

palpation of tracheal tugging, an evidence that the tumour is in contact with the trachea or one of the large bronchi, and also that consolidation of the contents of the sac has not far advanced. The clanging cough and the dyspnoea have been much relieved since he began the iodide of potassium treatment.

*Acute Spinal Meningitis.*—Bridget M., aged 10, caught a severe cold on the 11th of August, 1889. Hitherto she had been in very good health. The father is a drunkard, but there is no history of nervous disease in the family. Four days afterwards she had refused to eat her meals, had a severe attack of vomiting, which was followed by constipation and severe headache. For the next three or four days she was very feverish and was said to be delirious. She then seemed to improve slightly, but the gait was staggering and the articulation became thick and indistinct. The mother states that on one occasion she observed that the child was squinting. The patient was admitted to hospital on the 21st August, when she appeared to be in very great suffering. The body was held continually in one position on the side, with the back stiff and the head well retracted. The abdomen was hard and scaphoid. Meningeal streaks were readily obtained. Pressure on the legs caused great pain. Reflex action generally increased; bowels very constipated, but there is no disturbance in the function of urination; pulse, 120–140. Respiration (20–24) is somewhat irregular at times, but is not of the Cheyne-Stokes character; no dyspnoea. During the 85 days of illness the symptoms varied slightly. Emaciation and debility increased. Pupils varied in size at different periods. The fundus, which at first was quite normal, showed optic neuritis a few weeks before death. There were no signs of paralysis. Death occurred before the irritative stage was passed. Patellar reflex disappeared as the disease advanced. There was no continuous vomiting, general headache or paralysis of cranial nerves, hence it was thought that the disease was seated in the spinal and not in the cerebral meninges.

Of the clinical features of the case, the most remarkable is the range of temperature, which appears in rhythmic waves. The first fifty-six days in hospital might, by the chart, be divided into sections of four days each, and on the evening of the first