

chest and arms, the complaint having commenced about thirty-six hours previous. She was removed to the hospital, and Tucker's eucalyptus disinfectant was ordered to be freely used in the nursery, the children being kept in an atmosphere strongly impregnated with it for three days and nights; after that they were allowed out during the day, but the disinfectant was continued in the nursery for four or five days longer, when they were considered safe.

On October 27, I saw a girl, æt. about eleven years, whose sister had been sleeping with her. She had had sore throat about two days, and the rash was fully out. The sister was not allowed to sleep with her, but she spent most of her time in the room during the next three days when the new Act came into force and they were separated. Here the disinfectant was rubbed over the skin of the whole body night and morning for three days, afterwards at night only; the emulsion was administered, and the disinfectant freely sprinkled over the bed and about the room. The girl had a severe attack of fever, had rheumatism in her wrists and ankles for a few days. The desquamation was finished about the fifteenth day, and there was no appearance of albumen in the urine. The sister did not develop the disease, although exposed to the infection for five days, and three other children in the house did not take it. There was no carbolic or other sheet used over the door, the disinfection of the patient in the way described being sufficient to prevent any of the poison escaping from her.

It is to be hoped that others will try this method of disinfection, as, if it is as effectual in all cases as I have found it in all so treated during the last six months, there is every reason to believe that the infection of scarlet fever may be arrested in every case.—J. Brendon Curgenvin, M. R. C. S., in *Br. Med. Jour.*

#### RELATIVE VALUE OF THE NEWER ANALGESICS.—

In the course of a lecture delivered in Cochin Hospital, Paris, Professor Dujardin-Beaumetz compared the new antithermic analgesics. The first rank is given to antipyrin, on account of its ready solubility, and the fact that it has little toxic power. He ridicules those who decry its use on the ground of its danger, asserting that there are few substances in the materia medica that may not be given in toxic doses, and that these same persons who object to the use of the newer drugs have no hesitation in using morphine and belladonna, which are, in reality, far more dangerous. The chief disadvantage of antipyrin is the scarlatiniform eruption which is often produced by the ingestion of large doses, especially in the case of young girls.

Close after antipyrin, and second only because of its insolubility, the lecturer places methyle-

tanilid, or exalgine, to which he devotes a careful description. It is more active than antipyrin, and does not produce an eruption. In ordinary cases, four grains, twice or three times daily, is a suitable dose, although, in rebellious cases, the quantity has been increased up to twenty grains a day. Owing to its insolubility in water the exalgine must be given in an alcoholic solution. The following is suggested by the author:

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| R.—Exalgine . . . . .         | 2.50 |
| Essence of peppermint . . .   | 10.  |
| Linden water . . . . .        | 120. |
| Syrup of orange flowers . . . | 30.  |

One teaspoonful (four grains) morning and night.

The remedy seems to relieve pain arising from whatever cause. The speaker had observed relief in three cases of cardialgia with anginous accessions, and Gaudiman had reported but three failures in thirty-two cases of neuralgia.

Phenacetin which is placed third on the list, being sparingly soluble, is proportionately non-toxic. It is best administered in capsules of seven and a half grains, once or twice daily, and is especially serviceable in the neuralgias of the hysterical.

Acetanilid should be placed last, according to this authority, not because it has less power, since that is not true, but on account of the alarming cyanosis which sometimes follows its use. This discoloration, however, is stated to be not particularly harmful, the remedy being exhibited sometimes for months without producing more than a passing bluish discoloration of the skin and mucous membrane.—*Therap. Gaz.*

THEINE IN NEURALGIA.—DR. J. K. Bauduy relates two cases of neuralgia treated successfully with the hypodermic injection of theine. The first patient was a lady suffering from sciatica, in whom all the usual measures, including galvanism, had been tried without avail. He injected  $\frac{1}{4}$  grain of Merck's theine, rapidly increasing the dose on successive days to  $\frac{1}{2}$  grain, with the effect of giving immediate and permanent relief. A relapse occurred in the other leg, which was cured by the injection of  $\frac{1}{2}$  grain. In another case the patient suffered from occipital and supra-orbital neuralgia, which was cured by the injection of theine into the arm. He says that no unpleasant effects were noticed from its employment.—*Weekly Med. Rev.*—*The Pract.*

THE CAUSE OF DEATH AFTER CHLOROFORM.—DR. LAUDER BRUNTON, who, as is well known, has been in India, studying the causes of death from the use of chloroform, has sent a dispatch to the *LANCET* in which he says that the results are most instructive, the danger from chloroform being asphyxia or overdose, and not due to the heart directly. These