

umn. The symptoms resemble somewhat those of ordinary meningitis. It begins with sharp pains, with alternate remissions and exacerbations in the legs and along the spine, which are accompanied by stiffness of the limbs or of the neck. At the same time there is fever and constipation. Afterwards there are pains in the abdomen and along the lumbar region, also in the legs. During the suppurating period, when the spinal canal is invaded with pus, the disease becomes infectious; sometimes paralysis of various muscles occur, and death occurs in a short time. In this evolution the meningitic symptoms may fail to show themselves, and the diagnosis is consequently rendered more difficult.

The differential diagnosis of acute perimeningitis is at times somewhat difficult, but with sufficient care it should not fail to be recognized. From cerebral meningitis it is differentiated by the absence of the meningitic tripod, of ocular complications, and the typical course of the temperature. Cerebro-spinal meningitis is epidemic and associated with infectious localizations in the lungs and in the heart, and its characteristics are distinct from those of acute perimeningitis. In the diagnosis, on the other hand, of acute spinal meningitis great difficulty often arises, although in the beginning the early development of the paralysis is a symptom of the disease. If it appears later on, there is reason to believe that it is a question of acute perimeningitis.

Perimeningitis, says M. Theslier, may be confounded with typhoid fever, osteomyelitis, and rheumatism. For this reason, in the analysis of the symptoms, we should remember that perimeningitis shows three different types in the beginning: A subacute type, with violent invasion, chills, headache and renal pains; an acute type, the first symptoms of which resemble lumbago, and which is accompanied by insomnia, pains, cramps, and febrile movement; and the third type, which is slow, developing slowly for several months before the symptoms appear. The treatment of acute perimeningitis in the beginning is the simple expectant method, and, where it is possible, operative opening of the spinal canal.

We shall be pleased to send sample copies of this Journal to any address upon application.

THE ONTARIO MEDICAL ASSOCIATION.

As we are sending out with this issue a full report of the proceedings of the Ontario Medical Association, very few words need be said here. We wish to refer, however, to the fact that the meeting was quite as successful, if not more so, than any former meeting of the Society. Too much praise cannot be given to the Committee of Arrangements; everything went smoothly. The programme was got through, and discussion was pretty full and varied. The place of meeting was, on the whole, better than the Normal School, being nearer the business portion of the city and the hotels.

A good deal of influence was brought to bear to have Windsor as the place of meeting for next year. This may be all right, but we fear it will be more difficult for those who have the management of affairs to secure as large and representative an attendance at so extreme a point to the west. Let us hope, however, that this may not prove true, and that Windsor may have the glory of the bumper meeting of the Association.

By our report it will be seen who are the officers for next year. The President, Dr. Grasett, of Toronto, is well chosen as a popular and able man to fill the position.

We must refer to the admirable way in which the late President, Dr. Bruce Smith, performed his onerous duties. No better President has ever occupied the chair at the meetings of the Society.

HOW TO TAKE CREOSOTE.—Dr. C. W. Ingraham gives, in the *Medical News*, the following directions: "I give the patient a one-ounce bottle of creosote and an empty eight-ounce bottle. Upon the eight-ounce bottle I place the following label: '*Directions*.—After putting in the correct number of drops, according to directions on the small bottle, fill with cold water and take the entire contents of the bottle during the day, in equally divided doses, at regular intervals. Make at least six or eight doses. Shake thoroughly each time before taking.'

"Upon the bottle of creosote this label is pasted: 'Put four drops in the eight-ounce bottle, and take according to the directions on that bottle. The second day put in five drops, and the third