

solution (1 in 40); a rubber drainage tube was inserted, and the edges of the wound were brought into perfect coaptation and held there by silk sutures; a Lister's dressing was then applied and the limb put up on a single inclined plane. Owing to the semi-anchylosed condition of the hip-joint and the shortness of the upper fragment, and also the very small size of the ends of the bones, I found great difficulty in getting the bones into proper position, and in keeping them there during the after treatment of the case. The operation which was a very difficult one, occupied three hours, and was performed under a spray of carbolic acid, and with strict antiseptic precautions. On the afternoon of the day after the operation, his temperature rose to 100°, and on the afternoon of the second day it stood at 102°. From this time it began to gradually decline until the 17th day of October, the fifth day after the operation, when it stood normal and remained so. On the 14th of October, I removed the blood-stained dressing under the spray; the wound looked well; there was no discharge from it. Owing to the close proximity of the edge of the splint to the wound, I found it impossible to dress it antiseptically without disturbing the parts; and to overcome this difficulty I removed the inclined plane and applied a Croft's splint to the anterior aspect of the limb, extending from the ankle to about two inches above the highest point of the crest of the ilium; and a thin narrow wooden splint, well padded, to its posterior aspect, extending from the tuber ischii to the ankle; and to doubly secure the bones in position, I applied over Croft's splint, one of malleable iron, 1 inch by $\frac{1}{2}$ of an inch, extending from a little below the knee to about three inches above the crest of the ilium, and shaped to fit the limb. These were held firmly in position by plaster of Paris bandage, a trap being left to dress the wound, and the whole was suspended in a Salter's swing.

On the 19th day of October, the eighth day after the operation, I again dressed the wound under the spray, and found union had taken place by first intention, except a small portion in the centre of the wound. There was a little discharge of pus from the opening, and it continued to discharge a little until about the middle of November following. On the 21st of November the splints were removed and firm bony union found to have taken

place. A spica of plaster of Paris was now put on and the patient allowed to go about the ward on crutches. On the 1st of January, the plaster bandage was taken off, and a Thomas' splint for hip-joint disease substituted for it. On the 16th of January he was discharged cured. The limb was about $3\frac{3}{4}$ inches shorter than its fellow. Patient objected to have any attempt made to restore motion in the knee joint. At the time of writing this article he is able to walk without crutches.

NOTES ON ACETANILIDE.*

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Acetanilide or antifebrin, although one of the latest additions to the list of antipyretics, can hardly be looked upon now as an untried remedy. The frequent references to it in the medical periodicals indicate that it has had extensive trial.

There have been of late so many new therapeutic agents, or new applications of those already in use, heralded forth as great gains in the treatment of disease, and which have, after a brief existence, been found wanting, and disappeared like meteors below the therapeutic horizon; that the great mass of the profession are prone to regard new remedies with some suspicion; hence my apology for relating, so limited, an experience with this remedy, is that we may be favored with the views of the members of this Society who may have tested its actions.

In August, 1886, Drs. Cahn and Hepp, of Prof Kussmaul's clinic, Strasburg, published in the *Centralblatt für Klinische Medicin* a resumé of what they had discovered as being the actions of acetanilide. The drug, which may be prepared by the application of heat to aniline acetate, had already in 1853 been produced by Gerhardt, by the action of aniline on acetylchloride, or anhydrous acetic acid. It is a white, scaly powder, resembling santonin; odorless, slightly pungent, insoluble in cold water, sparingly in hot, but readily in alcohol. It melts at 113° C. and distils unchanged at 292° C., is neither acid nor alkaline, and resists the majority of reagents. It belongs to the group phenylacetamides or acetanilides, wholly different from those

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