

be repeated, and a dose of from 15 to 20 grains of sulphate of quinine, combined with from 15 to 20 minims of laudanum, administered half an hour or so after the operation is completed. By the administration of quinine it is usually possible to prolong the effect of mechanical refrigeration, a fact well known to Brand and his followers. Liebermeister frequently employed the drug as an adjuvant to the regular cold bath treatment. The effect of the laudanum is materially to augment the capacity of quinine as a temperature depressant, the explanation of which appears to lie in the power possessed by opium as a vasodilator in stimulating the cutaneous circulation. In tropical regions where, partly owing to a difficulty in obtaining cold water, and in part owing to the frequent presence of a malarial taint, the treatment of hyperpyrexia largely consists in the administration of quinine the peculiar value of the combination is well appreciated.

The employment of large doses of antipyrin, phenacetin, or acetanilid, though each more powerful than quinine in reducing temperature, is not to be recommended for the treatment of hyperpyrexia owing to their depressant effect on the heart. Acetanilid I regard as especially dangerous, having on two occasions seen the administration of five grains followed by very severe collapse.

Cold sponging of the surface, though capable of reducing pyrexia when properly carried out, is chiefly valuable on account of its sedative influence on the nervous system. As an antipyretic it is inferior to the cold pack and, unless the sponging be carried out with iced water, should not be relied upon in cases where the pyrexia is excessive. For the abatement of restlessness, however, and the promotion of sleep, cold sponging is admirably adapted, especially when associated with pyrexia of moderate degree. On account of its cooling and hypnotic effect it is well to have the patient sponged down every morning with cold or tepid water, to which a few drops of eau de Cologne or spirits of lavender have been added, as a routine procedure and to continue the practice until the establishment of defervescence. Let me add a word of caution against the inefficient and perfunctory manner in which cold sponging is far too frequently carried out. To be of any use the sponge should be charged as full as it will hold and the water effectively sopped or "soused" on to the skin, the necessity of having previously placed a mackintosh under the blanket on which the patient lies being all the while apparent. Merely to wipe the surface over with a well-wrung sponge, as is so often done, partakes more of the nature of a rite