

useful, when by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific. The spasms will frequently continue until the temperature has been reduced to  $98\frac{1}{2}^{\circ}$ , but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated, compels me to admit that there are cases in which convulsions will return or continue, notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis. The following cases will illustrate the comparative value of the cold water treatment of convulsions, complicating fever.

CASE IV., July 3rd, 1875, M. A. æt. 2 years, strong and well-developed, was taken suddenly ill last evening with dysentery and fever, which lasted all night, and at 7 this morning there was a convulsion. At 8 o'clock I saw him, tem.  $103^{\circ}$ —restless. Ordered a large dose of castor oil, and one-third of a drop of the fluid extract of aconite every hour while fever lasted. Another convulsion occurred at 10 a.m., and another at half-past 10, when I began the administration of chloroform. At noon the oil had operated well. At 2 p.m., the convulsions recurred and continued for two hours with no intermission, although the patient was partially under the influence of chloroform during the time. At 4 p.m. they were as violent as possible, tem.  $105^{\circ}$ , pulse 150, breathing noisy and labored, a light frothy foam was constantly discharging from the mouth and nostrils, and death seemed inevitable. I now put child into bath at  $50^{\circ}$ , and added ice and ice water. In ten minutes the breathing became easier in fifteen minutes, the tem. was  $102^{\circ}$ , and in twenty minutes  $99^{\circ}$ , and the pulse 110. All spasms had ceased, and the child was replaced in bed. It slept soundly for half an hour and awoke with no bad symptoms. There was no return of fever, and no further treatment was required.

CASE V.—Feb. 5th, 1871.—L. Lamont, æt. 6 years, was first ill this morning with chill followed by fever (malarious). At 1 p.m. convulsions came on and continued without intermission, until 5 p.m., when she died. The treatment consisted of

warm baths, castor oil, injection to move bowels, bromide of pot. and hydrate of chloral. The temperature the whole afternoon was  $104^{\circ}$ . Chloroform was administered part of the time.

CASE VI.—Sept. 26th, 1872.—P. T., a strong boy, 8 years old, was well until noon to day, when chill came on, followed by fever and convulsions, which still continued when I arrived at one o'clock p.m. The attendants had just removed him from a warm bath. It was impossible to get him to swallow anything. Applied cold to the head, gave an enema and put him under chloroform, which controlled the spasms, but they always returned when it was omitted. The enema acted well, the chloroform was continued, the temperature remained at  $106^{\circ}$ , the pulse became gradually weaker and more frequent, and after three hours he died.

CASE VII., Oct. 28th, 1876.—C. Gore, æt. one year, was never ill till last evening when fever came on and lasted all night. At 7 o'clock this morning convulsions began and lasted without intermission until half-past 11 a.m., when I saw the child and found him convulsed and senseless, with a tem. of  $104^{\circ}$ . Used cold bath and in ten minutes tem. fell to  $99^{\circ}$ , the spasms ceased and consciousness returned. The child remained well until the following Thursday (4 days), when it again had fever and convulsions beginning as before. The parents, having witnessed the beneficial effects of the former treatment, put the child into a cold bath, and in a few moments he was well and remained so afterwards.

In carrying out this plan of treatment, care is required to protect the bulb of the thermometer from contact with the water, by keeping the arm pressed firmly to the side. The application of cold should not be continued after the tem. has been reduced to  $99^{\circ}$ , as there will be a further fall after it has been stopped.

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### ERGOT VS. BRANDY IN UTERINE HEMORRHAGE.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

A very recent issue of the LANCET contained reports of cases of severe uterine hemorrhage, in which, notwithstanding the repetition of large doses of ergot and the free use of alcoholic stimulants, *the flooding continued*. I do not refer more point-