

erant to light, with pink, steamy conjunctivae. He frequently moans and calls out. Mania and delirium are often present. Headache is intense, usually at back of head, but sometimes confined to frontal region. Infection, in latter case, has then spread up through nose. Rash appears on third or fourth day, and varies in character. Commonest type of rash occurring at Trentham is the purpuric or port wine (spotted) rash. Scattered over various parts of body, usually commencing on upper arms, and spreading to lower limbs and body; size varying from typhoid spot to an area the size of a hazel nut; in most serious cases rash more extensive and, in fatal cases, has been the size of a large orange or even larger. Herpes is present in thirty per cent. of cases, usually on upper lip, and, in some cases, it was present on left ear. Broncho-pneumonia often sets in. Kernig's sign nearly always present. Incontinence of urine and faeces common. Termination by death may be very rapid, sometimes in two, three or four days. These are the chief symptoms in the acute stage. The end of the acute stage is either death or chronic stage.

CHRONIC STAGE: May last from three to four months, or longer. Emaciation (though greedy for food, loss of flesh is appalling). This is due to the upsetting of the nervous digestive centre. Temperature irregular—for three or four days more or less normal, then suddenly may rise to 102 or more. Mental condition varies, sometimes the disease leaves mental weakness. Vomiting very troublesome at times, and is not a good symptom when it comes to prognosis. Contraction of muscles of the face, *risus sardonicus* is often present. Convalescence usually very slow, with common tendency to relapse. Kernig's sign the last to go.

WHOLE DURATION OF DISEASE IN NON-FATAL CASES: This varies according to the severity of cases from three weeks to three or four months, or even longer.

COMPLICATIONS: (1) Broncho-pneumonia, often fatal (as in case "G").

(2) Deafness: due to inflammation or affection of the auditory nerve (as in case "W").

(3) Eye: Ulceration, with possible loss of sight (as in case "P").

(4) Trophic sores: usually on lower

limbs or back (as in cases "P" or "W").

(5) Inflammation of joints which may result in formation of pus (as in case "D").

(6) Relapse: already referred to, (as in cases "R" and "M").

(7) Paralysis—of different muscles, e.g., of face, arms, legs (as in cases "D" and "M").

MORTALITY OF DISEASE: This varies according to virulence of attack. Fifty per cent., since treatment by serum and vaccine has come into vogue, is not a high estimate.

PROGNOSIS OR OUTLOOK: Is worse the more abrupt or severe the onset. Persistent vomiting in the chronic stage is a bad sign, as are also continued drowsiness and relapses.

TREATMENT OF CASES: (1) History: The lecturer dealt with one or two special points. It is highly important that all information regarding the patient be obtained as soon as possible—the history of case, from patient himself (if able to give it) or from relatives, or those who brought him in; his next of kin and their address, the exact hut or tent from which he came, also his regiment.

(2) Isolation: Nurse-in-charge to insist on observation of rules for isolation. Practically the same as are enforced at Trentham—the wearing of mask, overalls, noiseless slippers; use of nasal douche and gargling of throat by nurses and orderlies, and also the taking of formamint tabloids.

(3) General: Mouth, teeth, nose, throat and eyes must be thoroughly cleansed at regular intervals throughout the day. The tongue must be kept thoroughly clean. Skin bathed and washed twice daily, special care being taken with regard to the back to guard against bed sores. Care with regard to urine and motions. Sanitary precautions must be strictly enforced with regard to all excreta. The lecturer particularly referred to care in direct application of hot water bottles, as the skin is very sensitive and can easily be injured.

(4) Serum and Vaccine Treatment: (a) The Serum used is obtained from an originally healthy animal, usually a horse, which has been gradually poisoned with the meningitis poison and then bled. The serum is collected from the blood, and put up in sterilised bottles. This serum is then