

and that the temperature should be taken again half an hour after the bath, when a fall of about two degrees might usually be expected.

In this country the use of the cold bath has been mainly restricted to the combating of hyperpyrexia in special cases. As a systematic method of treating enteric fever it has received comparatively little support, although it has been recommended by such high authorities as Sir William Broadbent and Dr. W. Cayley. Professor Osler, who is a firm supporter of the cold-bath treatment, strikes the right note when he states that he regards it as "not so much special and antipyretic, as tonic and roborant," and were one to supplement this criticism by claiming for it in addition a powerful eliminative agent, one would probably not be overestimating its virtues. Although Brand claimed for the cold bath that its action was essentially protective against a high temperature the fact that he enjoined more or less continuous friction of the skin throughout the period of the patient's immersion suggests that he was probably alive to its action as an eliminant. It is by no means improbable that it is to its salutary influence on the nutrition of the skin and to its power of maintaining the excretory activity of both the skin and kidneys that the cold bath mainly owes its marked superiority over all other therapeutic procedures of which the primary aim is refrigeration.

*(To be continued in February issue.)*