

ment of this disease stands as proof of the merit which it claims. In this, as you know, it acted most happily, reducing the fever and allaying pain, though it did not check the progress of the disease nor prevent the results. I observed, too, that the pain which followed *La Grippe* yielded more readily to salicylate of soda than to phenacetin.

Its prompt relief of the asthmatic symptoms which generally were present in *La Grippe*, as well as the terrible tormina of the bowels, lead me to hope that this apparent anti-spasmodic property might be applied in the treatment of other diseases, if not with kindred pathology, in which the same system of nerves was involved. I have since used it in asthma and was disappointed in the result, the patient complaining that her distress was intensified after taking it, and that she experienced more difficulty in expectoration.

I have never known death to be produced by either of these drugs, though it was supposed that a combination of calomel and antipyrin caused the death of a child in New York. Antipyrin is not as free from danger as antifebrin and phenacetin. Not a few cases of heart failure are reported as following its use. I have witnessed this effect only once in my own practice—where ten grains were given. In the case of rheumatism before alluded to, where it was given in enormous doses, there were no alarming symptoms, and none unfavorable excepting slight gastric and intestinal irritation.

Why and exactly how it depresses the heart's action, I think still remains unknown. The evidence is in favor of the supposition that it impresses chiefly and primarily the resident ganglia of the heart. There is no disturbance of the other organs supplied by a common centre, which cannot be explained by the intimate relation and interdependence of their functional action, excepting it be that on the gastro-intestinal canal, which is either irritant locally, or the result of disturbance in the ganglionic fibres. But the fact remains and should be observed in its employment.

I have never heard of a similar effect following phenacetin, and since it has virtues equal to those of antipyrin, and is cheaper, I consider it preferable for general use.

Antifebrin sometimes produces prostration in an extreme degree, and is no more reliable than phenacetin as an antipyretic, and less than antipyrin as an anodyne. I use the chemical form when I prescribe it, especially for the sake of my poorer patients.

Therapeutics could have dispensed with these agents, but their undisputed merits have won them a welcome into our list of remedies, leaving their exact and relative rank to be determined by their more extended use.—*Atlanta Med. and Surg. Jour.*

THE TREATMENT OF HABITUAL CONSTIPATION IN CHILDREN.

The diseases of children do not always meet with scientific attention. Constipation, in particular, is treated in them with little ceremony; yet the imperfect digestion, of which it is a result, is in children so pre-eminently the origin of ill health that one cannot bestow upon it too much consideration, if for no other reason than that patients of this tender age may receive kind and considerate treatment. If the following observations should not command unqualified assent, they may yet serve to bring forward some interesting questions.

(One of the cases narrated is an example of success with unassisted physiological dieting. The other shows the difficulty of obtaining good results so long as the cause is unremoved.)

The first case was that of a little boy four years and six months old, the only child of persons of good position. He was reared at the breast for the usual period by a wet nurse. Since weaning he had led, for a child, a somewhat trying life, having accompanied his mother on voyages undertaken for her health to Australia, the Mediterranean, and various parts of the continent. Upon the whole, he had stood this constant change of climate and diet well, developing into a sturdy little boy. He had not, however, been without some symptoms of delicacy, namely, a certain liability to take cold; inability to bear a cold bath, dampness and coldness of the hands and feet, slight nocturnal attacks of spasmodic croup, especially on ship-board, frequent sore throats with enlargement of the tonsils, considerable trouble with constipation, and thread worms. The particular symptom for which he came under my notice was a lassitude which used to come on suddenly while he was out for a walk, making him cry from pain in his stomach, and ask to be taken home. At home he used to enjoy himself, and fed and slept well.

Upon examination there was no appearance of rickets, but he was rather pale, and his muscles flabby. His skin was too thick, pinching up into thick folds, though not exactly fat. The pharynx was pale and full of secretion, and the tonsils hypertrophied; though not inflamed. The abdomen was much too large, measuring twenty-four inches, while the chest was nineteen, so that ready made clothes would not fit him without much enlargement round the waist.

The cause of his ill health appeared to me to be this: His mother, though a tender and affectionate woman, was inexperienced, and yet by her wandering life removed from the opportunity of being instructed by her elders. She was also one of those persons who prefer what they see in print to very much wiser advice delivered orally, and had in consequence guided herself in bringing up her child by one of those