irregular, jerky respirations, death taking place in about forty-eight hours. The exudate in such cases being mainly over the vertex of the brain, retraction of the head is not a prominent sign; this is of importance, seeing how common is retraction in meningism.

The main points on which stress should be laid in the different diagnosis between tuberculous meningitis and meningism at the onset of pneumonia appear to be:

(1) *The temperature.*—In meningism of early pneumonia the temperature is always high, 103 degrees to 105 degrees F. Such a high fever is very exceptional in tuberculous meningitis or in cerebro-spinal fever; while the relatively afebrile pneumonia met with in alcoholic and nephritic subjects, or in those with heart disease, is seldom accompanied by meningeal symptoms.

(2) *The position of the patient.*—In meningism the patient generally lies on the side, in tuberculous meningitis on the back. The facies of tuberculous meningitis is often quite distinctive, the child looking as if deep in thought, and there is frequently a slight unilateral ptosis.

(3) *The pulse* in "pneumonic meningism" is rapid but regular; in tuberculous meningitis it is apt to be slower and irregular.

Other minor points which may be taken into consideration are the diminution of the chlorides in the urine in many cases of pneumonia; the knee-jerks, which are often absent in tuberculous meningitis—though in pneumonia they may not be present from about the fourth to the ninth day.

Glycosuria, if present, would favour meningitis; it occurs in 30 per cent. of cases of the tuberculous variety, though generally not until the last week of the disease. The leucocyte count is not of much help, for it may be as high in tuberculous meningitis as in the early stage of a pneumonia.

Irregularity of the respiratory rhythm, especially if the intercostals and diaphragm do not contract simultaneously, is strongly in favour of meningitis; it does not occur in meningism.

As the case progresses the condition of the child becomes steadily worse in meningitis; but in meningism, though the symptoms are rapidly developed, they do not, as a rule, tend to become aggravated, and the prognosis is good.

Pneumococcus meningitis may, however, supervene on meningism in pneumonia.

Tuberculosis not uncommonly terminates by the dissemination of the bacillus, death taking place with the symptoms of tuberculous meningitis.

These cases of tuberculous meningitis commonly last a day or two more, or a day or two less than three weeks.

Patients suffering from tuberculosis may exhibit symptoms of meningitis and yet recover, or in the event of death, no naked-eye lesion be found within the skull. It is highly probable that the cases of tuberculous meningitis which have been reported as cured belong to this class.

Finally, there is the question of micro-organisms. None derived from the cerebro-spinal fluid will be found in cases of meningism, either in films or in culture; while in meningitis the causal microbe may frequently be demonstrated by appropriate means in films or cultures.

With regard to special treatment there is very little to say. As the condition almost certainly depends upon toxæmia, the rational treatment is to hasten the excretion of the toxin by the kidneys and bowel; this may best be accomplished by the subcutaneous or intravenous administration of saline solution. This cannot, however, be lightly undertaken in such a disease as pneumonia, where a great strain is already thrown upon the right side of the heart; but if there is no marked cardiac dilatation saline may certainly be given. I have no experience of the value of antitoxic sera in this connection.

A NEW DISEASE.

The Nursing Journal of India refers to a strange disease which has manifested itself in Rangoon, which has been under the notice of Captain Whitmore, I.M.S. Police Surgeon and Pathologist in the Rangoon General Hospital. Some 35 cases are under his observation, in almost all of which the subjects were ill-nourished and emaciated, and resulted in many cases of chronic morphinism. A number of dead bodies revealed the presence of bacilli. At first sight the disease would appear to be simple bronchitis or broncho-pneumonia, but neither of these diseases was followed by complete prostration and collapse, which was an outstanding feature of the new disease. The principal symptoms noticed were:—

(1) Typical bronchitis.
(2) Broncho-pneumonia symptoms.
(3) Playing fever.
(4) Complete collapse, and
(5) Multiple abscess of several organs of the body.

Further details of this strange disease will be looked for with interest.

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