

ages of one and two years. After two years of age the frequency of its occurrence rapidly diminishes, but it is still common up to the age of about five years. The primary tuberculous lesion is extremely small, and the infection of the meninges may consequently have all the appearance of a primary infection."

Symptoms.—We learn that though very frequently the symptoms of meningitis are the first evidence of any tuberculous infection, yet when a child who has been suffering from gross tuberculous disease develops meningitis, the symptoms are often very acute and marked—convulsions, paralysis, coma—and he succumbs in the course of a few days. But in the great majority of cases the onset of the condition is very insidious, whether the child is apparently robust, or whether he is weakly. For a varying period—it may be a few days or a few weeks—he is vaguely "out of sorts."

He suffers from malaise. Mentally he is unlike himself, his nature is changed, he is fretful and irritable. He eats badly and sleeps badly. He apparently suffers from diarrhoea, but, as the premonitory stage passes and the condition becomes developed, usual and very important symptoms are *vomiting*, *constipation*, and *retraction of the abdomen*. This combination of symptoms is unusual in simple indigestion.

Later the child becomes drowsy. If the fontanelle is still open, it is found to be bulging, and if the child is older, he complains of head-

ache. He lies with his face from the light, and is irritable if disturbed. The pulse, which in the premonitory stage is often rather quickened, now becomes slow and irregular. The child wastes, localized paralyses frequently develop. "Champing" and grinding of the teeth are common symptoms. A tremor of the limbs and spasmodic twitchings are frequently present.

The facies is characteristic: the vacant, staring eyes, the knit brow, and the ptosis or other facial paralysis, often convey an impression of grim resolve or concentrated thought. Towards the close he becomes rapidly comatose, the pulse and respiration become rapid, and the *tache cérébrale* marked. Optic

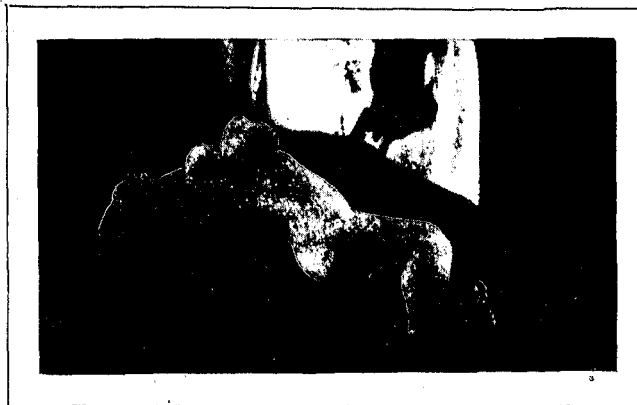
neuritis is present in the later stages.

MENINGOCOCCAL MENINGITIS.

"Acute cerebro-spinal meningitis, or 'spotted fever,' is a disease due to infection with the meningococcus. . . . It appears probable that the method of infection is through the nasal and faucal mucous membrane. . . . About 50 per cent. of cases are those of children under five years of age."

The onset of the disease is sudden and

acute. In some cases the child dies within forty-eight hours, with all the symptoms of toxæmia. Symptoms of the disease are headache and pain, high fever, vomiting, convulsions, stiff neck, hyperæsthesia, emaciation. Death occurs from exhaustion or bronchopneumonia.



CEREBRO SPINAL MENINGITIS.
Child aged 8 months.



TUBERCULOUS MENINGITIS.
To show retraction of abdomen. Note also the squint.

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