of the early cases in which he instituted the rest cure, he took pains to point out that he failed dismally in good results from rest in bed and forced feeding until in addition he provided passive exercise in the form of massage.

Personally I have come to consider that the value of the modern method of treating typhoid fever by cold depends in great part upon the fact that when cold bathing is used, the typhoid fever patient, who is undoubtedly suffering from a form of toxemic neurasthenia, receives throughout his illness a form of rest cure which maintains strength and puts him in first-rate physical condition in much the same manner as we endeavor to do for nervous wrecks in the social world. In other words, I do not believe that the free use of cold water in itself is the chief factor for good in these cases, but that if we amply feed and thoroughly rub our patients, a great portion of the good comes from these measures. In other words, I would advocate the employment of the Weir Mitchell rest cure in the treatment of typhoid fever.

I have also been very much impressed with two additional facts in this connection. One is that equally good results can be obtained in typhoid fever if patients are properly sponged with friction instead of being plunged. The same fall of temperature, the same reaction, the same reddening of the skin without cyanosis and congestion, can be produced by sponging with friction. I have never seen a temperature which could not be reduced by proper sponging or ice-rubbing, even better than by the plunge bath. The sponging possesses the additional advantage that the patient does not have to be moved from his bed; that the great muscles of the back can receive even more attention than the anterior portion of the body, thereby increasing the dissipation of heat very greatly and preventing creasing of the skin and the formation of bed-sores. For several years I have never plunged my patients, and have always sponged them. My experience is, however, that every new nurse that sponges for me has to be instructed in the proper use of friction, and in any instance in which the temperature fails to fall under this method I feel confident that the fault is in the way the nurse does the sponging and not in the method itself.

The second point is that many patients suffering from typhoid fever are profoundly toxemic when their temperature is considerably below 102½°, the point at which the cold plunge is usually considered wise. Such patients are not given the cold plunge for the very good reason that if they receive it the temperatures may become subnormal, and they may collapse. The toxemia is permitted to persist, because the temperature has not risen high enough. Under these circumstances I believe that we should resort to tepid baths. I feel convinced that I have repeatedly saved life by the use of tepid or even hot water