

These are maximum doses. It is advisable to begin with not more than 20 grains for the adult and for a child half the dose above recommended, lest the temperature be too greatly depressed and a state of collapse result. Full doses, however, probably secure a longer depression of temperature than moderate ones.

It must be carefully borne in mind that the sole object to be aimed at in the administration of antipyrin is the reduction of temperature and the benefits resulting to the patient therefrom. It has no curative effect on the disease. That it will reduce the temperature, with rare exceptions, and that without injury, is acknowledged by all who have tested it, so far as I am aware, except Jaccoud, of Paris. He says that though it cools the peripheral portions of the body, as shown by the thermometer in the axilla, it has no certain influence on the central temperature, which remains at its usual height, and is in some cases even augmented. The peripheral cooling does not benefit or relieve the distress of the patient, but rather weakens him. The effects are illusory. He concludes by saying that antipyrin cannot be considered a real acquisition to medical therapeutics.*

This is quite at variance with the experience of others. In my own cases the thermometer under the tongue gave a fall of temperature always corresponding to that in the axilla, and the general condition improved in each case.

I have had the opportunity of advising the use of antipyrin in two cases of typhoid fever—one a boy, aged 7, in my own practice; the other, a young woman under the care of Dr. Carson, and whom I had the privilege of seeing with him and Dr. Duncan. In the boy's case the attack promised to be a severe one, the temperature reaching 104.5° F. by the end of the first week, with tendency to delirium. Three hourly doses of 9 grains each (less than 1½ grains to each year of age) were given on the first occasion. When seen five hours after the first dose the temperature had fallen to 96.6° under the tongue. He complained of feeling cold and required to be covered warmly, otherwise his condition was improved;

the pulse considerably slower and stronger; tongue quite moist, and all signs of delirium gone. It was not till next day that the temperature rose to nearly its former height. After this the dose was reduced to about 4 grains, and one series of 3 doses daily was usually found sufficient—never more than two series were given—to maintain temperature at 102° or below. After several days it was omitted, to see the effect. Next day the thermometer registered over 104°, with delirium, the tongue becoming dry and sordes beginning to deposit on the teeth. A return to the antipyrin promptly relieved all these symptoms.

It was not till the end of the second week that antipyrin was given in Dr. Carson's case. Though the temperature had run only a moderately high course, she was nevertheless greatly prostrated—the pulse was so feeble as scarcely to be counted, the face quite cyanotic, and there was very marked tremor of all parts of the body. It was absolutely necessary that the temperature should be kept low, and as she greatly objected to the application of cold in any manner, antipyrin was at once tried, and gave the utmost satisfaction so far as controlling the temperature was concerned. The morning after it was first obtained the temperature suddenly rose to 104.6° at 6 a.m.; three 3ss. doses were given, and at 11.30 the thermometer under the tongue registered 97.4°, and did not rise to 103° again till midnight. As in the boy's case, so in this the general condition was greatly improved, the tremor rapidly lessened and was only slight during the rest of the illness. The antipyrin was subsequently given in doses of 15 grains or less, as needed to keep the temperature below 103°. Three days after antipyrin was first given the stock became exhausted, and no more could be obtained for two days. During this time 15 gr. doses of quin. were given every 6 hours, and cold compresses applied frequently. Yet the temperature rose to over 104°, with restlessness, increased delirium, tremor, increased coating of tongue, etc. A return to the antipyrin the second evening improved all these symptoms, and gave a much better night's rest.

There was free perspiration in both these

* *Lancet*, Nov. 7th, 1885.