

Lumbar puncture was done, but with negative results. The brother passed into coma in the evening.

On Sunday, the 15th, she was admitted to the Hospital for Sick Children. Her appearance was one of distress; the cheeks were flushed, and she complained of headache. The muscles of the neck were somewhat stiff, but no pain or retraction of head was present. Flexing of the neck was resisted, and was quite painful. There was no spasm of the muscles. Extension of the leg on the flexed thigh was resisted at an angle of 70 degrees (Kernig's sign). There was tenderness immediately below the occiput. The pupils were contracted, but reacted to light. The tongue was coated and the bowels were constipated. After looking at the light for a while, patient complained of pain in her eyes, and turned away. In the way of treatment, an ice-bag to the head and neck, potassium bromide, grs. x, and potassium iodide, grs. x, every two hours, morphia hypodermically to relieve the pain, inunction of unguentum hydrarg., and a simple enema in the evening, were the measures adopted.

During the following day, the 16th, the patient was very irritable and restless. The eyes were reddened. Herpes appeared on the lips. Her brother died in the morning. The diplococcus intracellularis was demonstrated in cultures made *post mortem*.

Next day she was quieter, and could flex head freely. The cervical glands were enlarged. The herpes extended to the chin, and also appeared on the upper lip and right nostril. The highest temperature was 104 degrees. The treatment was the same as before. The diet was milk.

On April the 18th, the fourth day after admission, a copious scarlatiniform rash appeared on the body, less abundant on the limbs. The highest temperature was 102 3-5 degrees. Treatment did not include the inunction.

On April the 20th, the herpetic eruption turned quite black. The pupils were sluggish and the eyes deeply congested. The neck was held very stiffly and slightly retracted. The rash was copious, especially about the groins and back; it was dark red, and did not disappear completely on pressure. The highest temperature was 100 degrees. The treatment included potassium iodide and potassium bromide, each grs. x, every four hours only; hydrarg. cum creta, grs. ii every four hours; liquor strychnine ℥ii every six hours, and morphia for pain. Chloretone was tried, but failed to relieve pain.

On the 21st, the pupils were dilated, and ophthalmoscopic examination showed the retinal arteries and veins to be distended and sinuous, but no optic neuritis was discovered.

During the following week she seemed to improve. She resied well, and was much brighter mentally. The scarlatiniform rash