

MISCELLANEOUS.

Kernig's Sign.

Roglet (*Journ. de Méd.*, October 10th, 1900) has made an extensive series of observations on the subject of Kernig's sign. As is now generally known, this sign consists in the impossibility of completely extending the leg on the thigh when in the sitting posture in a patient suffering from certain meningeal diseases. There is a certain amount of contracture of the flexors of the leg. This contracture, on the other hand, disappears, and complete extension can be obtained when the patient is lying on the back. It is easy therefore to elicit the phenomenon if, after having ascertained the absence of all contracture in the supine position, the patient is made to sit up, his legs hanging free, or even sitting up in bed. Certain precautions are therefore necessary. The observer must see that the patient sits straight upright and does not lean to one side or the other, and that the thighs form a right angle with the trunk, certainly not less. Disregard of this point may lead to considerable error. The attempt to obtain Kernig's sign is sometimes attended with considerable pain. The amount of extension obtained at the knee varies considerably. When Kernig's sign is well marked it is impossible to exceed a right angle; when slight an obtuse angle equal to 135 degrees; but intermediate degrees may be obtained. Nor is the sign always bilateral; occasionally it has been observed on one side only, or to an unequal extent in both limbs. The intensity of the phenomenon may vary from day to day, or may even disappear completely. To be therefore sure of its non-existence several observations are necessary. Kernig's sign may appear at the same time as the other symptoms rigidity of the neck, ocular symptoms, contracture, etc., most usually but it appears about the third or fourth day of the disease. In tuberculous meningitis its appearance is most delayed. It is very rare for it to be the only symptom present. Kernig's sign may disappear at variable periods. In meningitis ending fatally it may persist up to the end, but in other cases it may disappear shortly before death, especially in cases where, owing to coma, there is general flaccidity, and all contractures give place to paralysis. It is under such circumstances that Kernig's sign has been missed in several cases of meningitis. The diagnostic value of this sign is considerable, as it has been met with in 85 to 90 per cent. in cases of meningitis. It is, however, present in other conditions with meningeal inflammation—for example, meningeal hæmorrhage and cerebral abscess—but this seems to be exceptional. Its value is reduced, therefore, by the fact that it rarely appears at the beginning of the case or occurs alone. The diagnosis is consequently in many cases apparently independent of this sign. Roglet explains the phenomenon as follows: In a person in a sitting posture with the thighs flexed to some degree and the trunk of the legs extended, the flexor muscles are on stretch,