

which has given the name "spotted fever," the erythema, occasionally bullous eruptions and remarkable blotchy rashes about the joints. The skin eruptions vary in the different epidemics. Arthritis is a not infrequent feature in some epidemics. A very serious event is early blindness or early deafness, which form calamitous sequels of the disease. Connected with the deafness in the very young is the dumbness; and von Ziemssen states that following the great epidemic in Germany in 1871 there was a considerable increase of persons admitted to the Deaf and Dumb Asylums. The diagnosis of the disease is rarely in doubt. The symptoms are those of meningitis, and the distinction from the other forms can only be determined in two ways,—by the detection of the diplococcus in the serum of the spinal meninges, or by the fact that a person recovers who has had a marked and well-defined attack. When there are clearly defined symptoms of meningitis, if recovery takes place the chances are 100 to 1 in favour of its being a meningococcus infection. The discovery of the organism is made by the lumbar puncture, which is not a difficult operation, but the meningococcus may be present only in the early periods, and at the end of a week or ten days it may not be found.

A most important point concerns the prophylaxis of the disease. In the first place, we need not be apprehensive, I think, that there is to be a widespread epidemic in this country. The newspapers should not alarm the public unnecessarily. There has as yet been no widespread epidemic in Great Britain, and there is no reason why we should anticipate one. The immunity of these islands during the past century is very remarkable; the only epidemics really worthy of the name have been in Ireland. Usually it has prevailed only as it is occurring to-day in Glasgow and in Belfast: a hundred or more cases in large populous cities. The disease does not often prevail much beyond the winter season. It usually disappears in the spring. Where the disease is prevalent, persons in the neighbourhood of patients, the attendants and others, should have their throats carefully examined bacteriologically, and as far as possible the nose and throat should be carefully treated. This might sometimes prevent a person taking the disease, and it might stop the spread of the germ from one person to another. Not much can be said on the treatment of the disease. As with the plague, a disease which kills 75 per cent. of the persons attacked is not one for which treatment does much. But as it is the only form of meningitis in which we do see recovery, there is an element of hope, and certain measures of treatment may be carried out. The hot bath frequently repeated may be used with very great benefit and comfort to the patient. Lumbar puncture, more particularly where the fluid comes out under high pressure, should be frequently repeated; I have seen undoubted good results, and it is a harmless pro-