severe cases. See Intravenous Serum Treatment of Epidemic Cerebrospinal Meningitis, W. W. Herrick, Arch. Int. Med., Apr., 1918.] After the first vigorous application in the early days of the disease, the serum should be given only in case of serious relapse with meningococci present in the cerebrospinal fluid. Serum should not be injected when the fluid is under high pressure. Serum sickness resulted in seven cases. In three cases where, a week or two after the last injection, another injection was given, there was a return of meningeal symptoms more intense than the original manifestation but quickly subsiding. One injection, the fifth in the case, given on the sixteenth day of treatment, caused collapse with cessation of respiration for a few seconds. Convulsions resulted in two cases after the third or fourth injection. One case of severe kidney disease received no injury from the treatment but instead the condition was improved under the accompanying dietetic measures. Only one of these patients manifested any marked sequelæ. These were a slight spastic paralysis and total blindness. The mortality was 41.3 per cent. but the age of a large proportion of the patients would account in part for this.

Bezy, A. EPIDEMIC MENINGITIS OF VARIOUS ORIGINS. [Arch. des Mal. d Enf., Dec. 17, 1917.]

Bezy comments on the unusual number of meningeal cases which have come to his attention the last year. There were twenty-six, when he had never before seen more than five in a year. He believes that the meningeal reaction should be considered only a part of the whole disease picture. Among his cases there were eleven of undoubted tuberculous meningitis. In ten cases the meningococcus was found, while in five no germs could be discovered.

Herrick, W. W. INTRAVENOUS SERUM TREATMENT OF EPIDEMIC CERE-BROSPINAL MENINGITIS. [Archives Internal Medicine, April, 1918.]

This investigator bases his study of this epidemic upon the importance of recognizing a premeningitic stage of meningococcus sepsis, of which the meningitis is a secondary complication. Such has been the basis of the clinical experience which he reports from the Base Hospital at Camp Jackson upon 208 cases. Primary meningococcus sepsis was recognized in almost half of the cases before the meninges were characteristically involved. Besides, abortive cases and other atypical cases were recognized and intravenous serum has been established upon a sure basis with marked reduction of mortality and development of valuable methods of diagnosis both at the bedside and in the laboratory, in spite of the many disadvantages of an inadequately equipped hospital and an overworked staff. An unusual opportunity was however afforded for studying the disease in its earliest stages on account of military control, which brought about prompt report of symptoms.