

to note that a very large proportion of this literature is devoted to the subject of etiology and prophylaxis. Too much, indeed, is said to permit of any adequate criticism of it here. The subject of therapeutics of the disease occupies a much less space. Indeed, considering the extensive prevalence of the disease and the mortality therefrom (four per 100,000 inhabitants in German cities), the question as to how it is best to be dealt with by the physician has received surprisingly little attention. In the articles that have been contributed we find that the measures recommended may be classed under three heads—the antipyretic treatment, the antiseptic treatment, and miscellaneous methods. The antipyretic treatment still excites the most discussion. In Germany it means the use of baths, of quinine, and of salicylic acid. In this country other means of cooling the body than baths are resorted to, the most frequent being probably sponge-bathing. It is noticeable that there is very little literature regarding the efficacy of baths, and Geissler states that in German hospitals the mortality from typhoid fever has considerably increased since eight years ago. In 1877 it was 12.8 per cent. among 10,901 cases; in 1878 it was 13.5 per cent. among 12,406. In the years 1879-81 the figures are still more unfavourable. In Dresden, between the years 1850 and 1870, before the antipyretic treatment was introduced, the mortality was 12.6 per cent. among 3,387.

Those authors who have written recently upon this subject continue for the most part still to recommend it, but not with the exaggerated praise heard eight years ago. A. Vogel had a mortality of one in seventy cases treated with baths; Morf speaks guardedly regarding their employment; Hensch and Asby all caution against frequent cold baths for children; Keulich is enthusiastic over wet-packs combined with systematic high feeding; Steffin was only moderately successful with wet-packs; Zenetti advocates Ziemssen's treatment with calomel, baths, and quinine. One finds little said about the antipyretic value of quinine. There has been a tendency to substitute salicylic acid for it, but the results obtained seem discouraging. Of five authors who report their experience only one advocates its use.