valuable auxiliaries in cases of marked prostration. Moistening the skin and allowing free evaporation not only favours the radiation of heat, but is also extremely grateful to febrile patients. I have adopted the combined plan with decided advantage.

I have more than once stated, at the Obstetrical Society and elsewhere, that quinine appears to exert much less influence over hyperpyrexia of ichorrhæmic origin than over that associated with, if indeed it be not dependent upon, suppuration; and I would venture to suggest the probability that the ichorrhæmic cases which show the highest temperatures and are the most rapidly fatal may be more favourably influenced, if not entirely controlled, by the assiduous application of cold than by the administration of quinine, valuable as that drug doubtless is in other cases. The brilliant results which have attended the administration of salicylic acid and its salts in acute rheumatism, usually a non-suppurative disease, lead one to hope for similar results in puerperal septicæmia unaccompanied by suppuration. I cannot forbear remarking that our present therapeutical resources encourage the belief that we are better able to cope with "puerperal fever" in its various forms than heretofore, more especially when their employment is not unduly delayed.

It only remains for me to say that the further admission of patients into the hospital was immediately suspended on the appearance of unfavourable symptoms in the two patients whose cases I have just related; and that, on inspection, quite enough was found to account for the unhealthy state of the building. Thorough measures were resorted to with marked success, and the recommendation that the hospital should be closed periodically for thorough cleansing and disinfection was adopted by the authorities. This plan has been attended by marked success; and I learn from the matron (Mrs. Freeman) that, at the present time, the condition of the patients is most satisfactory, although other metropolitan lying-in hospitals are not so free from mischief as could be wished. The acting matron (Mrs. Thompson) deserves a warm acknowledgment of the intelligent skill with which she attended to the two patients whose cases are related above.

TWO CASES OF HYPERPYREXIA TREATED BY THE COLD BATH.

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THE following cases may perhaps be considered worth publishing. Their publication has been delayed by the unsuccessful endeavour to recover the lost notes of a third case—one of typhoid fever—treated on similar principles.

CASE I.—I was summoned on May 15th, 1876, to see a patient who was under the care of Dr. Johnstone of Upholland, and it is with his consent that I publish the case. The patient was a married lady twenty-six years of age, of strumous aspect, suffering from an attack (the first) of acute rheumatism, with pericarditis. Her attack had commenced on May 8th, and she was first seen by Dr. Johnstone on the 10th, when the temperature was 104 deg. During the four following days, the temperature, when taken, ranged between 104 deg. and 105 deg. I saw the patient at 5 P.M. on May 15th, about the eighth day. The case was one of severe rheumatic fever, and the physical signs of pericarditis were well marked. The patient was restless, but free from delirium. The pulse was 120, and the temperature 104.2 deg. The urine was very acid. The treatment which had been adopted by Dr. Johnstone was the administration of bicarbonate of potash, with bark and opium, and four ounces of brandy daily. I recommended that the treatment should be continued; the dose of potash, however, to be increased, and that of opium diminished. I further advised that, should the temperature rise to 106 deg., the patient should be put into a bath at 95 deg., to be cooled down to 75 deg. or 70 deg. On the following day, at 1 P.M., Dr. Johnstone found the temperature 106.2 deg., accompanied with "furious delirium". Dr. Johnstone says: "I had her put into a bath (tepid), which was quickly cooled down to perfectly cold. (I cannot give you the temperature, but the water was cold from the pump.)" The patient was in the bath half an hour. The delirium sensibly decreased during this time. She slept a little the night after the bath, and, on the following day, she slept profoundly for two or three hours, and after this there was no delirium. At 10.30 P.M. of the 16th—viz., between eight and nine hours after the bath—the temperature was 102.6 deg. On the 17th, at 9 A.M., it was 103 deg.; at 3.30 P.M., 102.8 deg.; and at 10 P.M. 102.8 deg. Dr. Johnstone says: "Beyond this, I have no further record. I can only say that her progress towards recovery was

uninterrupted. She left home about the end of June for the seaside, feeling perfectly well, but with a slight systolic murmur."

