to apply cold water moderately. His temperature never rose above 101½, and his pulse was unnaturally slow, and very compressible, ranging from 60 to 80. Before night his reason had returned. He now complained of pain along the spine (rachialgia) very much, and there was considerable retraction of the head. The spinal pain and tenderness were treated by blistering and cold. On the third day he said he felt sufficiently strong, and was sent by train to Goderich, where Dr. McLean attended him some three or four weeks before he entirely recovered.

CASE 2.—H. S——, æt. 27, labourer, got intoxicated, and lay out over night, June 30th, 1872. In the morning he felt chilly and had a bad headache, and vomited several times. To relieve his head he put a piece of ice in his hat, and lay down upon the ground in the sun. The pain had increased so much by noon that his mind began to wander and I was sent for. I found him lying on the far side of the bed and he appeared to be in a high fever as his face was very red. I asked him if he could get over near me where I could examine him, and I should say that it took him five minutes to accomplish the task. He afterwards told me that he remembered when I went into the room, but nothing after. Pulse 113, temp. 103½F., resp. hurried. He remained delirious for about a week, and during that time there was pretty constant retraction of the head. I had the hair closely cut from his head, and bathed with water in which plenty of ice floated ; the first application seemed to produce a shock, but after a few minutes he did not appear to notice it. A blister was applied to the back of the neck and the following prescription given :

℞ Morph. sulph. grs. ii.
Ext. aconiti. fl. m. x.
Aqua ℥iv.—M.
Sig.—A teaspoonful every two hours.

His diet was principally milk, no solid food being allowed. The temperature fell in a few hours to 101½ and did not rise above that again, but came down gradually to, and below normal. The aconite was discontinued after his pulse and temperature were well under control. The morphia was continued till reason returned, then changed to quinine and generous diet.

CASE 3.—Mrs. F., æt. 33, was taken down April 24th, 1872. She had been for several weeks taking care of her children, who one after the other had taken the disease in a mild form and lastly her husband, who was just recovering, when the attack came, and but for her exhausted condition would probably have been mild. A chill—not very severe—was the first instalment, followed by vomiting, confusion of intellect and delirium. The pulse from the beginning was feeble and very compressible, ranging from 65 to 110 with a marked want of arterial tension. The temperature ranged from 100 3-5 to 103 1-5, being higher in the early stages. Respiration was variable, sometimes hurried, then sighing and irregular. The vomiting ceased on the appearance of delirium. The bowels required but little attention during the attack. On the third day a thick mottled eruption was noticed, purpuric in character, the size being from a pin's head to that of a split pea—the large ones being of a dark purple while the smaller ones were of a reddish cast. Large and small were thoroughly intermingled. Pain in the head, neck and along the cord, especially in the dorsal region, was constant. In a later stage cystitis made its appearance and caused much trouble and anxiety. Still later she suddenly became blind and remained so for about twenty-four hours—this I attributed to nervous exhaustion. She had been taking quinine every two hours, but by some oversight of the nurse it was omitted for about twelve hours during which time she lost her sight. The treatment from the first had to be supporting ; aconite was given very cautiously and for a short time only. Morphia was continued through to the end. Her hair was cut off except a little on the front of the head, and cold kept constantly applied. Her neck and the upper part of the spine were repeatedly blistered, and cold applied as constantly as possible. Quinine was given early and continued until she was able to be about the house. Paralysis of the right arm remained for about three months, when sensation and motion were gradually restored. Duration of attack was 50 days.

Mrs. H. B——, æt. 26, was confined on the 25th April, 1872. Prior to confinement there appeared to be strong evidence of albuminuria, and my suspicions were fully confirmed on making the usual test. Her accouchement passed without trouble, and the kidneys gradually resumed their proper functions. Her progress was satisfactory up to 3rd May, when symptoms of some other