

the cranium. If the cap is not sufficient he applies cold compresses to the abdomen. Cold applied to the splanchnic area raises the general blood pressure, but this has a beneficial effect on the cerebral circulation by heightening the velocity without necessarily augmenting the transudation from the vessels. The author has no faith in the new antipyretic drugs. In simple and even in tuberculous meningitis he prescribes almost as a routine treatment internal antiseptics, preferring salicylic acid, salol or benzo-naphthol. The bowels should be kept open throughout the disease, and of all agents calomel is given the first place for this purpose, followed by enemata. Hiccough is best relieved by hypodermic injections of morphia.

To relieve cerebral excitement, sleeplessness, delirium and general restlessness he has arrived at the conclusion that there is no drug to equal opium very freely administered. It is not a specific for meningitis or anything else, but to it more than anything else the author attributes his success. It puts the patient in the most favorable position for getting well, and renders his brain less susceptible or more resistant to the storm which is passing over it. The author's views on this question have gradually undergone a change. At first he used Dover's powder, salicylic acid, opium and calomel. Now he uses almost exclusively hypodermic injections of morphine. He asserts that it is most difficult to poison with opium a patient suffering from meningitis. There is more danger in using it sparingly rather than freely. In one of his most scientific cases, the patient, an adult, received hypodermically each day for a fortnight, six grains of morphine. As the patient began to improve the dose was lessened, but with a too rapid diminution came a relapse, which was cured by return to a larger dose. In the case of one patient who weighed only 28 pounds the quantity of morphine was increased gradually until 3 grains a day was reached. The only limit should be the quantity necessary to maintain the patient constantly under the influence of the drug. In the case of children over seven years, $\frac{1}{2}$ of a grain of morphine is the initial dose, every four hours, quantity and frequency increased as desired. In children usually 2 grains a day is found sufficient: in adults 3, 4, 5, or 6 grains daily. If much vomiting, atropine may be combined, but if there is elevation of temperature it had better be left out. In the late stage, when there is evidence of ventricular effusion, atropine should be given rather freely. The earlier treatment is commenced the better. Absolute rest is of the utmost importance—a water-bed where possible; absolute quiet, even contact of bedclothes in handling. Avoidance of stimuli of all kinds. Apart from syphilitic cases the author sees no ground for the employment of iodide of potassium and mercury so frequently met with.