

might look from cause, through its operation, to effect, but time does not permit, and I will only mention a few facts which force themselves into notice along the way.

The virtue of a drug is best determined by its combined action compared to other agents of the same class, in the accomplishment of a given result. How, then, do these medicines compare with others longer used and of established efficacy? Granting the necessity or expediency of reducing the temperature in a given disease, that agent is best which soonest and safest serves that end, and which at the same time least disturbs the other functions of the body, physiologically performed, and aids in removing the cause or checking the progress of the disease upon which the elevated temperature depends.

The part which the nervous system plays in the production of fever is not yet fully decided; though, in addition to the result of experiments bearing upon this question, the pathology of certain diseases, attended by characteristic elevation of temperature, proves the intimate relation between the accompanying fever and the impress of its cause upon the nervous system, though hardly determining the primary or secondary nature of either. Should the cause originate *de novo* in the nerve centers as appears in states of overwork, worry and exhaustion, or did the exciting agent manifest its impress through the intervention of the nerves that remedy would be most curative which directly, by stimulative, or sedative, or alternative action, restrained or neutralized its effect.

The *nidus* of irritation in inflammatory fever is evidently the phenomena of perverted action, the result of injury, whether that injury arises from external violence, or a poison without, or is the result of morbid material generated within the system. What best reduces the amount of irritation, whether by direct influence or by destroying the source, or checks the development or progress of the inflammatory process, is our most valuable and suitable antipyretic. Hence no agent, without positive action upon the heart, or influence upon arterial tension and the great sensarium as well, can successfully rival opium, veratrum and aconite in the treatment of this form of fever.

In this age, no one would attempt to cure malarial fevers without quinine or some form of cinchona. Neither of the remedies under discussion prevents a chill or an exacerbation. But in the continued type, one of them—preferably phenacetin—may be added for prompter and results more grateful to the feelings of the patient.

In self-limiting diseases we do not hope to check their course by reducing the fever; and it has been questioned how far we are justifiable in interfering with this symptom, yet the doctor of to-day would not be held blameless who neglected this feature of treatment, and we owe it

to our patient, as well as ourselves, to bring and maintain the various functions of the body as near their normal state as possible, or direct their action to a condition which we think best preserves the vitality of the system and hastens convalescence. Hence in diseases of debility, as typhoid fever, the question arises, are we by heroic measures to disturb its even course, or regarding it as a bridge supplied by nature to sustain the patient while all his forces are engaged in the active and uncertain contest with disease and death, withhold those agents which only attack the fever and leave its cause unmolested? Obviously it is better to reinforce than to supplant nature in her efforts to throw off the fetters of the enemy.

Her manner of doing this is seen in the malarial chill. So the spirit of *mandererus* or spirit of nitrous ether deserves preference over either of our new antipyretics in diseases of this class. Though I have had speedy and happy results from phenacetin when the aforesaid remedies had failed upon fair and extended trial. No one now disputes the antipyretic action of these drugs. They unmistakably effect the end for which they are given. The only question is, when they are indicated and which is to be preferred. Some think that antipyrin is the most reliable of them all. I favor and almost exclusively prescribe phenacetin. The only difference between antifebrin and acetanilid is in their cost, which is considerable.

But these remedies claim another besides the effect mentioned, and in this, perhaps, vary more not only in extent but in their seat of action.

Antipyrin impresses chiefly and almost solely the sensory matter of the cerebro-spinal system. Its most decided effect is upon the brain, and is one of our best remedies for headaches and neuralgias of the face. Its anodyne effect diminishes as it is removed from the head, or as the cause of the pain in the head is distant from it. I have never witnessed any positive action on the special senses or motor system, nor have I ever seen stupor produced by it even in the largest doses. I recall a case of rheumatism of long standing in which I pushed the drug to thirty grain doses every two or three hours, not even drowsiness resulting. While its efficacy is not to be compared to a hypodermic injection of morphia yet when relief from pain is the end desired, and where stupefaction is to be avoided, or where opium is contra indicated by idiosyncrasy or fear of habit, antipyrin may be employed with great advantage.

The effect of phenacetin on the sensory apparatus is more general and save about the head, equally as decided as that of antipyrin. Perhaps no remedy was ever more liberally and universally employed than was phenacetin during the recent epidemic, of La Grippe which visited our country. Its independent adoption in the treat-