creased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers, not unfrequently collapse, and in its course an eruption of vesicles, petechial or purpuric spots, or mottling of the skin is apt to occur.[2] If the disease tend to recovery, the symptoms gradually subside without any critical phenomena, and convalescence is protracted; if to a fatal termination, death is almost invariably preceded by coma. After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater and beneath the arachnoid."[3] Local prevalence of illness distinguished by the foregoing features would, no doubt, attract attention and would, it may be presumed, lead to early recognition of its true nature. But while these features are characteristic of typically severe cerebro-spinal fever, experience shows us that it may and does appear in milder or in anomalous forms which render identification difficult, and which lead to its being mistaken for other ailments of more common occurrence in this country. Illustration of this is afforded by certain localised outbreaks of cerebro-spinal fever in the eastern counties in 1890, where this disease was generally mistaken for sunstroke or for enteric fever, or was looked upon as a new form of illness; by the prevalence of what would seem to have been cerebro-spinal fever in Northamptonshire in 1890-91, where the malady was for the most part diagnosed as pneumonia or as sore throat; and by the occurrence of cerebro-spinal fever in Irthlingborough in 1905, where many of the persons attacked were regarded as suffering from influenza. In these anomalous forms of cerebro-spinal fever, many or even most of the symptoms associated with the recognized type of the disease may be absent, while in mild cases they may be so slight or of such brief duration as to escape notice. It is necessary to be on the outlook for such cases when cerebro-spinal fever occurs in a locality or when illness not clearly referable to definable cause prevails in a particular neighborhood. Cerebro-spinal fever is apt also to escape recognition when it is of the "fulminant" variety, in which death ensues rapidly. In these instances the disease has been mistaken for typhus fever, idiopathic tetanus, malignant measles, or other diseases.

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[2] In a very considerable number of instances, however, no eruption of any kind is present.

[3] To the clinical manifestations of the disease indicated in the above description may be added the presence of Kernig's sign and of tache cérébrale.