

may be communicated from one person to another. In New York both nurses and physicians were attacked, and there were many cases illustrating the communicability of the disease. A very striking case has been reported by Dr. Hare, whose writings you all know. His assistant, a young physician of 26 or 27 years, and a very strong, robust man, attended a case of cerebro-spinal fever. As the patient was a friend, he was very devoted, and sat up with the poor fellow until his death, after an illness of forty-eight hours. This man had just come from a region in which cerebro-spinal fever was prevalent. Within twenty-four hours of the death of his patient, the doctor was attacked, and died within forty-eight hours from the onset of the disease. Dr. Hare, who had seen the original patient, and had attended his assistant, a day or two later had a slight fever, with headache and stiffness of the neck; but fortunately the attack passed off with great rapidity.

There are certain features of cerebro-spinal fever which make it rather peculiar among the forms of meningitis. It is much more a spinal affection than any other form, so that it is well called *cerebro-spinal* meningitis. In the tuberculous and in the pneumococcus forms the cerebrum is very much more involved than the cord, but in this disease the spinal meninges bear the brunt of the attack, so that we have as special symptoms the stiffness of the neck, the muscular rigidity, and the cutaneous sensitiveness. In the ordinary forms of meningitis we rarely see the great retraction of the head and the opisthotonos as we do in cerebro-spinal meningitis. There is a much greater variation in the course, and in the symptoms, in this form. For example, we rarely see a malignant acute form in which death occurs before there is any cerebro-spinal exudate; nor do we often see, except perhaps in the pneumococcus form, a chronic type. The disease may last for two or three months. Most remarkable of all is a feature which distinguishes this from all other varieties of meningitis—in fact it is the silver lining in the meningitic cloud—from 25 to 50 per cent. of the cases recover. We never see recovery in other forms of meningitis. In tuberculous meningitis one hears of a recovery, and recovery we know is possible, but the cases are so rare that a man may practise for forty years and not meet such a case. And the same is true of the streptococcus and staphylococcus varieties. All forms indeed are fatal except this one, due to the *Diplococcus intracellularis meningitidis*. Of course the percentage of recoveries is not a large one, varying perhaps from 20 to 40 per cent., but when one considers that all the other forms are fatal, we must be thankful that there is this peculiarity in the disease.

I will not deal specifically with the symptoms of the disease, but there are one or two peculiarities to which I may refer, as they are of interest. There are curious skin lesions: the purpura