

admitted during the past two days which you saw in Ward F this morning. In beds 8 and 10 we could say positively that by specific medication the fever would disappear and the patients would be afebrile at the time of the next ward visit on Friday; whereas in the patients in beds 23 and 24 by no method of procedure with which we are acquainted could we arrest the progress of the fever. It is, however, quite possible that some day we may have typhoid fever under our control just as we have malarial fever. I should like to call your attention to the fact that we do not give a preliminary calomel purge, nor do we mind if constipation exists. In looking over any long series of cases you will find that those with constipation do better as a rule than those with diarrhoea. It is extremely interesting to note how from time to time the profession returns to old ideas on practice which it had abandoned years ago. At present you will see a good deal in the journals about the eliminative and purgative treatment of typhoid fever. To promote in every way the excretion of the toxins (by keeping the skin active and by stimulating the flow of urine) is a most rational indication, best met by the use of water, external and internal. If the bacilli manufactured their poisons on the surface of the mucosa, calomel laxatives and intestinal antiseptics of various sorts would be indicated, but as I mentioned to you, the universal opinion of bacteriologists is that the bacilli are not found in the faeces or on the mucosa until about the middle of the second week, by which time in severe cases a profound toxemia may have developed and many even have proved fatal. Later in the disease, when the sloughs have separated and the ulcers are present, the use of purgatives is, I hold, very bad practice. —WILLIAM OSLER, M.D., in *Maryland Medical Journal*, Nov. 17, 1894.

**The Treatment of Typhoid Fever with Cold Baths.**—As constant dropping wears away the hardest stone, so has the persistence of Brand and his disciples finally overcome the prejudices of the medical profession, and established and forced to universal recognition the great therapeutic utility of cold bathing in the treatment of typhoid fever. With a somewhat natural unwillingness to adopt new methods, specious technical objections were

raised when once it was shown and admitted that the action of the bath was actually most beneficial and innocuous. Of these objections there remain the difficulty of bringing the necessary appliances and assistants to the bedside of patients in private practice, and the fears of the family and the sensibilities of the patient. The last two may be considered as purely sentimental, and not substantial, and means have been devised to overcome the first. One of the simplest and most available devices for effectuating the end in view is that described by Burr (*Chicago Medical Recorder*, vol. vii., No. 4, p. 227). A rubber sheet, two and a half yards long by one and a quarter yards wide, is slipped under the patient, and drawn up over his pillow, and its edges tucked up alongside of his body. A folding, crib-like frame, six feet two inches long by two feet wide and eight inches deep, is then unfolded and placed over the patient, resting upon the mattress and surrounding the patient, pillow, rubber sheet and all. The edges of the sheet are then drawn up over the top rail of the crib and down the outside to the lower rail, where it is hooked fast by means of rings attached near its edges with elastic tape. There is thus devised a light and perfect tub, with the patient resting undisturbed on his mattress and pillow. The accessories may be a couple of water-buckets, a five-eighth inch rubber hose, six or eight feet long, for a siphon, to which a spray nozzle may be attached, a sheep's-wool sponge of good size, and a bath thermometer. —*Med. News*.

**Pilocarpin in the Treatment of Acute Articular Rheumatism** — Drappier (*Journal des Sciences Médicales de Lille*) reports the case of a man, forty-five years old, who suffered yearly from two or three attacks of acute articular rheumatism. At first the salicylates were employed with success, but subsequently these failed. Other remedies were also employed without avail. In one such attack pilocarpin was employed, subcutaneous injections of one sixth grain of the nitrate being made daily. These induced profuse sweating and rendered the patient perfectly comfortable. The treatment was thus pursued for five days more and proved entirely successful; nor did the symptoms return. —*Med. News*.