

of the nose from a case of cerebro-spinal meningitis, that the superior half of the nose and its cavities presented intense inflammatory changes. Weichselbaum confirmed or supplemented Weigert's investigations by making sections of the nose from ten cases which had died from cerebro-spinal meningitis. Out of this number the cavities in five were diseased. Cultures of pus from the meninges and nasal cavities revealed the presence of the *Diplococcus pneumoniae* and other pus-producing bacilli, such as the *Staphylococcus aureus* and *Streptococcus pyogenes*, as well as the *Diplococcus intracellularis*.

The following case came under my observation in December, 1899:

A girl, aged nine, had suffered from general malaise and headache for a period of two weeks. At the expiration of that time the pain had become more marked in the outer half of the right frontal and parietal region; it was aggravated by noise and photophobia was present. The patient complained of a feeling of nausea, but did not vomit. Temperature, $102\frac{1}{2}^{\circ}$ F.; pulse, 130; family history good; lungs normal. There was a mucopurulent discharge from both nostrils, more copious from the right. The family physician suspected some meningeal involvement, and requested me to make an examination of the nose and ears.

The ears were normal.

Examination of the nose revealed a mucopurulent secretion in both nostrils, particularly in the right middle turbinated space. There was atrophy of both inferior turbinals. The anterior end of the right middle turbinal was markedly enlarged; the ethmoidal bulla on this side was distended and pressed upon the inferior and inner surface of the middle turbinal.

I advised both nostrils to be sprayed with a two-per-cent. solution of cocaine in listerine every hour, to be