

drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"—Extracts from an article in the *Texas Medical Journal* for March, 1905.

Cold Affusion in Delirium Tremens.

Sir William Broadbent, F.R.S. (*Brit. Med. Jour.*)—For many years the writer has used cold affusion in delirium tremens, always with immediate success, but the treatment does not seem to have found its way into the text-books. The patient is stripped naked and lies on a blanket over a waterproof sheet. A copious supply of ice-cold water is provided, and a large bath sponge dripping with the iced water is dashed violently on the face, neck, chest and body as rapidly as possible. He is then rubbed dry with a rough towel, and the process is repeated a second and third time. He is turned over and the wet sponge is dashed on the back of the head and down the whole length of the spine twice or thrice, vigorous action with a bath towel being employed between the cold water attacks. By the time the patient is dried and made comfortable he will be fast asleep.

A man of about thirty was addicted to alcohol. After a week of continuous drinking he had delirium tremens, or, perhaps more strictly, hallucinations; he was more violent and had less delirium ebriositatis, since, with characteristic tremor than is usual in delirium tremens proper. A complication which almost precluded recourse to opiates or sedatives was the presence of a large amount of albumin in the urine. The treatment was carried out with the result of sound, refreshing sleep and speedy recovery. The albuminuria gradually disappeared.

The writer has used cold affusion even when there was extensive pneumonia with the delirium tremens. When the patient wakes up the tremor is gone, the relaxed, perspiring skin is warm and dry, and the weak, flickering pulse has recovered tone.

In rheumatic and enteric hyperpyrexia the effect of the cold bath is not simply due to the abstraction of heat. The graduated bath has much less effect than the plunge into cold water, and may have no effect at all unless cold affusion is applied to the head. It is not easy in domestic practice to give a cold bath in these cases, and may be impossible. Affusion by means of a bath sponge, followed up by a wet sheet, may meet the emergency.—*Med. Review.*