

carried out, effects a mitigation of the general symptoms of the disease (some of which, though recognized as normal accompaniments of enteric fever, are averted altogether) and a reduction of the case mortality by a half or even two-thirds. This contention is supported by published results. Thus in the Prussian army the case mortality was reduced from 25 per cent. to 8 per cent. by means of the cold bath. Jurgensen effected a reduction from 15.4 per cent. to 3.1 per cent. Drasche, of Vienna, brought down his hospital mortality from 16.2 per cent. to 9.3 per cent.; Tripier and Bouveret, of Lyons, reduced their mortality from 25 per cent. to 7.5 per cent. Osler, of Baltimore, lowered the death-rate from 21.8 per cent. to 7.4 per cent. Thompson, of New York, reduced his mortality from 19 per cent. to 7 per cent.; Hare, of Brisbane, from 14.8 per cent. to 7.5 per cent. The general experience, then, would show that the fatality from enteric fever can be brought down to somewhere about 7 per cent. by a thorough application of the cold-bath treatment. Hare's record is particularly interesting. For a period of ten years all cases of enteric fever admitted into the General Hospital at Brisbane were treated with the cold bath. They numbered 1,902, and the results were compared with those obtained in a consecutive series of 1,828 cases received into the hospital during the four and a half years immediately preceding its adoption. The case mortality in the two series was, as I have stated, 14.8 and 7.5, respectively. The record is of particular value, since for a period of seventeen months before and three years after, the cold-bath treatment was introduced, both the management of the wards and the care of the patients were under the personal supervision of Dr. Hare himself.

It was particularly insisted upon by Brand that to procure the full benefit of the treatment, it must be commenced at an early stage of the disease. Brand maintained that if the treatment were commenced by the fourth day and continued throughout the attack according to his instructions, not only would the pyrexia be kept at a lower level, but the intestinal lesion would be held in check, the affected follicles in these circumstances not proceeding to ulceration, and consequently the occurrence of both hemorrhage and perforation would be averted. If, on the other hand, the baths were not commenced until a later stage of the illness, the occurrence of actual ulceration could not be avoided, although the course of the illness generally would be favorably influenced in proportion as the treatment was early adopted. Brand's instructions were that the bath should be given every three hours whenever the rectal temperature registered 102.2 degrees or over,