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The mode of infection is not very clear, a few instances of supposed direct propagation from patient to patient have been recorded, but this is by no means the general rule. It does not appear to spread from any centre of origin, either by contiguity, or on special lines of travel but breaks out at diverse and apparently disconnected places. Its development appears to be independent of local peculiarities of soil or situation. It is met with in town and country alike. When once it has appeared in any locality, the contagion appears to remain about that place for some time. Epidemics of cerebro-spinal meningitis, so far as have been noted, differ from epidemics of other infectious diseases in that they do not steadily mount up to a maximum and but appear to proceed by fits and starts; crops of fresh cases appearing at irregular intervals and in more or less distant foci. The disease is most apt to appear during the late winter and spring, and children and young adults appear to be particularly susceptible. It very rarely attacks infants under one year of age, and is seldom met with in the more advanced periods of life. The point of entrance is probably through the nasal cavities. The organism appears to have feeble vitality, and is with difficulty cultivated artificially.

As to treatment, we have no remedy which and be depended upon to either check the disease or shorten its course. Marked variations in the severity of the symptoms are liable to occur at short intervals, a fact which should render us cautious not to confound apparent therapeutic results with coincident improvements. Little value is to be expected from the mercurial treatment or from the severer methods of counterirritation recommended by some authors. The important indications appear to be to secure rest, to relieve the depressing influence of pain, and to sustain the strength of the patient. In our experience much benefit has been obtained from the employment of hot baths at a temperature of 100°F, to 102°F,; a method of treatment originally recommended by Aufrecht. Transportation from the bed to the bath should be conducted as carefully as possible. If much pain is present in the spine, the patient may be lifted out of bed by means of the sheet on which he lies, and with it lowered into the bath. After the bath the patient should be wrapped in a woollen blanket, and have another covering thrown over it. No drying or rubbing of the body is to be attempted. While in the bath, an ice bag or iced cloths should be applied to the head; the time in the bath should be from 8 to 10 minutes. Baths at this temperature relieve the pain, promote elimination of the toxines, and generally secure a quiet and restful sleep. In the intervals between the baths, should the temperature run high, Leiter's coil may be applied to the head, neck or spine. The diet must be nourishing, and should, as far as possible be pushed. Should the pulse become weak, in our opinion,