

epidemic also in Silesia and other parts of Europe. In these islands the disease has never been very prevalent. In Allbutt's "System" you will find a list of the epidemics given in Ormerod's excellent article. The only serious one was the Irish outbreak in 1866-67. A few isolated epidemics have occurred, but there have been no such severe manifestations of the disease as on the Continent and America. At present the disease has broken out in Belfast and in Glasgow, and is causing no little alarm. A second peculiarity is that the epidemics occur in very widely separated areas, in which it prevails severely, but does not spread widely. This is one of its most remarkable peculiarities. During the past two years in which it has prevailed in parts of the United States, the epidemic, for example in New York, did not spread to other large cities, nor did it extend throughout the country. At the same time, the disease occurred in such a widely distant region as Silesia. This has been a very constant peculiarity. The disease is never pandemic, like influenza, sweeping rapidly over many countries. It occurs usually in small localised regions, scattered far apart. It has another peculiarity in showing a maximum intensity in densely populated cities, as in New York, and in scattered mining towns and villages and in mountainous regions. Some of the most severe epidemics in the United States have occurred in the mountains of West Virginia, in the mining regions of Pennsylvania, and last year one of the worst epidemics on record was among the Silesian miners. A fourth peculiarity is that the mortality, as an acute infection, ranks very high, perhaps next to the plague. At times, indeed, it equals the plague as a killing disease. The latter disease has a mortality of 60 and 80 per cent., and cerebro-spinal fever has a mortality ranging from 50 to 75 per cent. Lastly, among infections it is perhaps the most virulent. We know of no disease which can strike patients with such lightning-like rapidity, in so fulminant a manner, as cerebro-spinal fever. There are instances in which death has occurred within six or eight hours. A few years ago, in Washington, I saw a robust, healthy man who had left his house immediately after luncheon, and who, as he was stepping out of a tramcar at about 2.30 P.M., had a sudden pain in the back of his head. I saw him that night at ten o'clock. He was in a condition of extreme prostration, with high fever, violent delirium, and with a temperature of 104°. At three o'clock in the morning he was dead, within a little more than twelve hours from the onset. On the other hand, there is no known infection which may so lightly affect a patient. When the disease is very prevalent there are curious mild attacks, with the most transient manifestations. The patient has a headache for an hour or two, a pain in the back of the head, a little stiffness in the neck, and the whole affair passes off in a few hours; and yet there are gradations between these extremely light attacks, in which a man is scarcely