

high mortality of the several epidemics recently witnessed in the United States and in Continental Europe it may, I fear, be inferred that we possess little power over the course of the disease.

Recognising the disease as a FEVER, modern experience suggests, if I am not mistaken, that the province of the physician quoad its treatment is to *guide*, not to drive it to a favourable termination. Before this audience it is unnecessary to discuss the general principles upon which this, in common with all fevers, is to be treated; but as in typhoid fever or scarlatina, for example, there are certain special indications to be fulfilled; so there are in cerebro-spinal fever, and upon these I will offer a few observations.

The main, special indication appears to be, to lessen the severity and prevent the extension of the inflammatory process, engaging the cerebro-spinal membranes and, more or less, the centres they enclose.

The testimony in favour of the local application, at the outset, of ice to the head and spine, short of producing over-depression, is stronger than of any other remedy. If there exist much prostration, external heat is to be applied by bottles of hot water, bags of hot salt or oats, warm flannel bandages, &c., during the employment of the ice and subsequently.

A difference of opinion obtains as to the value of the local abstraction of blood by leeches and cups applied behind the ears and to the nucha.

During the epidemic observed in 1865 by Dr. Burdon Sanderson, upon the Lower Vistula, "free local bleeding during the first few hours, while the patient was still vomiting, occasionally produced the most striking results." And in the Philadelphia epidemic of 1866 Dr. Stillé states that cupping the nape of the neck, in the more sthenic cases, was of "essential service in mitigating, and generally, indeed, in wholly removing the neuralgic pains" of the disease.

The Germans, of whom the late Niemeyer may be taken as a fair representative, employ calomel in frequent doses, much in the same way as it has usually been employed in sporadic meningitis; and, however unfashionable it may be, I own to the view that it is likely to be useful, if not in limiting the quantity of the inflammatory products, in promoting their more speedy removal.

While giving the calomel the other remedies should be faithfully employed. It is right to add that English and American physicians, as a rule, do not advocate mercury in the disease.

Antipyretic doses of quinine, at the very beginning of the disease, have been favourably reported upon by a Committee of the American Medical Association. As, however, the testimony respecting