

no way be attributed to the guaiacol, as it came on six days after the last application had been made. Sweating nearly always followed the application, being more severe when the reduction of temperature was sudden than when it was more gradual. No marked depression followed; the pulse was lessened in frequency and decidedly improved in strength.

No irritation of the skin followed when the guaiacol was used alone, and patients never objected to its use. The disagreeable odor that has been described by some as being objectionable to patients was never referred to but by one, and then only on the first application.

I used guaiacol and eucalyptol combined in the proportion of one of the former to two of the latter a number of times, but believe I had better results with the guaiacol alone. Besides, eucalyptol produces decided irritation of the skin, and in no way adds to the efficacy of the guaiacol.

This drug when applied to a person having a normal temperature produces no effect either upon the general condition of the individual or upon his temperature, as shown by an appended chart.

When I was following these investigations I had no knowledge of guaiacol having been used locally for the reduction of temperature in typhoid fever, but on looking over the literature of the subject I found that Dr. DaCosta used it in a few cases in the Pennsylvania Hospital last spring.

It is asserted by therapists that guaiacol is eliminated by the lungs and kidneys. In my cases treated with it repeated examinations of the urine were made by the resident physician, with negative results so far as the finding of the drug was concerned. It was at times noticeable on the breath.

In the carrying on of these investigations I received material aid from Dr. H. C. Frontz, resident physician, to whom I wish to return my thanks.

In summing up this question I feel convinced of the following facts:

1. That guaiacol when locally applied is certain to reduce temperature.
2. That with the care that a physician should always use in the administration of drugs, it is absolutely safe.
3. That chills will not occur if the temperature is not reduced below 100° Fahrenheit.
4. That no deleterious effect is produced upon any of the organs by its use.
5. That it is easy to apply, and can be used by anyone competent to nurse a typhoid fever case.
6. There are no depressing effects following an intelligent use of the drug.
7. That by continued use the dose can be gradually lessened.
8. That it is far superior to the cold bath; that it can be used by one person; that no appliances

are necessary for its use that are not obtainable in every house; that it is much more pleasant to the patient; that it is fully as effective; that patients are not subjected to the danger of moving, and they offer no resistance to its use.

I have thoroughly tried the bath and cold packs, and I know they have proved very efficacious in many cases, but with my experience with guaiacol I have no desire to return to either of them.—Dr. McCormack in *Med. News*.

**CHLORAL IN LABOR**—The use of chloral in the earlier stages of labor is undoubtedly gaining favor in this country. We understand that it is largely used in England. Dr. Gardiner has recently written strongly in its favor in the *Lancet*. He believes that it has a marked power in assisting dilatation of a rigid cervix and has never seen post-partum hæmorrhage following its use. Playfair has long been an advocate of the drug for this purpose. In the last addition of his work on obstetrics he is even more positive in his statements than in his former editions. Those who have had much experience, will, we think, agree in this opinion. Playfair expresses the belief that it is destined to be more extensively used than is at present the case. In his English edition he says that so far as his experience has gone, he has not met with any symptoms which has led him to think that it has produced bad results.

The point of special value in favor of chloral is that it may be administered when chloroform cannot be used. To many mothers the most distressing part of the labor is the early stage when the pains are nagging and ineffectual. While the pains are cutting and grinding during the early stage of dilatation, chloroform can rarely be used, but chloral frequently gives most satisfactory relief. Especially among nervous mothers of the upper classes, these pains are sometimes almost intolerably severe, while the labor progresses but little. After the use of chloral, we have repeatedly seen a despondent and anxious mother regain her courage and pass through her ordeal with comparative ease. It unquestionably relieves the irregular and nagging pains of this stage, and it is our belief that it materially aids in dilatation of a thin and rigid cervix. Playfair believes that nothing else answers so well in case of rigid or undilatable cervix and believes it is a most effective remedy in such conditions.

The amount of chloral administered must vary with the case and conditions. Fifteen grains may be given at the first dose, and may be repeated in half an hour, and again, if necessary, after one or two hours. If the stomach is irritable and will not retain the chloral it may be given by rectal injection. It seems in fact to be even more effective