December 4th the temperature in rectum was 105°, but fell considerably after a bath of 68°, lowered to 52° in fifteen minutes. On the 5th, 6th, and 7th, baths were given. On the 8th the temperature was normal, but on the 9th it had gone up to 100.2°, and the bath was repeated, when it fell again to 98.6°. On the 10th, thirteen days after the relapse, the patient was convalescent; temperature normal. She was discharged on January 30th.

Case 2 was a young woman, aged twenty-five, admitted Dec. 5th with but slight pyrexia, but on the 10th well-marked typhus rash was present. Temperature 103.4°; pulse 160; tongue dry and brown; well-marked carphology, restlessness, and delirium. A cold bath was thought of as a means of producing sleep; but as the patient was in a state of extreme constitutional depression, it was feared that the bath might be followed by dangerous results. She was therefore ordered a pill containing half a grain of opium, and to have cold cloths applied to the head. The opium did not produce sleep, and from this time up to the 15th, probably the twelfth day of the disease, the patient exhibited subsultus, twitchings, floccitatio, deafness, and all the signs of threatening dissolution. Pulse 132, soft; temperature 100.6°. A bath was ordered of 80°, to be cooled in twenty minutes to 60°. During the bath the patient's pulse became alarmingly feeble, and stimulants were administered. In about twenty minutes after being put into the bath the temperature of the patient fell to 97.8°. After the bath three ounces of whisky and a raw egg were given, and the patient was wrapped up in a warm blanket, and soon fell asleep. By midnight the temperature had gone up to 101.4°. On the 16th (thirteenth day of disease) the temperature was 103.4°; a bath was ordered from 77° to 54°, but this time the temperature fell only one degree, but sleep followed the bath. On the 17th the temperature was 104.8°, and, notwithstanding the presence of severe bronchitis, a bath from 90° to 60° was ordered, and the temperature fell to 96.2°, and the patient slept well. On the 18th the patient was better, the nervous twitchings were less, and the bath was not repeated. On the 20th the temperature was normal. On Jan. 29th patient was discharged.

Case 3 was a married woman, aged twenty-eight, admitted Dec. 12th, who said that she had been ill ten weeks, but of what was not clear. A bath of 90° lowered to 52° in thirty minutes had the effect of bringing down the temperature from 103.2° to 100°. No immediate sleep followed the bath, but the patient slept well during the night. On the 14th the bath was repeated, and the temperature lowered, and the patient slept immediately after; and although by midnight the temperature had risen to 105°, the patient had a good night. On the morning of the 15th the temperature was 104.2°, but was lowered to 102.2° by a bath, but by midnight it had risen again to 105.4°. On the 16th the bath was not repeated, as the patient was sweating freely. On the evening of the 17th the temperature was 104.4°, but fell to 102.6° after a bath. In the evening of the 18th the temperature was 103°, but the bath was not repeated. In the morning of the 19th it was 102°. From this time to the 28th the temperature ranged about 100°, when it became normal, the patient being discharged on the 31st of January.

Case 4 was a boy, aged seventeen, admitted on Dec. 17th with enteric fever. On the 22nd, after a bath of 85° to 58°, the temperature fell from 105.2° to 102.8°, but no other good result followed. On the 23rd the temperature had risen to its former height, but as the patient objected to the bath it was not insisted on. On the 24th, however, the urgency of the symptoms suggested the bath, which was accordingly given, with the effect of lowering the temperature from 104.8° to 101.8°. The patient died sixteen hours after this bath, and at the autopsy extensive peritonitis and perforation of the bowel were discovered.

GENERAL HOSPITAL, BIRMINGHAM.

TREATMENT OF PLEURITIC EFFUSION BY DIURESIS.

(Under the care of Dr. WADE.)

IN the following case (for the notes of which we are indebted to Mr. E. Rickards, resident pathologist), pleuritic effusion had remained ten weeks, during which time various modes of treatment had been adopted for its absorption, but in vain. On admission the patient was ordered the diuretic

mixture given below, and immediately the quantity of the urine was increased, and coincidentally the effusion began to diminish, and rapidly disappeared. Three months before admission the patient, a boy aged thirteen, had got wet through; fifty hours after this he complained of a severe pain in the left side, which was worse on movement of any kind; he also suffered from a cough, was thirsty and hot. In a week the pain was gone, and the patient went to work, but in a fortnight he became worse, and was ordered to keep his bed. He was then freely purged, and had the left side of the chest blistered, but as he did not improve, he was sent to the hospital on June 22nd, when his temperature was 104° F., pulse 120, respiration 44; eleven ounces of urine being passed in the twelve hours. Over the left part of the chest there was absolute dullness, loss of vocal fremitus, and almost inaudible respiration. The dullness extended up to and above the clavicle and to two fingers' breadth to right of sternum. At the back the left side gave the same physical signs. On the right side the chest was healthy and breathing exaggerated. The heart was displaced to the right, the impulse not perceptible, the sounds being heard loudest on the right of the sternum. Ordered two grains of mercury pill night and morning. Also to take three times a day an ounce of the following mixture: iodide of potassium, twenty grains; citrate of lithia and bicarbonate of potash, of each two drachms; spirit of nitric ether, four drachms; infusion of digitalis, three ounces; water, to eight ounces. To rest in bed, and have the hospital milk diet.

June 24th.—Temperature 102°; pulse 100; respiration 40; urine, forty-four ounces in twenty-four hours. Dyspnoea less.

26th.—No dullness on right of sternum, nor under clavicle on the left side. Breath sounds in left infra-clavicular region more vesicular.

29th.—Dullness only extends to the left edge of sternum; percussion note over the second intercostal space good; heart sounds loudest to the left of sternum; vesicular respiration and redux friction down to the upper border of the second rib. Temperature and pulse normal; urine, sixty ounces in twenty-four hours.

July 2nd.—Heart in normal position; vesicular breathing and redux friction down to the upper border of the third rib; urine, sixty-eight ounces in twenty-four hours.

6th.—Leathery friction felt and heard over the whole of the left chest, front and back; dullness gone; vocal fremitus normal; breath sounds good.

10th.—Friction gone. The patient can walk very briskly without suffering dyspnoea.

Dr. Wade remarked that many cases of serous pleuritic effusion will yield to diuretics. Experience shows that small doses of iodide of potassium and blue pill will increase the power of diuretics and expectorants. The salts of lithia, of which the citrate is the best, will often increase the renal secretion when those of potash fail. It is well, however, to combine the two. Had diuresis failed in this case, blisters would have been tried, for in such a case a single blister may set up an absorptive action sufficient to remove the whole of the fluid. More frequently a second or third blister is required. But it will not seldom be found that the absorptive action set up by a blister, though well marked, is not continuous nor abiding. In such a case it must be repeated. It is of advantage to dress the blister with green iodide-of-mercury ointment. Blisters probably act as stimulants, or co-irritants, rather than counter-irritants; hence they should not be used in the early stages of acute pleurisy or pericarditis with a tendency to fluid effusion, which they would, under such circumstances, increase. In dry pleurisy a blister may be immediately applied if the pain be great, and a cure is at once effected. Such cases often depend on a rheumatic or syphilitic tendency. If diuresis and blisters fail, then tapping must be resorted to, care being taken to introduce the trocar at a point that has been previously ascertained to be free from adhesion.

HÔPITAL LA PITIÉ.

NOTES OF A VISIT TO THE SURGICAL WARDS OF DR. LÉON LABBÉ.

IN the course of a visit to the wards of Dr. Léon Labbé, at the Hôpital la Pitié, we noticed various interesting