

return of the headache. In a few days he was out of bed. The strangury, nausea, and diarrhoea gradually disappeared, but the rash persisted for a long time. This was undoubtedly a case of poisoning by copaiba, and the state of the patient's digestive organs probably hastened the toxic effect of the drug. Whether intermittent headache, fever, etc., are ever features of copaiba poisoning or not I have been unable to discover: if it were so, I imagine it would be difficult, in this instance, to place a proper value upon the fact of the patient's having had ague. It would not be an easy matter to say positively whether the periodic symptoms were due entirely to the copaiba, or whether they could be referred to the previous attack of malarial poisoning.

On the 28th of July, I paid my last visit to S. R., aged 19, convalescent from a six weeks' attack of typhoid fever. His sister and two brothers had attended to him during his illness, and they were more or less tired out from constant watching. On the evening of the 6th of August I was sent for to see the younger brother, aged 12, and I found him in bed with a flushed face, pulse 100, temperature  $101\frac{1}{2}^{\circ}$ , and a very wearied look about his eyes. He complained of nausea and pain in his abdomen, which was somewhat tender on deep pressure. He was very thirsty, and his tongue was dry and brown. The most noticeable thing about the case was his stools. He had had diarrhoea for three days, and the dejections had become greenish and very offensive. That night (the fourth of his illness) he was slightly delirious.

I believed I had a second case of typhoid in the house, and treated it as such. Fortunately, however, I told the parents of the child that I should have to wait a few days before making a positive diagnosis. At all events there could be no doubt about the enteric nature of the fever, for the stools continued to be liquid and offensive; the abdomen became distended and hard; there was an increase of the fever and delirium at night; the tongue got browner, and the patient was getting very much worse. The pains in the abdomen, which were rather constant at first, assumed a colicky character, adding much to the distress of the patient, and there was occasional vomiting and retching.

What the disease would ultimately have been

called, and how it would have ended, are questions not easy to answer, but it so happened that an unforeseen circumstance threw light on the diagnosis and assisted to a prognosis. On the afternoon of the 5th day of the child's illness his sister, while assisting him to use the bed pan, heard something drop with a sharp metallic "click" into the vessel. The boy at once exclaimed, "Oh! I guess that's it."

An examination of the stool proved "it" to be a small model, in copper, of a cricket bat, of the size that is sometimes attached to watch chains. It presented a worn appearance, and in several places there were distinct marks of erosion.

On being questioned the boy confessed that he had accidentally swallowed the copper model, and for some reason or other had been afraid to say anything about it. The patient recovered rapidly, and in a week was running round as if nothing had happened.

#### ON THE TREATMENT OF SOME FEBRILE DISEASES BY THE EXTERNAL APPLICATION OF COLD.

BY T. K. HOLMES, M.D., CHATHAM, ONT.

Read before the Canada Medical Association in London, Sept. 11, 1879.

GENTLEMEN,—I intend in this paper to present for your consideration some observations on the therapeutic uses of cold applied externally. The subject commends itself to me on account of the great efficiency of this agent in properly selected cases, and also on account of the neglect it has suffered at the hands of the profession generally.

There is reason for believing that beyond sponging the bodies of fever patients with cold water for a few minutes night and morning, its employment is seldom resorted to by medical men in general practice. While sponging the skin for ten minutes with cold water may cleanse it, and so render a patient more comfortable, it will not reduce the temperature when much above the normal one half of one degree Fahr. It is as an antipyretic that cold applications will be considered in this paper; it is therefore desirable to inquire into some of the phenomena of the febrile state. No question in experimental science presents greater difficulties than that of the causes of fever and