

tic had been uneventful, the child appearing in its usual good health and taking its food with apparent relish. The mother stated that shortly after her arrival in Canada the child was feverish and at times chilly and fretful. The personal and family history of the patient threw no light upon the diagnosis.

On examination a purpuric rash was seen to be distributed over the body, the child was restless and fretful, and the respirations were rapid. The child was fairly well developed, although there were definite manifestation of rickets present, as beading of the ribs, enlargement of the wrist and ankle joints, and bowing of the legs. Some indefinite impairment of the resonance was noted at the apex of the left lung anteriorly, and the glands were enlarged in the inguinal, maxillary and cervical regions. The heart sounds were rapid but fairly clear, the pulse was very small, running 140 to 160 per minute. A leucocyte count showed 41,600 per cm. The tongue was coated and dry, T. 101.4. The purpuric patches previously referred to were somewhat irregular in shape and distribution, some being half an inch in diameter, others existing as mere spots. They were more numerous on the legs than on the arms, and on the arms than on the body. There seemed to be a definite tenderness present, the child strenuously objecting to being handled. It showed evidence of being able to speak and to hear and sensation appeared normal.

Two days later the child was quieter, but the respirations were somewhat more rapid, the purpura more extensive, and a diffuse erythema had covered the body for about two hours. The blood on examination showed a preponderance of polymorphonuclear cells.

On April 7th the pulse was more rapid and weaker; T. 103; there was little change in the condition of the lungs, but a distinct swelling of the right parotid gland was noted to-day for the first time; the purpura was more marked. A blood culture previously taken was negative.

On April 9th there was noted a marked condition of suppurative as at last note, both parotid glands were swollen, the pulse was very weak, and blowing breathing could be heard at the apex of the left lung posteriorly. The purpura was most extensive; a lymphocyte count showed 11,600. A lumbar puncture was made and one ounce of turbid fluid was withdrawn. Microscopically this showed numerous pus cells but no micro-organisms could be detected. An infiltration of some of the superficial epithelial cells of the left cornea was first noted to-day, the fibres of the iris were somewhat swollen but an indistinct view of the eye grounds could be obtained. There was no per-