

that the previous night the marriage had been consummated, and that he did not anticipate further trouble, in which anticipation he was correct. On the 16th of October, 1875, I confined her of a fine healthy child.

In conclusion, I may say that Dr. Marion Simms has always been inclined to regard the affection as neuromatous. Dr. Alonza Clark, an able American pathologist, to whom Dr. Simms frequently referred the vaginismus hymen for examination, states however that he was never able to detect any enlarged nerve filaments running through it.

## Progress of Medical Science.

### LECTURES ON FEVERS.

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#### LECTURE VII.

#### TYPHOID FEVER (CONTINUED).—TREATMENT.

GENTLEMEN: We have already considered the antipyretic power of cold applications in the treatment of typhoid fever, and I will now call your attention to the antipyretic power of the sulphate of quinine.

When quinine is employed as an antipyretic, it must be given in large doses; the administration of two grains every two hours, or a larger quantity administered in divided doses within a period of twenty-four hours, will not act as an antipyretic; but thirty or forty grains must be administered within a period of two hours.

If the stomach is irritable, and you fear that a large dose will produce vomiting, ten grains may be given every half hour until the desired quantity has been administered.

Usually from four to six hours after the antipyretic dose has been taken, the fall in temperature will begin, and in about twelve hours it will reach its minimum height; then it will remain stationary from twelve to twenty-four hours. After the temperature has once been reduced by the quinine, its administration may be discontinued until the temperature shall again rise to 105° F. As a rule the temperature rarely ranges as high as before the quinine was administered.

This mode of administering quinine in antipyretic doses to fever patients rarely produces any symptoms of cinchonism, other than a transient deafness after the first dose. In a large number of cases the temperature can be kept below 103° F. by the sulphate of quinine; but in very severe cases it will be advisable, and sometimes it will be absolutely necessary, to

employ not only the quinine, but at the same time the cold baths. My rule is, after I have reduced the temperature to 101° F., or 102° F., by a cold bath, to administer an antipyretic dose of quinine, and thus delay the recurring rise of temperature. While the cold bath more rapidly reduces temperature, the effect of the quinine is more lasting; consequently, by making use of both of these reliable antipyretics during the first two weeks, you will be able to control the temperature during that time. After this period it is not safe to resort to cold baths; but when the temperature rises above 103° F., occasionally you may use the cold pack in connection with antipyretic doses of quinine.

If, during the third and fourth weeks, you fail to reduce the temperature by these means, administer during the twenty-four hours from ten to twenty grains of powdered digitalis—unless the pulse is very frequent and irregular—when its use is contraindicated. As an antipyretic, digitalis should be administered only when quinine is given. It seems to increase the antipyretic power of the quinine, but has little or no power when administered alone.

The use of all these antipyretic remedies must be persisted in until the desired end—the reduction of temperature—is accomplished: but the peculiarities of each patient must be studied, and these agents must be so administered as to suit each individual case.

You cannot trust to the judgment of nurses and attendants, but you must determine for yourself what are the requirements in each case.

The satisfactory results obtained by the systematic use of these remedies justifies their employment; but the exact rules which are to govern one in their use, as to manner and time, can only be determined by experience.

All careful observers are aware that great danger attends the prolonged high temperature, but it is still an unsettled question whether this danger is due to parenchymatous changes in the different organs, which some claim are the result of the high temperature, or to disturbance of the nerve centres from the same cause. Whatever may be the final settlement of the question, the beneficial results which follow the antipyretic treatment of fevers are generally admitted; and my advice to each one of you is, at the onset of your professional career to make yourself perfectly familiar with the use of these most important and reliable antipyretics.

If you can keep the temperature of your patient at about 103° F., during the first two weeks of the fever, you have accomplished the *first* and perhaps the most important thing in the treatment of this disease.

Towards the end of the second or during the third week, sometimes earlier, sometimes later, signs of failure of heart power begin to manifest themselves; the pulse becomes feeble