was used for a longer time in larger doses, some disagreeable symptoms occurred which deserve special mention. In the first rank is to be named deep persistent somnolency, which in certain cases set in in a wholly unaccountable manner, even after small doses. This often ceased spontaneously after the patient had become accustomed to the amylene, and did not necessitate a diminution of the daily dose. Administration of the remedy in more appropriate dose, and regular mid day rest, were found of assistance in accustoming the patient to the action of the amylene. If this result was not secured, but the favorable action of the drug upon the epilepsy still made its repetition desirable, small doses of cocaine—one-third to five-sixths of a grain—given internally, were found to have a good effect in overcoming the somnolency. Rarer secondary effects than somnolency were digestive disturbances, constipation and deficient appetite. These, he says, may also disappear spontaneously, or upon the administration of doses broken as much as possible. Wildermuth, however, declares that he has never observed continuous disturbance of the digestive functions.

An objection to the prolonged administration of the amylene hydrate—for months or years—is the fact that, in many cases, its anti epileptic action ceases after six or eight weeks, and that further increase of the dose is inadvisable on account of the increase in the bad secondary symptoms already mentioned.

Wildermuth regards the employment of the drug as indicated: first, in epilepsy characterized by frequent paroxysms; second, whenever a patient shows the toxic effects of a bromine compound, and a temporary discontinuance of the remedy appears to be indicated; and, finally, in nocturnal epilepsy, perhaps in this variety alternating with a bromide or, in recent cases, with bromide and atropine. According to his observations, the effect of the amylene in pure nocturnal epilepsy appears to be better than in the cases in which the attacks occur by day or by night in a less regular manner.

It is evident from Wildermuth's paper that he does not expect amylene hydrate to replace the bromides in the treatment of epilepsy, but rather that he regards it as preferable in certain varities of the disease, and as a substitute for them in the special conditions mentioned. The moderate tone he adopts in his praise the more inclines us to hope that other clinicians will find it as helpful as he has in the treatment of this distressing and obstinate disease.—*Editorial in Med. and Surg. Reporter.*

PHENACETIN.

Phenacetin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in chemical composition to its twin sister antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the front rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal developement, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which it received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of others, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic; but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given