CASE II.—E. W., a domestic servant, nineteen years of age, was admitted into the Liverpool Royal Infirmary, under my care, on November 21st, 1876, suffering from typhoid fever. She had been confined to her bed for about a week, but had not been under medical treatment. There had been slight looseness of the bowels, but no decided diarrhoea. She was ordered milk and beef-tea, and effervescent mixture, three times a day. On the morning of the 22nd, the day after admission, the temperature (then and afterwards taken in the axilla) was 101 deg., and in the evening 104.6 deg. On the 23rd, it was 101.8 deg. in the morning, and 104.6 deg. in the evening. Three ounces of brandy were ordered on this day. On the morning of the 24th, at 9.30, the temperature was 105.6 deg.; at 12.15, 106.4 deg.; and at 12.45, when I paid my visit to the hospital, it had risen to 106.8 deg. There was no delirium; but the patient was restless. Being unable to remain at the Infirmary, I gave directions that the temperature should be taken every quarter of an hour, and that, if it rose to 107 deg., the bath should be used. At 1.15, the temperature was found to be 107.2 deg., and the patient was put into a bath at 100 deg., which was gradually reduced to 75 deg. The patient was in the bath an hour and five minutes, and on removal her temperature was 99.6 deg. At 3 P.M., ten grains of quinine were given, and were vomited; at 3.35, five grains were given, and retained. The temperature began to rise soon after the bath, and at 5.15 it was 105.6 deg., and the bath was again used; the temperature of the water being 99 deg. at the beginning and 76 deg. at the end. The patient was in the bath an hour, her temperature on removal being 100.8 deg. At 6.30, five grains of quinine were given. The temperature again rose after the second bath, and at 8.15 it was 103.8 deg.; and the house-physician thought it best to use the bath again. The patient remained in it half an hour, the temperature of the water being 97 deg. at the beginning and 76 deg. at the end. On removal, the patient's temperature was 99.8 deg. She was put to bed, and I saw her immediately afterwards, and ordered five grains of quinine to be given every four hours. She slept during the night, and, at 9.30 A.M. on the 25th, the temperature was 99 deg. and the pulse 100. She had perspired freely, and had taken six doses of quinine, with a good deal of milk and beef-tea, and nine ounces of brandy, since the first bath. The quinine was now ordered to be taken every six hours. The highest recorded temperature of this day was at midnight; viz., 104.2 deg.; but it soon fell, and, at 9 A.M. of the 26th, it was 100.4 deg., and in the evening 102.4 deg. On the 27th, great pain was complained of in the left side; but no signs of pleurisy or any inflammation could be detected. The pain continued for some days, and was relieved by subcutaneous injections of morphia. The quinine was diminished, and the patient took nothing but milk and beef-tea, with a moderate quantity of brandy. There was no diarrhoea throughout, and only a few characteristic spots appeared. For a few days, the temperature remained very moderate, and there was no complication; but, on the evening of December 2nd, the temperature was found to be 104.8 deg., having risen from 99 deg. since the morning. The patient was carefully watched, and five-grain doses of quinine were given every six hours. The temperature soon began to fall, and, on the evening of the next day, it was 100 deg. With the exception of a rise of the temperature to 102.5 deg. on December 10th, and of 103.5 deg. on the 13th, the recovery was uninterrupted. She was discharged from the hospital on January 5th, 1877, the temperature having been normal for a fortnight.

NOTES ON A CASE OF MULTIPLE EXOSTOSES.*

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THE condition of several exostoses developed in the same individual is a sufficiently rare occurrence to induce me to place on record the following remarkable case.

Wm. S., aged 9, a native of Warrington, was admitted into the Children's Hospital on July 3rd, 1877. The immediate cause of the parents seeking advice was a large tumour springing from the posterior surface of the right leg about two inches below the knee. This mass, of irregular shape and firm consistence, was found to spring from both bones. The skin over the tumour was of normal colour and freely movable. A further examination of the boy resulted in the detection of a number of bony outgrowths, of various sizes and

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