

not or will not be had recourse to. There are others who bear it so badly that its use has to be foregone. In these antipyrin, so far as present experience goes, offers an easy, safe and certain means of attaining the object aimed at.

Again, it is not an infrequent experience that the temperature cannot be reduced by the most thorough use of the cold bath, and the administration of the antipyretic remedies hitherto in use; in these antipyrin would be invaluable, and has already proved its efficacy in such cases.

Next to enteric fever it is in tuberculosis that antipyrin promises to be most useful. By relieving the patient of the depressing influence of the afternoon hectic fever, the general health is improved, and the patient enabled to cope more successfully with the disease. McAllister thinks so highly of it as to suggest the possibility of its being in time the compeer of morphia, being the allayer of fever as the latter is of pain.

Should further experience justify present expectations of this remedy as a safe and efficient antipyretic, it will, doubtless, become the chief agent for the reduction of temperature in continued fevers and states of hyperpyrexia from whatever cause, at least, till something better is discovered. Care is necessary in its administration lest collapse follow. Six cases are reported in which the temperature was reduced to 92° or 93° without bad consequences. Such depression is to be carefully avoided, as serious consequences might result. The sole object in the administration of antipyrin is to enable us to control a symptom which causes great discomfort, and often endangers the life of the patient; it is only thus that it contributes to the patient's recovery. That its power is only to alleviate a symptom, and not to cure, should not lead us to estimate its value too lightly in the present status of medical therapeutics, as many of our most valuable remedies do no more. Should future use prove antipyrin to be a safe and efficient remedy, it should replace quinine as an antipyretic agent. Only after thorough and careful observation of its effects can it be relegated to its proper place as a therapeutic agent.

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A CASE OF TYPHOID FEVER WITH UNUSUALLY HIGH TEMPERATURE.

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Typhoid fever, with symptoms of unusual severity: hyperpyrexia; severe rigors; parotid bubo; phlebitis of the left femoral vein; recovery.

A sailor, W. R., aged 21, was brought to the Montreal General Hospital on July 1st, 1884, in a condition of fever and prostration. The patient had never had any serious illness until seven days ago, when he was attacked with vomiting, diarrhoea, severe headache and chills, from all of which he has been suffering, more or less, ever since. Latterly there has been pain in the bones, constant cough, and disturbed sleep.

On admission into No. 21 Ward, the face was flushed and the expression dull and heavy; abdomen somewhat distended, but no distinct tenderness or gurgling in the right iliac fossa; no eruption. Pulse, 100; evening temperature, 104°. The tongue was furred, the bowels rather loose. There was retention of urine, for the relief of which a catheter was used. An examination of the heart yielded a negative result. The lungs were resonant throughout. The expiration sound was universally prolonged, and sibilant râles were heard at both pulmonary bases. The urine was high-colored; no albumen; no sugar. He was given the ordinary hospital fever diet, and cold sponging was ordered.

July 4th (11th day of the fever).—A few rose-colored spots were noticed upon the abdomen to-day. Retention of urine continues; slight diarrhoea. Last night there was some delirium. Pulse, 104, weak; respirations, 48. The temperature, which in the morning was 99°, rose during the day to 106° at 8.30 p.m. Ordered stimulants.

July 5th (12th day).—The temperatures recorded to-day were as follows:—At 3.30 a.m., 106°; 8.00 a.m., 99°; 4.30 p.m., 105.60°; 8.00 p.m., 101.80°. A severe rigor, followed by profuse sweating, accompanied each rise of temperature. The pulse in the morning was