

9 per cent. Prof. Osler, of the Johns Hopkins Hospital, has thoroughly carried out the Brand system, reducing the mortality in his last eighty published cases to 6.5 per cent.* Dr. Broadbent, one of the most conservative of English physicians has recently † stated that the most efficacious means of controlling the heat of fever is the application of water to the surface of the body, and when the bath treatment has been systematically tried the mortality of typhoid fever has been considerably reduced.

Hale White‡ thinks that cold sponging or the cold bath should not be regarded simply as an antipyretic, but as acting, possibly by aiding the excretion of toxins, as a direct specific in fever, which would explain the fact that not only the temperature is lowered, but the patient's whole condition is improved, and the liability to complications diminished. Besides the increasing of urine toxicity—which is diminished in fever—to normal or double the normal, the experiments of Winternitz, which have been verified to a certain extent by Thayer, of Baltimore,§ show that the number of phagocytes is much increased, in some instances doubled, after a bath. He believes that this increased number of phagocytes exerts a destructive influence upon micro-organisms which have obtained entrance into the circulation, which may account in some degree for the beneficial influence of cold in the treatment of various infectious diseases.

Dr. T. K. Holmes|| has published a case of scarlatina following pregnancy, in which the temperature on the fourth day after confinement was 106° F., pulse 160, the patient semi-comatose and breathing stertorously, in which the application of cold had a most remarkable effect, and eventually saving the patient's life when her condition seemed almost hopeless. It was the remembrance of this patient that suggested to my mind the somewhat radical measure of the cold bath in the case just recorded, one of the most stubborn I have ever had to contend with, and which had such a salutary influence and apparently quite altered the aspect and prognosis of the case.

I do not wish it to be understood that I would advocate the use of the cold bath in every case of puerperal septicæmia, or that our chief efforts should not be directed to the cause of the pyrexia in the genital tract. Each case must be treated on its merits; but when septicæmia exists, and treatment directed towards preventing the absorption of the pyrogenic organisms fails to lessen the temperature and allay alarming symptoms, we have in the cold bath or cold sponging in puerperal septicæmia, as in other infectious fevers, a valuable aid, not only in relieving distressing symptoms, but in restoring our patient to health.

* *British Medical Journal*, Nov. 17, 1894.

† *Lancet*, Aug. 15, 1894.

‡ *British Medical Journal*, November, 1894.

§ *Johns Hopkins Hospital Bulletin*, April, 1893.

|| *Ontario Medical Journal*, November, 1893.