weeks after admission. This case ran almost a continuous temperature p.m. remissions. The lesion was present only in the form of an occasional papule and vesicle on the calf and sole of the right foot. Right leg paralyzed. Left leg moved slightly, but reflexes gone.

Case 5.—Had also been ill five days previous to admission, with a rather pronounced rash, which did not appear to form in fresh places, and was entirely gone at the end of three weeks and a few days. The temperature on admission rose to 101°, but fell to normal on the 6th day, and in four days again rose to the same height, and likewise fell on about the 7th day, and from this on ran a rather irregular course. The rash was present on the anterior and posterior surfaces of both legs, chest, abdomen, and an occasional one on the upper extremities, but did not seem to be present more on one place than the other. Both upper extremities paralyzed and lower reflexes gone. Throughout the child showed mild brain symptoms.

Case 6.—Was ill six days before admission, and showed the rash from the first, disappearing at the end of the third week, not developing any more after patient's admission to the hospital. This temperature was also very irregular, with a.m. and p.m. remissions, not rising above 99°, and even up to date the temperature is not normal continuously. The rash was typical, being present more or less all over the body, papular and vesicular, more especially on the lower extremities, anterior and posterior surfaces, and on the dorsum of both feet, over the trunk and chest, and only an occasional one on the arms. Both lower extremities paralyzed, while the upper seem normal.

The lumbar punctures, smears and cultures from the serum of the vesicles have shown no uniform results, while sections through the vesicles show the latter not to be deep-seated, as one would imagine on palpating them, but on the contrary to be only superficial, *i.e.*, between the malpighian and corneous layers of the skin; and apart from a little peri-vascular infiltration there was no other pathological change to be found.