

ed to the routine use of cold baths in typhoid, without individualizing. There are many indications against the use of these cold baths, especially in children. He prefers alcohol compresses applied to the abdomen. Such a compress has to be wrung out of ninety per cent. of alcohol and is applied to the abdomen, covered with a pad wrung out of ice water; over this is placed an air-tight covering, the whole being held in place with a flannel band. The water compress is to be renewed every hour, the alcohol compress every two hours. In children we should use eighty-five per cent. alcohol.

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**Tuberculin.** E. R. Baldwin contributes an article to the *Journal of the American Medical Association* for January 22, in which he says that tuberculin represents the toxin of the tubercle bacillus and is the diametric opposite of an antitoxin. It depends for its diagnostic value on a special sensitiveness acquired by the tissues after tuberculous infection and the clinical value of a tuberculin reaction is generally proportionate to the smallness of the dose and the quickness and degree of the response. The more recent the infection and the more extensive the disease, the more delicate is the reaction, unless the disease is rapidly progressing or there is grave constitutional weakness. In such cases, tuberculin serves no useful purpose. The reaction occurs with increased frequency as age advances and can be obtained in a large percentage of apparently healthy adults. Repetition of the same or an increased dose is capable of arousing a latent sensitiveness from a former or healed disease, hence this method, especially when subcutaneously employed, is mainly useful in

excluding active tuberculosis, and the interpretation of positive results must be made with care. They do not necessarily establish the diagnosis of an existing disease which must be made in other ways. He describes the different forms of tests, recommending the cutaneous test of von Pirquet as harmless and most suitable for general use. Other tests may be needed in adults but this is suitable as a preliminary in all cases. The subcutaneous test is the last resource and the most searching in tuberculin diagnosis. At present it may be regarded as unnecessary in most cases. Its dangers have been over estimated but it is potent for harm if carelessly used. It should never be employed when a satisfactory diagnosis can be made otherwise, when a fever of 99.5 F. or over is present, or when the patient has a rapid pulse, gives a history of hæmorrhage or has already extensive signs in the chest. It should never be used in suspected Addison's disease. The tuberculin should be fresh and the dosage accurate and if there is the least reaction, the subsequent dose should not be increased. The interpretation of the results in tuberculin diagnosis must take into account the size of the dose required to produce the reaction, the promptness with which it develops and the local and general reactions accompanying it. The therapeutic use of tuberculin may be for the following objects: to diminish the sensitiveness to the toxin and to create intermittent local reactions and thus stimulate the disease focus to heal or be absorbed. Baldwin doubts the production of any recognizable immunity, any specific resistance obtained is gradually lost after stopping the treatment. Only patients in a comparatively quiescent stage of the disease are likely to be