

grains) of salicylate of soda the pains and fever both yielded in a very short time. The temperature fell from 104.3° F. to 101.1° F.

In intermittent fever a paroxysm was prevented only when the remedy was given immediately before the paroxysm was expected. An effect was noticed only on the day of the fever, and when the remedy was not given on the fever days it always returned at the regular time. Quinine has this great advantage in malarial fever that it has the power to cut short the disease completely, whilst salicylate of soda is only effectual to cut short the paroxysm when given just before it is expected. From the fever curve of a case reported it is seen that the paroxysm returned every afternoon at the same hour: the high temperature lasted three hours, then sank gradually, and the child was free until the next day. Immediately before the expected attack three grammes of salicylate of soda were given, and there was no paroxysm. On the two following days, when the remedy was not used, there was, in the afternoon, a considerable rise of temperature.

On the third day eighty centigrammes of quinine (twelve grains) were given, and the paroxysms did not return.

The author sums up the result of his observations in the following conclusions:—

(1) Salicylate of soda is a powerful antipyretic remedy in the typhoid fever of children, which, whilst it does not shorten the course of the disease, renders it much milder.

(2) The results with this remedy in typhoid fever are better than have hitherto been obtained by quinine, cold-water baths, cold wrappings, and the various mineral acids.

(3) The beneficial effect can only be obtained when large doses are given at short intervals, and the author has never observed any ill effects following its use.

(4) In diphtheritis salicylate of soda has no influence upon the course of the disease.

(5) In acute articular rheumatism the effect both upon the fever and upon the pain is a remarkably favorable and quick one.

(6) In intermittent fever salicylate of soda is only of service when given immediately before the expected attack. As quick as the remedy is left off the paroxysms return.

TWO CASES OF POISONING BY MORPHINE AND OPIUM RESPECTIVELY IN INFANTS.*

Wertheimer † relates a case of poisoning by one centigramme (one-sixth grain) of morphine in an infant fourteen days old. For an hour and a half after the administration of the above dose the child was cyanotic, completely comatose, and pulseless, the heart's beat being weak and intermittent. The extreme contraction of the pupils led

to an accurate diagnosis of the cause of the child's condition, which had previously not been known.

The employment of artificial respiration by a rhythmical compression of the thoracic walls continued for a long time, combined with the use of black coffee and of liquor ammoniæ anisatus, led to recovery.

In a case reported at the meeting of the academy of Medicine, held February 17th of this year, by Le Roy de Mirecourt, and observed by Nicolas and Demony, a child three weeks old took by mistake a teaspoonful of Sydenham's laudanum (vinum opii). The first symptoms of poisoning made their appearance two hours afterwards, and consisted of a deep somnolence, which was interrupted by attacks of convulsions. After such an attack the weakness would be so great that at times the heart ceased to beat. Here, also, artificial respiration was resorted to, and especially put in operation during the convulsive paroxysms.

To the perseverance in these measures must be attributed the fact that eight hours after the appearance of the first symptoms of poisoning the somnolence seemed to diminish a little, and the infant's condition gradually advanced towards recovery.

On the following day there were violent reactionary symptoms. There was not complete recovery until the fourth day. Micturition took place for the first time twelve hours after the beginning of the symptoms.

WEAK SPINES IN YOUNG GIRLS AND THEIR TREATMENT.

Read before the Philadelphia County Medical Society, December 15, 1880.

By JOHN M. KEATING, M.D.

Lecturer on Diseases of Children in the University of Pennsylvania, Visiting Accoucheur to the Philadelphia Hospital, etc.

My intention this evening is to bring before you a subject that may at first sight appear a trivial one, but which more extended observation and careful study have led me to consider worthy of the attention of this Society.

Thousands of young children are at this time bending over their books in the crowded school-room, straining their eyes, narrowing their chests, and bowing the back upon whose erectness and resiliency they should in future depend not only for support, but for health,—even life. A few years hence, these very spines, now strained, weakened, and probably curved, will be called upon without further preparation to bear the brunt of the great requirements of society, and soon after to be tortured by the physical burden of maternity; or probably the store, the sewing-room, or the factory, aided by some inherited taint, will determine the lesion and give us the cases of phthisis, diseases of

* Berliner klinische Wochenschrift, April 19, 1880.

† Deutsches Archiv für klinische Medicin, Bd. xxiv. Heft 3.