

Many observers have noted the appearance of an exanthematous rash under its use, and *Munchener Med. Wochenschrift*, 1887, No. 3, reports cases in which deafness and mydriasis occurred. These instances of untoward effects produced by antifebrin are fortunately sufficiently scattered to permit us to use the drug with great freedom. Indeed, the only manner in which the two drugs act identically, other than as antipyretics, appears to be the profuse sweat which they produce about the time of their absorption into the circulation.

Sudden cardiac failure has been produced by both drugs, and in a simple case of pneumonia, in which antifebrin was administered, which has come to our knowledge, the patient, apparently convalescing, while sitting up to bed talking to a friend, suddenly dropped back dead on the pillow. It is but just, however, to state that the patient had been a sufferer for many years from disease of the mitral valve, and as no post-mortem was allowed, the exact cause of death cannot be stated; although the attending physician, a man of good judgment, ascribed it to the drug, with sufficient reason in his own mind to prevent his using it but carefully a second time.

The experience of the profession in this city has certainly engendered the belief that in a very large proportion of cases the newer antipyretic may be used with advantage in place of antipyrin, and unless some as yet undetected evil influence exerted by it is discovered, it will, without doubt, remain one of our chief aids in the reduction of abnormally high temperatures—*Med. News*.

THE TREATMENT OF COLDS.

Dr. Whelan, R. N., in a short article on the treatment of colds, says: It is recognized generally that catarrhs are excited *de novo* by exposure to wet, cold, and draughts; most frequently they develop in delicate and in highly neurotic individuals. When once a catarrh is properly established, the affected person's breath is infectious, in the acute stage of the disease at least. The question arises, What is the nature of the affection? 1. Is it a specific poison comparable to that of the infectious fevers? 2. Does the affection start as an idiopathic inflammation and develop a specific poison which is given off by the breath? 3. Is it of nervous reflex origin purely? An epidemic of influenza would be explained by supposing within large tracts of country all catarrhal micrococci become suddenly virulent, owing to some climate or telluric fostering cause, or to some law of heredity, or evolution of the organisms themselves. The usual coddling treatments of colds in an ordinary healthy person should be strongly condemned; there is a deal of wisdom in the saying "Starve a fever, feed a cold." A person with catarrh should take an abundance of light, nutritious food, and some light wine, but should avoid spirits and tobacco. In the very old or very young, or in cases where the general

health is not good, due care must be taken, and above all things, depressants should be avoided. The author recommends as a specific, both as a prophylactic and therapeutic remedy, the following prescription: R quin. sulphatis, gr. xviii; liquor arsenical., M xij; liq. atropinæ, m. j; extract. gentian., gr. xx; pulv. gum acac., q. s. to make twelve pills. One of these pills should be taken every three, four, or six hours, according to circumstances. If these pills are commenced in the early stage of a common cold, when the affection is confined to the nose and pharynx, the affection will be nipped in the bud. At first one pill should be taken every three or four hours: later on every six hours. The author's experience goes to prove that a cold seldom lasts three days under this treatment, and believes that the remedy acts as a powerful nervine and general tonic, bracing the patient's tissues to resist the multiplication of the organisms which cause the affection.—*Practitioner*, March, 1887.

THE VALUE OF HÆMORRHAGE IN TREATING WOUNDS.

Taruzza publishes a note (*Gazetta Degli Ospitali*, April 13, 1887) to show that hemorrhage from wounds, unless due to lesion of large vessels or in excess, does not interfere with primary union. He does not think it necessary to follow strictly the rule to secure complete arrest of hemorrhage and to apply firm compression. He relies on perfect disinfection of the bleeding surface, as far as possible, by means of weak solutions of carbolic acid or mercuric chloride. After this he leaves the cavity of the wound full of blood, the edges being accurately sutured, and without fear that primary union will not result. From his experience he formulates the rule: "In wounds perfectly disinfected and free from foreign substances, effusion of blood is not a source of danger, but the reverse, as the effused blood fills the wound-cavity perfectly, preventing the formation of empty spaces, and making compression and drainage superfluous, and the organization of the clot favors union." He is opposed to the drainage tube, thinking that it increases risks of sepsis, and may remove from the wound fluids which, when aseptic, may be useful by reabsorption.—*Jour. Am. Med. Assn.*

A POINT IN THE TREATMENT OF CHOREA.

Dr. Flood, of Minnesota, says that he has almost constantly found tenderness on pressure over the fifth cervical vertebra in choreic cases. In these he applies the ether spray over the tender spot, and follows that with a mild counter-irritant. Then, with a judicious use of tonics and ergot he has generally been successful in the treatment.—*Chicago Medical Times*.