

the temperature several degrees below normal, varying from 94 one-fifth degs. to 97 four-fifth degs., the most careful observations being made to establish these temperatures.

A similar fall in temperature, before the establishment of convalescence in febrile disease, has been observed and recorded in some thermometrical observations made by my father during an epidemic of typhus fever that occurred in Portlaw in the winter of 1866, and the spring and summer of 1867.

In *all*, chemical examination of the urine showed the presence of sugar; in the case of Mary M., the test for uric acid was followed immediately by a copious precipitate, its presence being confirmed by the microscope. I am sorry to add that I omitted this test in the other two cases.

The treatment in all cases consisted in dusting the part affected, well with flour, the exhibition of mild aperient medicine, of muriate tr. of iron and wine ζ iv. daily, the patients being given as generous a diet as possible.

The points of interest seem to me to be:—

1. Is there a true period of latency culminating in the febrile symptoms usually preceding the eruption? or, are the febrile symptoms dependent on the engorgement, tenderness and accompanying constitutional disturbance set up in the neighboring glands, by the presence of a lesion of some kind or other, from whence, according to Trousseau, the eruption takes its starting point?

2d. Is there in all febrile diseases, *as a rule*, a fall in temperature below normal before convalescence is established?

3d. Is sugar usually present in the urine of erysipelatous cases?—*Dublin Medical Press and Circular*.—*Boston Med. and Surg. Reporter*.

Uræmic Diarrhœa.

Dr. J. M. Fothergill remarks (*British Medical Journal*, Nov. 20, 1869) "In congestion of the kidneys, the flow through the convolute capillaries is impeded, and the excretory actions of the kidneys is thus lost, and the blood becomes laden with effete products and water; thus altered in its physical properties, it flows sluggishly and stagnates in the capillaries, including those of the intestinal canal; spontaneous catharsis comes on, and the balance of the circulation is restored. In chronic renal disease, this becomes more necessary, and is frequently manifested. The inefficient action of the renal secreting cells, together with dilated, constricted, or thickened capillaries, produce frequently an impeded circulation; congestion and further

impeded flow follows; the depurative action of the kidneys, for the time being, is held in abeyance; and blood-poisoning ensues."

Diarrhœa, therefore, in these renal conditions, Dr. F. considers to be of greatest service, freeing the blood from its retained effete products.

"Whenever, then, diarrhœa occurs in a person, he says, "presenting the appearance of renal disease, and more especially if there be present albuminuria, or the symptoms of any renal congestion, it may be desirable to hesitate about arresting the alvine flux until some other channel be patent. From the known intolerance of opium in renal disease, preparations of the solanaceæ should be administered where the suffering is great. The skin should be immediately acted upon by the hot air bath, or otherwise; hot poultices, sprinkled with mustard, should be applied across the loins when the bath is over. Nutritive support should be given; and a mild diuretic of digitalis, and citrate of potassa in infusion of bruchu or calumba, may be administered as soon as the kidneys are somewhat relieved."

If a little flux remain, a little powdered cassia or cinnamon may be prescribed, and the more powerful astringents should only be administered when the danger to life is imminent; and of these, a mixture of sulphuric acid and infusion of logwood, is perhaps the least objectionable. But astringents should be used warily and cautiously; absorbed into the blood, they astringe and arrest the activity of the bowels, but, at the same time, check and impede the action of the renal secreting cells, whose restored and renovated activity it is of the utmost importance to keep up. The action of the skin must be fostered, and the patient carefully protected from atmospheric changes, to which these sufferers are very sensitive; and as soon as convenient, the patient must be given steel, and the other adjuncts to nutrition. In the first mild case which occurs, I shall feel inclined to try a combination of nitrate of potassa, nitric ether, and pernitrate of iron. Whichever plan be adopted, it is desirable, while affording the maximum amount of benefit, to eliminate, as far as possible, the elements of danger."—*Am. Jour. of Med. Sciences*.

Another Letter from Dr. Marsden.

To the Editors of the *Canada Medical Journal*:

"O! magna vis veritatis." Cic.

GENTLEMEN,—From the tone and tenor of your remarks on my "Analysis of the Ontario Medical Act," contained in the November number of your journal, it would seem that a deliberate and con-