

ture of 68 degrees, irrespective of the onset of shivering, many of his followers have pursued a less drastic method. Some physicians, for instance, have taken 103 degrees, or even 103.5 degrees, as the determining temperature, and have removed the patient on the occurrence of definite shivering. It is generally admitted, however, that the results obtained under these conditions in practice have fallen short of those achieved by Brand.

Again, the "graduated bath," as it is termed, has been widely recommended, originally, I believe, by Ziemssen. By this method the temperature of the bath which at the moment of the patient's immersion is about 90 degrees, is afterwards rapidly reduced by means of ice to 70 degrees, or slightly lower. Sir William Broadbent, who speaks well of the treatment, is inclined to prefer immersion at an initial temperature of 80 degrees, rather than 90 degrees. The graduated bath is certainly more adapted to the condition of patients whose circulation is feeble and in whom there is much respiratory distress, those, in fact, who are unable to bear the shock of sudden immersion at the lower temperature, which, on the other hand, is of such marked value as a stimulant in cases where there is considerable nervous depression. This is equally true, whether the bath be employed as a systematic measure of treatment, or whether, as is more usual in this country, it is simply used as an occasional weapon against an unduly high temperature.

Some thirteen years ago, Dr. James Barr, of Liverpool, advocated the treatment of typhoid fever by means of the continuous tepid bath, the patient being immersed in a tank for a period of from one to three or more weeks, in fact, if necessary, during the whole course of the fever. The temperature of the water is maintained at a level of but a few degrees below the normal temperature of the body, and in proportion as the pyrexia abates the temperature of the water is raised, until at the completion of defervescence it nearly approximates to that of the patient. Dr. Barr claims for his method that it obviates the drawbacks which are incidental to Brand's, while attaining the same good results. He states that of forty cases treated by the continuous bath a fatal result occurred in only one instance. Such a record is, of course, eminently satisfactory, but relapses, as Dr. Barr, I believe, himself admits are unduly frequent. One can hardly think that the tank treatment can be a popular one with patients and the method is impracticable under ordinary conditions in private practice.

More recently, Dr. Barr has devised a method which, though