with strychnine will cure the affection, bromides being administered for a short period at first until the exciting cause is removed.

Antipyretics in Acute Disease. — Among the drugs most heedlessly used at the present day are those which have the property of reducing bodily temperature, such as aconite, antipyrin, and antifebrin.

These remedies are extremely powerful, and in some cases dangerous and even poisonous. In certain extreme or special cases it may be necessary to resort to extreme and special means for bringing down the body heat. These temperature-lowering drugs are, however, too readily resorted to. Pyrexia is a symptom of disease, not the cause or essence of disease. The temptation to use such drugs is great: there is the morbid condition of raised bodily temperature attested by the thermometer, and the means ready to hand which will reduce it,—a result also absolutely demonstrable by the thermometer. It is a case in which an appreciable effect can be obtained by the administration of a remedy, and an effect which is apparently beneficial. But there is another side to the question. You cannot turn these agents on to influence the heat-centres only. Most of the drugs which have a marked influence upon the temperature are cardiac depressants. Aconite has such a powerful effect upon the circulation that even a few doses of a single drop of the tincture will perceptibly lower the pulse; sometimes a small dose renders it feeble and irregular. Indeed, grave consequences follow its too free use. Most serious collapse has resulted from a dose of 3 grains of antifebrin. Antipyrin, in the full doses required to produce marked antipyretic effect, not unfrequently causes vomiting, and occassionally collapse.

Drug Treatment of Debility, Anæmia, and Rickets.—One of the most universal mistakes, although perhaps not one of the most serious, is that of relying largely or chiefly upon drugs in the treatment of these diseases of defective nutrition. Children are apt to be dosed with cod-liver oil and preparations of iron and phosphates indiscriminately, without regard to the condition of their digestive functions and their fitness for the reception of these materials at the moment.

Thus, a delicate child, with feeble appetite, is drenched with cod-liver oil and syrup of phosphates because it is, flabby, ill-nourished, and anæmic. The tongue is coated, the bowels confined. The child is perhaps, over-fed already by rich foods. The chief cause of the anæmia and defective nutrition and want of appetite is the disordered state of the functions of digestion, absorption, and fæcal excretion. A few doses of calomel, or grey powder, followed by a tonic, with some saline laxative and judicious feeding, will do far more to remedy the anæmia and debility than cod-liver oil and syrups of iron. These are excellent remedies in their proper place; but, in these conditions of disordered function, they do more harm than good. They intensify the digestive difficulty, and take away appetite. When the disorder is rectified they may find their place again.

This habit of giving syrup of phosphates, or cod-liver oil, or both indiscriminately, whenever a child looks pale, or seems languid or deficient in flesh, has spread from medical men to the mothers and nurses; so that these drugs have become almost regular articles of diet in many families, to the detriment rather than advantage of health.

In the case of rickets, again, far too much reliance is placed upon treatment by drugs. Rickets is a diet-disease, at any rate in the main. Milk or cream, raw-meat juice, sun-light, and fresh air are better medicines than any to be found in the Pharmacopœia.

Local Treatment of the Throat in Diphtheria.—The cruel and useless practice of swabbing out the throat with caustic applications in diphtheria of the fauces has died out; but this method of applying astrigents, such as perchloride of iron, or antiseptics and solvents, still survives.

The diphtheria wards in the hospitals affords exceptional opportunities for observing the effects of various methods of local treatment; and, from long observation, Dr. Cheadle has no hesitation in condemning as injurious the system of brushing out. And this for several reasons. In the first place, on account of the distress it causes to the patient. In the case of a young child it involves a severe struggle; sometimes the help of two or three persons is required to overcome the fierce resistance, and to open the mouth and reach the fauces. It causes terror, excitement, heart-strain, and physical exhaustion,—conditions most inimical in a disease tending to death by asthenia,—and the distressing process has to be repeated frequently if it is to be effectual. Moreover, apart from this matter of the wear and tear involved, the rough treatment of the fauces probably does harm by causing abrasions of the surface, and thus favoring absorption of the local poison. We know how readily fresh raw surfaces of all kinds take up poisons which come in contact with them. Witness, for example, the communication of scarlet fever in surgical operations, the absorption of morphine from a blistered surface. If the diphtherial poison is rendered more available for circulation by the application of solvents, the infective absorption is liable to be still greater.

Not only are the patients saved great distress, and doctors and nurses much trouble and anxiety, by the abandonment of the brushing-out process, but the results generally have been more satisfactory. Insufflation with iodoform or sulphur, or spraying with boric acid or corrosive sublimate