rence of the hemorrhage, having been actually lessened very materially. Theoretically we should expect it to be so. With fever, part of the food intended for the nutrition of the tissues is diverted from its destination; the tissue elements themselves are more rapidly broken down with the resulting wasting of the body. The process of repair is always impeded where there is fever, and not only that, bat molecular death (ulceration) if occurring in an individual whose temperature rises above normal, is accelerated. We see this in simple ulcer of the leg. Should a patient suffering from such an ulcer be subjected to a high temperature, the process of repair will be retarded, if not quite arrested. The probabilities are that molecular necrosis—*i.e.*, tho ulceration—will make more rapid strides until the temperature is again brought down to normal. The same state of affairs is also likely to occur in the ulcerated patches in the bowels, and more rapidly and consequently deeper, the higher the temperature. Lower the temperature and we restore for the time being the vis medicatrix naturæ, which in typhoid is all important in so far as the ulcerative condition of the bowels is concerned.

Speaking generally, a high temperature lasting only a short time is not likely to do much damage, even repeated high temperature, provided there is an interval oi the normal state, during which time the injured organs will probahly have time to be restored to their normal condition. This we see frequently in intermittent fever. The more nearly we succeed in making typhoid resemble such a fever in its course, the greater the chances of success in treatment.

Not only does high temperature favour the necrotic condition to which I have just referred, but it causes degeneration of the parenchyma of the organs, such as liver, kidney, and other glandular organs, as well as the heart and voluntary muscles. Nor does the brain and other parts of the nervous system escape the deleterious effect of the continued high temperature. Hence the importance not simply of reducing the temperature, but of doing so rapidly. It is quite true that in quinine, salicin, antipyrin, antifebrin, phenacetin, as well as other new drugs, we