

dose might be. This, then, explains the reason why antipyrin is such a powerful antipyretic, since it acts on both the thermal centres and the tissues.

The styptic action of the drug is most marked, and has been ascribed by some to an action of the drug upon the vasomotor system. While this may be the case, it is certainly only a partial cause, since the antipyrin influences the clotting power of the drug in a most remarkable manner: thus in one case, when 50 cc. of blood were allowed to flow into an aqueous solution of antipyrin (gr. x in 10 cc.), a clot had formed one minute later already of such strength that the entire beaker could almost be inverted.—*Simon and Hoch, in Johns Hopkins Hospital Bulletin.*

THE PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF EXALGINE.—Exalgine is a compound occurring in colourless acicular crystals, readily and completely soluble in water, to which a small proportion of spirit has been added soluble also in hot water, and to a less extent in cold. Drs. Dujardin-Beaumetz and Bardet ascertained that in medicinal doses the effect of the drug was, under certain circumstances, to abolish the sensation of pain without affecting tactile sensibility. If pushed, it brought about a marked and persistent fall in the temperature, but only in doses larger than are necessary to produce the maximum of the analgesic effects. Speaking generally, its effects resemble those of antipyrin, but exalgine was found to affect sensibility to pain more particularly, the antithermic effects being quite secondary in importance. Moreover, the effects of exalgine were obtainable with doses far less than those of antipyrin. It is eliminated in the urine, the quantity of which it lessens, and this effect is particularly well marked in diabetic polyuria, in which both the amount of the urine and of the sugar are diminished. Given, however, in medicinal doses, even when repeated, no gastro-intestinal irritation, rash, or cyanosis, were noticed by their observers, though in one instance, probably due to some idiosyncrasy on the part of the patient, a slight ephemeral erythema followed its administration. The usual dose is from two to five grains, cautiously increased to eight grains if necessary. It is not desirable to

exceed from six to twelve grains in twenty-four hours. As exalgine is essentially an analgesic and not an antipyretic, its use is contra-indicated when the temperature is above the normal. I have found it to be best administered in a little whisky or brandy and water, but where for any reason the addition of spirits is not desired, the drug can be given in wafers or gelatine capsules. Though almost insoluble in cold water, exalgine dissolves readily enough in the stomach, owing to the acidity of the gastric juice. As has been experimentally proved, it acts very promptly, and the effect has often been to secure more than a passing relief from pain. In one or two cases in which the dose was pushed to fifteen grains, the result was an appearance of intoxication, with slight noises in the ears lasting for some minutes. The drug is usually given morning and evening, just after getting up, and just prior to going to bed, but as it has no direct effect on the stomach there is no objection to its being given at any time during the day, even before a meal, provided only the smaller doses are prescribed. It has been remarked that the analgesic effects of exalgine have been particularly satisfactory in obstinate cases, which antipyrin and the salicylates had failed to relieve. The converse may also be true, but I have, so far, not had an opportunity of making comparative observations in this respect. The affections in which exalgine has produced the best results are those of which neuralgic pains are the most troublesome feature. In neuralgia proper, both a *frigore* and congestive, the relief is immediate, and often lasting. Moreover, neuralgic pains associated with affections of the female reproductive organs, have appeared singularly amenable to its sedative influence. Neuralgia of the dental nerves, tic douloureux, and the like, belong to the category of cases in which exalgine is almost always a specific, at least that is what the experience of the cases thus far treated by means of the drug would lead one to infer. Fraser, of Edinburgh, found small doses of exalgine ($\frac{1}{2}$ to 2 grains) very efficacious in the treatment of a large number of cases of sciatica, herpetic neuralgia, cardiac angina, pleurodynia, rheumatic synovitis, gastralgia, etc., and in several cases of locomotor ataxy the "lightning" pains were promptly overcome. The only precautions to