wrap the patient in a sheet wrung out of tepid water, and over this sheet apply one wrung out of cold water. The latter may be removed as often as it becomes warmed; its application and removal may be continued until the desired fall in temperature shall be obtained.

In severe cases, during the first and second weeks, you will find that after the temperature has been reduced by the application of cold to the surface, it will begin slowly to rise until it reaches its former height. Usually one to three hours will elapse before it begins to rise, and from two to six before it reaches its former height. You will then be obliged to repeat the baths or packs, and to continue their use, both day and night, from three to six times during the twenty-four hours. if you expect to keep the temperature below 103° F. and accomplish anything by this plan of treatment. My experience in the use of cold applications leads me to believe that unless you are able to maintain a low range of temperature after four or five baths, you gain very little by their continuance. In other words, if, after using the baths for twenty-four hours, the temperature of your patient rapidly rises to the same or a higher degree than it was before their use was commenced, you will obtain little or no benefit from their continuance unless you can introduce some other agent which shall maintain the low temperature reached by the bath. I am also convinced that after the second week of typhoid fever, cold baths should not be employed to reduce temperature, for by their continuous use after that period they may do great harm. The condition of a typhoid patient during the first and second week of the fever is very different from that during the third and fourth week. During this latter period there is great danger of collapse after a cold bath, and in several instances I am confident that pulmonary complications have been the result. In a few instances the temperature can be very rapidly lowered by the application of ice-bags to the abdomen. The rapidity with which the temperature can be reduced usually depends upon the severity of the fever. In some cases, when the patient is placed in the cold bath, the temperature immediately begins to fall; in other cases there will be a gradual reduction of temperature as the water is made cooler. In certain severe cases, you may keep a patient in a bath of the temperature of 60° F. for the space of half an hour, without the temperature falling a degree. These cases are exceedingly grave in character, and you should use the bath with great care.

Finally, let me impress upon you that in typhoid fever, in order to reduce the temperature, you must not indiscriminately apply cold to the surface of the body. Perhaps there is no remedial agent which requires greater care in its use; yet doubtless, when judiciously employed, the lives of many typhoid patients may be saved, and it is equally certain that when injudiciously employed, many lives may be destroyed. If you use the cold baths in conjunction with other means for reducing temperature (concerning which I will speak at my next lecture), I am confident you will accomplish much; but if you rely only upon the baths, in the majority of instances you will be disappointed in the result. At the present time it seems to me, that by some, the benefit and power of cold baths in the treatment of typhoid fever have been overrated.

The general condition of your patient, and the stage of the fever must be considered; also the effects of the first few baths must be carefully noted.

Should a patient's temperature range at 104° F. or 105° F., there is no positive evidence that you must resort to a cold bath, or that a cold bath is the best agent to be employed for its reduction. Again, if the patient after the second or third bath is more quiet, has less delirium (if delirium previously existed), if his breathing becomes easy and natural, if the heart's action is more regular and forcible, and he falls asleep and perspires, there can be no question in regard to the beneficial effects of the bath. If, on the other hand, the bath is followed by feebler heart's action, by dusky cheeks, by rapid respiration, and by coldness of the extremities, from which condition the patient rallies slowly and imperfectly, you may be certain that however high the temperature may range, you will do harm by continuing the baths. When the extremities are cold, or there is profuse hemorrhage from the bowels, or when from any cause, there is great feebleness of the heart's action, and especially in the case of aged persons, cold baths are contra-indicated.—*New York Medical Record.*

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## CASE OF DISLOCATION OF THE HIP REDUCED BY THE USE OF THE FULCRUM.

By J. H. Pooley, M.D.

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In the April and September numbers of the *American Practitioner* for the present year, I was very much interested in two short communications by Dr. George Sutton, Aurora, Ind., on the use of the fulcrum in the reduction of dislocations of the hip. The principle there advocated struck me as being sound and rational, as well as exceedingly simple, and the illustrative cases seemed very convincing. I determined upon the first opportunity that should occur to put it to the test of actual trial, and having done so I am more than ever convinced that it is a most valuable addition to our resources in dealing with this sometimes very troublesome class of injuries. And as every actual trial of a new