

On examination, I found the upper left thorax absolutely immobile, some impairment of the percussion note, suppression of breath and voice sounds over this area. There was some fixity of the head, and what with the sudden onset and the pulse, respiration and temperature conditions, I looked upon it as a case of left upper lobe pneumonia, and the fixity of the neck muscles as evidence of the pseudo-meningitis commonly found in that disease.

During the succeeding five days, the respirations varied from 52 to 62, the pulse from 112 to 125, and the temperature from 100° F. to 104 1-5° F, chiefly running between 102° and 103° F.—all typical of pneumonia.

During the next three days there occurred what might be considered a lysis, but the confusing feature was the failure to recognize the more fully developed signs of what I took to be a pneumonia. There never was any definite evidence of consolidation, no cough, and the breath sounds never more than broncho-vesicular. The respiratory movements, after the fifth day, gradually became normal, so that by the eighth day the expansion was good, the excursion of the chest equal on both sides and normal, and resonance and breath sounds were fully restored.

The rigidity of the neck and the occipital pain persisted, however, and the general condition of the child was not improving.

About the beginning of the second week, Kernig's sign was observed for the first time in the right leg, with absence of the knee jerk. Double Kernig's sign, with absence of reflexes on the following day and the Babinsky dorsiflexion necessitated a correction of the diagnosis, when the condition of things was apparent.

Then followed the period of remarkable remissions and exacerbations, already referred to, extending over the succeeding six weeks.

On 14th January, 1908, about the end of the second week, lumbar puncture was done, but no fluid obtained. The puncture appeared to have no beneficial effect, as is sometimes the case when tension is relieved; but Kernig's sign was rather more pronounced immediately afterwards.

By the end of the third week, the child began to show marked signs of exhaustion and failure of recuperation during remissions; and on 24th January, a second puncture was made and a small quantity of milky fluid obtained, from which and from the blood the specific organism, the diplococcus intracellularis was obtained, grown and utilized by Dr. Caulfield in the specific treatment of the case. The first injection of vaccine was given three days later on January 27th.

The condition at this time was very serious. The spastic symptoms had increased, Kernig's sign more marked, and Babinsky position in both feet. Pains in the legs, apparently in the course of the great nerves,