

the first satisfactory pathological examination of any case in this city and since then a few isolated cases have been observed by Dr. Wyatt Johnston, though in none of these whatsoever was there any bacteriological examination made, other than to exclude the presence of tubercle bacilli.

The opportunity having been afforded us in the past few weeks of observing a similar case and obtaining satisfactory bacteriological examination, we take this occasion to bring it to the notice of the society, this being, to the best of our knowledge, the first instance in Canada where the meningococcus of Weichselbaum has been demonstrated at autopsy to be associated with cerebro-spinal fever, and the first time that acute purulent pericarditis has been noted as a complication.

The *history* of the case is of no little interest and affords a fairly typical example of the character of this rather uncommon disease. A young Canadian female aged 21 had been spending a few weeks in Boston immediately prior to her illness, her domicile being in a healthy and good locality. Quite a few cases, however, of cerebro-spinal fever have been observed in that city during the past few years, though the epidemic, it would appear, is now gradually dying out. During her visit to Boston, the weather had been very good, and she felt in excellent spirits. On the 28th of January, she returned to Montreal, arriving in the evening, seemingly in perfect health. Early the next morning she complained of chilly sensations, though to the touch her skin was hot and dry. Very shortly afterwards vomiting supervened and continued at intervals until the afternoon. Evidently the disease had a very acute onset, for when Dr. James Bell, in answer to a summons, saw her at half-past one in the afternoon, the facies seemed indicative of collapse, the face being drawn, thin and pale; she was now suffering from severe headache mainly occipital and in the nape of the neck. On examination, the temperature was 102°, the pulse small and rapid, but there was otherwise no evidence of disease except some tenderness over the lower portion of the abdomen. Upon the next day her condition was worse, the headache was very severe and she repeatedly cried out "Oh my head," referring the pain mainly to the region of the vertex and the occiput. There was, however, no more vomiting, and the abdomen was less tender, but the temperature remained over 100°. There was no improvement evident during the next 24 hours, and the patient showed distinct signs of delirium. Petechiæ were now noticed for the first time upon the abdomen, and there was general hyperæsthesia. When addressed she merely complained of the intense headache. On the same evening the patient was admitted to the Royal Victoria Hospital. While being dressed for