

hospital. Two of these were from perforation, three from hemorrhage. In two cases death seemed to occur from the severity of the poison overcoming the vital powers at the outset—death occurring within the first ten days from rapid prostration and collapse without fever. (*Post-mortem* examination in these cases demonstrated the intestinal lesion.) One died from a peculiar form of inflammation of the vagina, bladder and pelvis of the kidneys occurring during convalescence. Four only died of gradual asthenia, and in one of these cases the bad symptoms began after a large dose (5ss) of quinine. These were low delirium, prostration, obstinate vomiting, diarrhoea and tympanites. These cases are the only ones in which death clearly occurred from the severity of the fever uncomplicated, and the quinine treatment was carefully and discreetly tried in all of them and under the most favorable circumstances. It is said by some that in large doses it exerts a beneficial effect upon the disease without necessarily reducing the fever. The best answer to this statement is the mortality table. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. In pneumonia, for instance, if the disease runs a normal typical course, there is a sudden depression between the fifth and tenth days. Quinine given during this time shows not the slightest effect upon the temperature chart and produces the usual disagreeable symptoms. In erysipelas and relapsing fever its ablest advocates acknowledge that it has no effect (*vide* Binz). In surgical fevers, traumatic fever, &c., there is always local exciting cause, removal of which removes the fever. The performance of major operations antiseptically has taught us that if they be kept free from putridity there will be no fever. Everyone knows that pent up pus will cause a febrile temperature, and if the tension be relieved and the pus removed the temperature falls at once. In either of these conditions, if the cause be not removed, no amount of quinine will reduce the temperature. In the febrile conditions which occur after operations about the bladder and urethra, and I think are mainly nervous in origin, the variations are so great and so sudden that it is difficult to draw any inference as to the use of drugs, but I may say that I have