

individual patient. From these points of view our fever remedies should be judged.

In my paper of 1890 I said that acetanilid ought to be preferred among the poor, because of its low price, antipyrin mainly where great solubility was required for the purpose of its administration in rectal and subcutaneous injections, and that phenacetin was preferable to either when it could be given by the mouth, because of its less uncomfortable effect on the brain, the heart and the skin.

This opinion I have to modify to a certain extent, not that I object to what I said of phenacetin, but acetanilid should never have an opportunity to show what good qualities it may have in the rich or poor. It should not be used at all under any circumstances, not even in the quack preparations which now and then I know to disfigure the prescriptions of regular practitioners. Being a derivative of anilin, acetanilid is poisonous. Not only has it a sedative or rather paralyzing effect on the central nervous system, but it destroys the blood and causes anemia by changing hematin into methemoglobin, though given sometimes in small doses. That is what gives rise to cynosis so often observed, more often than after the administrations of any other of our modern analgesics and antifebriles. The poisonous effect is even noticed when the drug is used externally, mainly on the young. Examples of such cases were reported at the meeting of the Philadelphia Pediatric Society, April 11, 1899.

Antipyrin, when employed during normal conditions, increases the tension of the pulse and blood pressure—therefore it is contraindicated in hemoptysis—and produces perspiration. It works more on the general central nervous system than on the center of circulation, that is why it acts—while being antipyretic—as a sedative and analgesic. But it should not be considered as a nervine, for its action appears to be ushered in through the mediation of the blood and blood-vessels. The body temperature begins to decrease within fifteen or twenty minutes after the first dose, to render its antipyretic effect more tangible and persistent, it should be followed by a second within two hours. This rule, however, does not hold good when the drug is given for its sedative or analgesic or for its slight anti-rheumatic effect. Its general effect is mostly good, but its undesirable effects are many. Otto Seifert quotes eight authors of note who report disagreeable effects of antipyrin; they were observed in the gastro-intestinal, nervous and circulatory system, in the skin and in the mucous membranes. Phenacetin is