the cold wet sheet or packing, but for my own part, I would as soon think of attempting to revive the dying embers of a smouldering fire by sprinkling water upon them, as by adding the depressing influence of cold to an already exceessively lowered animal temperature. Tepid baths are unobjectionable and useful in great hyperexia, better still hot mustard baths in cases of great vital depression with lowered temperature.

I say *anomalous*, because of the fact that we occasionally hear of an epidemic somewhere developing some new type of the septæmia, under the influence, it is to be presumed, of peculiar loca modifyng circumstances, as recently in the city of New Jersey, U.S. Notwithstanding that in zymotic affections prevention should be the great goal of ambition for the medical art, yet, once acquired, what treatment can be most relied upon, or have we any treatment sufficiently specific to be termed antidotal in malignant scarlatina and allied affection s

In the treatment of zymotic affections having, as a local lesion, inflammation of the mucous membrane, chlorate of potassa seems to have deservedly gained the greatest repute.

While following the use of this remedy for the ocal affection of the mucous membranes, I am strongly of opinion that in all toxæmic diseases we require to avail ourselves of some remedy which may act as antizymotic or antiseptic, and for this purpose I select a sulphite or hyposulphite for the former, and carbolic acid for the latter, following Polli, of Milan; Bland, of Philadelphia; Chaussier and Bielt of Paris.

In scarlatina, where the head symptoms are prominent, I fear they are often attributable to retained urea and hence I have used the tinct. of colchicum with diuretics and sedatives, where the action of the heart is much excited. In cases manifesting decided disturbance of the spinal cord or its membranes, I should be disposed, had I any more such cases, to resort to counter irritation and belladonna inunctions, and the internal administration of ext. ergota and belladonna, acting as they do upon the capillary circulation of these parts.

True, in three well marked cases of cerebro-spinal meningitis, I succeeded perfectly by repeated leaching to nape of neck and spine, and the administration of calomel, with bromide of potassium; but in this affection, as a complication of the scarlatinal poison, I should be slow to adopt the abstraction of blood, even locally by leechings,—besides the cerebro-spinal cases referred to did not assume the malignant type.

The presence of a pseudo-membranous covering in the mouth and fauces in certain cases observed, I am unable to account for, unless upon the supposition that it was of a stomatitic nature and not true diphtherite.

To what extent constitutional tendency, cachexia, idiosyncrasy or present condition may affect the character of an attack of a toxæmic disease, I am unable satisfactorily to determine, but my observations leads me to the conclusion, that all forms of disease are rendered more asthenic thereby, and that the toxæmia manifest a constant tendency to become malignant. It may, however, be replied that different types of the same disease are met with in members of the same family, but so are differences of ingesta, constitutional and inherited peculiarities and temperament, not to speak of wide difference which may exist in the inherent vital forces or nourishing processes going on in the different cases before us.

Such, gentlemen, are a few thoughts suggested by circumstances arising in connection with a few cases I have observed, and I offer them here as mere suggestions to the minds of others of more matured judgment and with more extensive means for observation, experiment and deduction.

An interesting discussion followed the reading of the paper, in which Drs. Craik, Hingston, Reddy, F. W. Campbell and others took part.

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THE PROGNOSIS AND TREATMENT OF CHOREA

By Dr. Francis E. Anstie, Physician to Westminster Hospital.

[It has been proved beyond dispute that chorea is occasionally the result of embolism of a cerebral vessel, and from the knowledge of this fact it is natural that we should be tempted to imagine embolism as actually present in all these very numerous cases. This would be a grave mistake. There is, however, a connection between rheumatism and chorea which is more widely applicable to the explanation of the facts than the theory of embolism.]

In the inquiries which I have carried on for many years respecting the pathology of neuralgia, one of the most pressing questions for solution appeared to be the kind and degree of connection which existed between neuralgiaand the rheumatic diathesis. There is no need to detain you with the details of that inquiry; suffice it to say that I was compelled to the conclusion that rheumatism is comparatively rarely a direct cause of neuralgia: the truly rheumatic cases of that disease are a very limited group. At the same time, however, I began to perceive another kind of connection between rheumatism and