isms may be deeply lodged in some crypt; and, if the patient is permitted to neglect all treatment, they will constitute a focus from which a general infection will spread, and a consequent relapse will occur. In the second place, the omission of any treatment exposes the patient to the dangers of a fresh infection from without. Having had sycosis once shows a susceptibility to the disease, which is increased by the fact of having contracted it. For these reasons a patient, who is apparently cured, should be subjected to a further course of treatment The prophylactic course is very simple. I order the patient to shave every morning. He is directed to make his lather with a bichloride of mercury soap, using a 1 in 1000 bichloride solution in water. He is also cautioned to render aseptic his razor, shaving brush, etc., by some simple means. After having shaved, a bichloride solution is ordered to be applied, the strength varying from 1 in 500 to 1 in 1000, according to the tenderness of the skin. At night the same application is made, or sometimes varied by ordering lanolin to be rubbed in.

I have had a happy experience by the use of this method. The curative treatment has accomplished its purpose in from two weeks to three months. The duration of the disease when I saw it varied from three weeks to seven years, in different individuals. In long standing cases the tubercular masses disappeared under the influence of the campho-phenique, which besides being antiseptic, has marked reducing powers. The slight dermatitis which exists at the termination of the curative treatment, disappears spontaneously under the prophylactic treatment.

The duration of this latter treatment is indefinite. I have some patients who have pursued it for about two years. They have never experienced any relapses, and are so well pleased with the results that they prefer continuing it to running the risk of contracting the disease once more.—*Ohmann Dumesnil in St. Louis Med. and Surg. Jour.*

PHYSIOLOGICAL ACTION OF ANTIPYRIN.—In some experiments upon the action of the drug upon the brain, where the crura cerebri were cut, the temperature rose rapidly in a most extraordinary manner. Thus, in a dog in which the cut passed through the posterior portion of the crura, the temperature was found to be 110° Fahrenheit in the rectum, and 112° were recorded in the abdominal cavity some time after death. Usually, however, a temperature of 105°-106° was noted under such circumstances.

This fact is of interest, especially in a consideration of the well-known antipyretic action of the drug.

In the normal animal, antipyrin does not lower the bodily temperature, even if given in toxic doses, while this certainly does occur, to a marked extent, in the presence of fever. In the above case high fever was observed, and antipyrin had been administered in quite a large dose; why, then, did it not affect the temperature?

Certainly a probable action of the drug upon the thermal centres directly offers itself as a ready answer to the question; the thermal centres being thrown out of action in the above cases, it could no longer exert its influence upon the tissues through the thermal nerves.

We certainly have reason to believe that heat-production or heat-regulation, or both, are under the control of a cerebral centre or centres.

In all cases of fever, in which the body temperature is lowered by the drug, the following is the probable action: the abnormal constituents of the blood, whether they be products formed by the action of bacteria, or otherwise, or reflex causes, having their origin in an abnormal condition of the nerves leading to the thermal centres, act upon the latter, stimulating them if they are heat-producing, paralyzing, or, at least, lessening their irritability if heat-regulating, or both, if both exist. Antipyrin, on the other hand, if administered under such circumstances and effecting a reduction in the temperature, must act in exactly in an opposite manner to result in a lowering of the temperature.

At the same time nitrogenous waste is decreased (as Samadowsky showed) by antipyrin, in the normal as well as in the feverish animal, but that this decrease of waste is not due to an action of the drug upon the thermal centres, but upon the tissues themselves, is apparent from the fact that the temperature of the normal animal is not affected by it, however large the