

malaria. The application of cold in form of the bath as used by Brand and Currie is employed in all cases, unless the elevation of temperature is very slight.

A record of the temperature, pulse and respiration is taken every third hour, and if the temperature exceeds 102.5 F at the time of observation the bath is resorted to. A portable bath is wheeled to the bedside containing water at the temp. of 70 F. The patient is immersed to the neck, and if the nervous symptoms are pronounced cold is also applied to the head. The patient remains in the bath ten to fifteen minutes. On removal he is quickly dried, placed in warm clothing, and either some warm broth or a stimulant administered. The bath is repeated whenever the temperature rises above 102.5 F. The effect on the temperature is in most cases decided. It falls from one to four or five degrees, the degree and the duration of the depression depending to a large extent on the original severity of the disease. In some cases as many as 80 or 90 baths have been used, but 30 will represent about the average. The nervous irritation is notably allayed, the patient usually sleeping well. Advocates of the treatment think that many of the respiratory and abdominal complications are averted, though this is a difficult question to determine. The mortality here has been exceptionally low and severe complications absent.

The patients as a rule object to the bath. Where the cardiac action is feeble, strychnine is given in small doses three or four times daily. The diet is very carefully watched during convalescence, and it must be difficult at times for the physicians to resist the earnest

pleadings of the patients for more substantial food. The dejecta are carefully disinfected throughout.

Favourably impressed as I have been by the many advantages of this mode of treatment, I can see many obstacles to prevent its being successfully carried out in private practice.

The repugnance on the part of the patient will have greater influence, and I cannot see how it is possible to have it done without some conveniences not usually found in private families. The aid of a trained nurse is also indispensable. Fearing I have already trespassed too much on your space I must reserve other points of interest for another communication.

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EDINBURGH.

DEAR M. :

When you ask me who is the most interesting figure in the surgical world of Britain to-day, I think I have not much difficulty in making reply.

There is, of course, and there will be while he continues to work, a steady stream of pilgrims to pay homage to the genius and skill of Lister. But in his case interest has passed into admiration and reverence.

And there are two or three specialists at work in Britain, whose methods and whose successes attract attention far and wide.

But there is one shrine in particular to which you find all the clever and aspiring operators journeying: that shrine is the Royal Infirmary of Glasgow, and the *genius loci* is William Macewen.

He has written comparatively little, but while other men have been writing, he has been working, and most of the