cases in either section usually yielding to the administration of the other drug. I have not any statistics to prove whether antipyrin is of use in preventing the secondary troubles in acute rheumatism, such as endocarditis.

Antipyrin has been used with great success in nervous disorders, and I believe it supplies us with a specific for many neuralgic and other allied complaints. Its success in the treatment of migraine and cephalalgia is now assured, and one rarely takes up a periodical without finding in it the description of various cases which, after being more or less intractable to remedies for years, have yielded to antipyrin.

In Germany and France especially has this drug been used in the treatment of migraine, and to a less extent in England. During the last few months I have used it in the out-patient department and in private practice in such cases with very good results. As a rule patients return after having taken the remedy, and ask pointedly for some more of the same medicine that they had last time, a fact which stamps its value at once on one's mind.

In treating migraine with this drug, I believe the best plan is to use the remedy as a specific against the attacks, and not to administer it continuously. If the migraine be periodic, or if there be a preliminary aura, the drug should be exhibited as soon as possible before the threatened attack. Thus, if an attack be feared for the morning, antipyrin should be given at night, and if the attack still threatens in the morning, a further dose should be administered. In this way the attack generally is aborted. Even if preliminary warning be absent, the medicine taken as soon as the attack comes on either aborts it or renders its symptoms less intense. In my experience it is very rare for antipyrin to fail to influence favorably an attack of migraine, and in this I am supported by almost all of those who have noted on this drug.

It is rarely necessary to give large doses to produce the specific effect. I generally give five to seven grains combined with alkalies and a bitter infusion, to be taken when an attack threatens, and to be repeated, if necessary, in an hour. I find that somewhat larger doses are recommended (fifteen to twenty grains), but patients rarely complain that the smaller dose fails.

I have found the drug useful also in those cases of bilious headache, which often occur in patients of full habit, who are addicted to the too frequent use of alcohol. These cases, which generally occur among women in a comfortable position in life, yield to the administration of antipyrin; I had the satisfaction of hearing a patient, who has suffered in this way for more than ten years, state that at last a remedy had been found which relieved her. Of course the remedy does not touch the root of the evil.

In some cases of cephalalgia, antipyrin relieves for a time, but at length the patient becomes habituated to the drug, and the relief is less marked. In such cases, either the drug may be increased or antifebrin or some other of the substitutes for antipyrin may be used.

As antipyrin has so marked an influence over these nervous complaints, it seems natural to suppose that it may be useful in epilepsy.

Fraty concludes that it has a distinct influence over epilepsy akin to that manifested by the alkaline bromides, but he confessses that large doses must be given (one to two drams daily), and that in a considerable number of cases it has to be given up, owing to the *mal rise* it produces.

I have not tried the drug in many cases of epilepsy, but I was not favorably impressed with the result when I did try it. As a sedative antipyrin has been tried in cases of nocturnal emissions, and it has been found that seven to fifteen grains, administered on going to bed, prevents the emission in many cases. It also acts in diminishing the excessive flow of urine, which not infrequently accompanies spermatorrhea, and which arises from the hyperesthesia of the nervous system. I would venture to think that this drug may be well worth a trial in those cases which so often are found to exist in young men, who have fallen into the habit of masturbation at school, and who, on coming into the world, learn the evils of it, and relinquish the habit, but in whom spermatorrhea frequently supervenes to a serious extent. I have given it in similar cases with good results, the best plan being to give ten grains of antipyrin in combination with ten grains of chloral hydrate at bed-time, the patient usually falling asleep shortly after getting into bed, and remaining asleep without disturbance till the morning.

Antipyrin was given by M. Bloch to a neurotic man with a tender spine, who was periodically overcome by attacks of drowsiness, which come on after each meal; these were accompanied by pains in the head and debility. His condition had been improved by the use of nux vomica to some extent; but, on the exhibition of antipyrin in fifteen-grain doses, given on waking and at 11 a. m., the drowsiness after a few days disappeared, and the remaining nervous symptoms abated. In this case it acted as a decided nerve stimulant.

The drug has been strongly recommended in cases of chorea by Legroux, who considers it a most rapid, certain, and inoffensive remedy. He administered it in six cases, giving forty to fifty grains daily. All his cases recovered rapidly in from six to twenty-seven days. I have not had the opportunity to use it frequently in chorea, but in such cases as I have used it the movements diminished rapidly. In one child to whom I gave the drug it had to be discontinued, owing to the cardiac depression which accompanied its use.