

more efficient, but also represses the production of heat. As an evidence of this fact let me mention the investigation conducted by Dr. Girard of Geneva. He induced fever by stimulating the corpus striatum and found that a subsequent dose of antipyrin was able to reduce the temperature and to keep it down for a time.

Dr. Wood had assured himself that the result was unaccompanied by any perceptible effect on the circulation, at least when the antipyrin was given in therapeutic doses.

But this drug not only represses the production of heat (thermogenesis); it also effects the dissipation of heat by increasing skin-radiation. It diminishes the amount of nitrogen wasted by the urine and also the amount of carbonic acid produced. It frequently, though not always, increases perspiration.

As to the physiology of its action, the lessened heat production under the influence of antipyrin has been attributed to a stimulation of the inhibitory centres connected with the thermal system. Paresis of these centres is one of the conditions of fever and the action of antipyrin is to restore their lost tone and power. So much for antipyrin and kindred drugs.

Another antipyretic, one of great value, is the cold bath. Though its application was originally based on a theory, probably erroneous, namely that high temperature is the primary source of danger in fever, yet its usefulness is undoubted. Its action presents some points in contrast to that of antipyrin. Its effect on heat production is not definitely settled. On excretion its effect seems exactly the opposite of that produced under antipyrin, in that it appears to increase tissue change. The cutaneous vessels are at first contracted and afterwards dilated. The diuresis which usually follows the bath probably promotes the dissipation of heat.

The remarkable results reported by Brandt fully support the statement of its practice. In more than two hundred cases in private practice, he had no deaths. In military hospitals he lost 5%, and less than 6% in other hospitals.

As Riess has suggested, these two antipyretic methods may supplement each other: using the antipyrin, which checks excessive tissue change, in wasted, feeble or aged patients; while in the robust and previously healthy, we

would not fear to use the cold bath, though it seems to increase tissue change.

(Probably we must seek for an explanation of the wholesome effects of cold bathing in its influence on the nervous system, transmitted in the first instance through the sensory nerves.)

LAPAROTOMY FOR PERTYPHILITIC ABSCESS—UNSUCCESSFUL.

BY G. A. KENNEDY, M.D., MACLEOD, ALBERTA.

W. W., *et.* 28, was taken suddenly ill on the 27th February last with severe pain in the low right iliac region, consequent on a fall against the corner of an iron bedstead. The pain was continuous and greatly increased on pressure, there was vomiting, slight increase in temperature and pulse, and constipation, which was easily relieved, however, by a laxative. On the fourth day, a deep-seated, circumscribed hard swelling was made out in the region described, which swelling increased in size during the next two days. Aspiration and examination by the rectum gave negative results. Under treatment by opiates, rest in bed, and continuous hot applications the symptoms disappeared, and on March 14th he was up and about. The swelling could still be made out, but it was much smaller and less sensitive to pressure. It steadily decreased in size for about two weeks when it apparently disappeared.

Commencing on April 30th and July 13th he had two similar attacks, much less severe, which involved confinement to bed only for two or three days, and in which the same treatment as that first pursued was successful.

On August 7th I was again called to see him, and found him suffering from severe colicky pains all over the abdomen, and a good deal of localized pain and tenderness in the right iliac fossa. Temperature 101, pulse 100. He could not retain anything on his stomach. There was a swelling in the iliac fossa, but it was more diffused, and felt softer than when first noticed in March. He continued in much the same state until the morning of the 10th, when, having to go away, I left him in charge of a brother practitioner. His temperature had gone down to nearly normal, however, his symptoms were much less acute, and I anticipated his early partial recovery.