

failed to reveal cancer, and in that case he is not certain that the disease may not have existed in some portion of the body not examined. The illustrative case had an expression of suffering, while the skin was much jaundiced. This glistening sheen is scale-like, so to speak; not scales that you can scrape off, but the glistening surface is marked by lines that do not glisten. It is most frequently present on the surface of the abdomen.

Typhoid Fever.—There is flushing of the cheeks (no sordes in the illustrative case, because the nursing is good); apathy is marked, so much so that flies walk unnoticed over the face; the eyes are half closed, the mouth open, and he breathes through it.

This being a typical case of typhoid, Dr. W. made a few remarks on the disease. When the morning temperature is below 102° and the evening temperature not above 104° , it is a satisfactory condition. While the eruption may occur in tubercular lesions, yet it does so so rarely that they may be considered characteristic of typhoid. They are circumscribed, elevated, and rosy; rarely punctate, but occasionally become vesicular. They will disappear on pressure and after death. They generally appear on the trunk, but rarely on the extremities, though he has seen them on the hands. In order to be sure about the disappearance on pressure, we should place a finger on either side and stretch the vessel, for if we simply press on the spot and remove the pressure, the pressed-out blood will flow back so rapidly that we cannot be sure whether it has disappeared or not.

DANGERS OF ANTITHERMIC REMEDIES.

In a recent therapeutical conference, Dr. Dujardin-Beaumetz discusses resorcline, kairine, thalline, and antipyrine, and advises caution in their use, of the first three agents especially, from their active toxic effects. After referring to the eminently antiputrefying and antifermentive properties of resorcline, he states that he had used it in pyrexia without obvious effects, probably on account of the smallness of the dose. He finally abandoned it altogether in the treatment of rheumatism and typhoid fever, not so much on account of its want of power as because he observed toxic symptoms. Resorcline is not only an irritant, it is also a toxic agent; and in his experiments upon dogs it was determined that a dose of thirty centigrammes per kilo of weight of the animal produced convulsive phenomena, and death was caused when the proportionate dose was increased to ninety centigrammes. After death, visceral congestions were discovered, and especially very intense pulmonary engorgement, as in animals poisoned by carbolic acid. Man is even more susceptible to the effects of resorcline than dogs. Munel reports a case in

which a single dose of three and a half grammes (fifty-three grains) rapidly induced a condition of great gravity, which, however, was finally overcome.

Dr. Beaumetz says, "While recognizing resorcline as less toxic than phenic acid, I conclude that it is a dangerous antithermic agent, for I found in my typhoid patients treated with resorcline the same depression of forces, the same adynamia, the same pulmonary congestion, which I had found in those to whom I had administered phenic acid. I have therefore abandoned this medication, and I believe that, even in Germany, resorcline is not much employed internally, but it remains, on the contrary, a very valuable remedy for external use in the treatment of unhealthy wounds."

Kairine is an antithermic acting by diminishing the respiratory power of the blood and destroying hæmoglobin. The recent researches of Brouardel and Paul Loyer confirm this view, and show that thalline and kairine exert the same destructive effect upon hæmoglobin. Moreover, contrary to the usual action of antithermic agents, kairine and thalline have no influence whatever upon fermentations. "Kairine should therefore be rejected from therapeutics; it is a dangerous drug, since it only produces antithermic effects by destroying the hæmoglobin and profoundly altering the blood, circumstances which should be avoided in the infectious febrile diseases."

Antipyrine is less toxic than either resorcline or carbolic acid. While it takes a gramme of resorcline per kilo to kill a rabbit, it takes 1.60 grammes per kilogramme of antipyrine. The toxic effect, moreover, is almost the same; it produces tetanic and paralytic symptoms analogous to those caused by strychnine-poisoning. It cannot be doubted, therefore, that antipyrine acts upon the cerebro-spinal axis, and it is probable that it lowers the temperature by modifying the nervous heat-centres. Contrary to kairine, antipyrine does not appear to change the liquor sanguinis, and particularly the hæmoglobin. It has also hæmostatic properties which Hénoc declares superior to those of ergotine and of chloride of iron. (This is worth bearing in mind in treating hæmoptysis.) Antipyrine diminishes the urinary secretion, but increases the action of the glands of the skin, which renders it inconvenient to use it in cases of tuberculosis. Like the phenols and oxyphenols, antipyrine is an antiferment. The study of recent antithermics shows that the effects of these new agents vary with the nature of the fever; a temperature of 104° in a phthisical patient will be lowered by fifty centigrammes of antipyrine, while in a typhoid case it might be without effect.—*Bull de Thérapeutique*, August 30.

WHY DOCTORS' BILLS ARE SOMETIMES UNPAID.
—One reason why bills of physicians are unpaid is