the result of paralysis of the respiratory and vaso-motor centres may be accepted, when the predilection which the virus of rabies seems to have for the brain-axis is remembered. In Seaman's case, the incubation period lasted for six months, during which time the rabic virus was engaged in travelling upwards from the injured nerves in his arm, until it reached the brain-axis, the Pasteur treatment not having been successful in establishing immunity to hydrophobia.

The most important part of the treatment of such a case would be the surgical treatment of the bitten part. The patient should be placed under the influence of a major anæsthetic and a careful excision made of any tissues, which have received the imprint of the rabid animal's teeth. Free bleeding of the bitten parts should be encouraged, in order to provide an outlet for any rabic saliva which may have found lodgment in the bitten part, and the use of the cupping glass over the incised parts would be helpful to promote the cleansing of the wounds. "It is best," says Osler, "to keep the wounds constantly open for at least five or six weeks." The open wounds should be douched, guttatim, to assist in the elimination of any hidden virus. A preventive treatment of this scope would be more likely to be followed by immunity to hydrophobia than cauterization of the bites with the actual or thermo-cautery. Antiseptic solutions are generally recognized as of secondary value. The treatment recommended should be applied, within twenty-four hours of the bite, and should be thorough, all abrasions about the fingernails or the slightest fissure in a lip being sufficient to admit the virus. Pasteur's treatment by vaccination has reduced the mortality to about five per cent—a result that is pretty constant all over the world. This figure, however, cannot be taken as absolute, for, undoubtedly, patients are treated, who might not have taken hydrophobia, or who were not bitten by an animal proved to be rabid.

J. J. C.