

adopted. It would be strange, indeed, if this were not true, twenty additional lives are saved out of each hundred treated by this method as compared with the expectant treatment. So the relapses ought to be one-fifth greater, having that much more material out of which relapses are liable to occur, while the 20 per cent. of dead under the expectant treatment can furnish none.

Sixteen of Dr. Vanzant's cases were treated by affusion and ten by immersion. Three of the former relapsed. His largest dose of quinia was fifty grs.

Drs. Featherstone's and Earp's cases were treated by sponging, the cold pack, and an occasional bath. The largest dose of quinia administered by the former was sixty grs., the latter fifty grs. All the cases which I have treated since 1878 have been immersed, with the exception of my last case, which was treated by affusion. I find that the water and quinia supplement the action of each other. The intermission produced by the quinia after the use of the bath is much more satisfactory and prolonged, while the quinia renders the necessity for the bath much less frequent.

The case which I treated by affusion was a healthy male adult, aged 19. He was the last one of eight cases which made their appearance in a club of Asbury students. The attack promised to be unusually severe, the temperature ascending to 105° Far. on the afternoon of the fourth day. At 3 p.m. he was stripped and placed in a large tub in the erect position and about five gallons of water, the temperature of which was 75°, poured slowly over his body. Fifteen minutes afterwards his temperature was 99°. At 7 p.m. his temperature had risen to 105.5°, when the affusion was repeated with a similar result. Forty grains of quinia were administered at the same time. The patient perspired profusely through the night, slept well, and on the following morning at 8 a.m. temperature normal, pulse 76, respiration 20. This condition continued for about thirty-six hours, when the temperature gradually rose, but never exceeded 102.5° during the remainder of the disease. After this period of the disease had passed, 15 grs. of quinia produced a perfect remission, and no more water was used, but the duration of the fever was twenty-six days. Affusion should be used only during *the first few days* of the fever.

Patients treated upon this plan have few or no sequelæ, and are able to resume their occupations in a few days after convalescence is established.

Few conditions arise which contra-indicate its use: of course that perfect degree of rest necessary in hemorrhage and perforation forbids its employment in cases where these complications arise.

Greencastle, Ind., September. 1883.

ALOPECIA PREMATURA.

The *Edinburgh Medical Journal* reproduces from the *Berliner klinische Wochenschrift* (No. 16, 1882), the following note: O. Lassar has continued his observations on the nature of premature baldness, and has further convinced himself of the communicability of at least the form associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or white mice, baldness rapidly makes itself visible on the parts so treated. That this is not due to the vaseline was shown by anointing other animals with the vaseline alone, which produced no effect whatever. He considers that the disease is spread by hairdressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles after each time they are used. During frequent visits to the hairdresser's it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hairdresser more frequently attends to them at their own homes, and there uses *their* combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and tressed at home and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen minutes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two per cent. corrosive sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one half per cent. solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent. of carbolic or salicylic oil is to be used to the head. This treatment has now in many cases brought the disease not only to a stand, but the hair has been to a considerable extent restored.