

At 8 p.m. a two grain dose of phenacetine was given -one hour later the temperature had dropped to 102.3°, but when again taken at 10 p.m., it had begun to rise.

Throughout the entire course of the case, the temperature seemed to be but slightly influenced by sponging, in fact, the temperature was frequently a few points higher one hour after the bath than before it was given. Yet, it must also be noted that the patient invariably felt more comfortable after a bath and would frequently go to sleep, when before he had been wakeful and restless.

The evening temperature for the first fourteen days ranged between 103° and 105° at one time reaching 106.4°, which was after a chill that occurred on the eleventh day. There was usually a morning remission of about 1° to 2°.

Medicinal antipyretics were used a few times and acted very promptly in lowering the temperature, but were invariably followed by depression. The pulse becoming more rapid and less voluminous although the temperature was 1° to 3° lower. Phenacetine appeared to cause least depression; antifibrine probably most, acting very promptly, but on one occasion causing alarming symptoms.

Guaiacol was used a number of times. Ten minims being painted over the skin of the abdomen and the part then covered with oiled silk. In each instance the temperature fell quickly from 104° or 105° to 101° or 102°, but just as quickly did it begin to rise again in about one hour after the application. Guaiacol, too, caused depression.

About the third day after the patient's admission, rose-coloured spots began to appear upon the abdomen and soon became quite abundant. Tympanites developed about the same time, and the patient became more nervous and excitable, always fearing that he was going to die.

Calomel in  $\frac{1}{4}$ -grain doses—2 or 3—followed in about six hours by a seidlitz powder, was given to keep the bowels acting. The dose had to be given on nearly every alternate day.

Salol in 10-gr. doses, administered every four hours, was continued throughout the whole course.

When the tympanites began to develop, ol. terebinth (in ten-minum doses) was given every four hours, and seemed to prevent the distension and greatly relieve the patient.

Stimulants were ordered early in the second week, and soon had to be given quite freely, as much as twelve ounces a day being taken for about ten days.

A liberal soft diet was allowed throughout.

The temperature began to fall on the 14th day after admission, reaching normal in three days. The patient made a rapid recovery.

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