

proper articles of food provided. It is easy enough for the patient to avoid taking some articles of food, as sweets, pastry, puddings, potatoes, etc., but it not so easy in the case of bread. What he may take may be summed up as consisting of any kind of meat, fish, poultry and game, with eggs, butter, cheese, the various forms of green vegetable food, and a prepared substitute for bread. Milk should only be taken to a limited extent. Some authorities have recommended the free use of milk. But milk contains sugar, and milk-sugar behaves in the system exactly as any other form of sugar. I have found that where milk has been taken in large quantity, the sugar has been kept up in the urine; whilst when the quantity of milk was reduced, the state of the urine improved. Certainly it is a hardship for a patient to abstain from bread, and you want to make it as easy as possible for him, by substituting something else of a palatable nature for the article prepared from wheaten flour. I do not think bran, which is often used, is a good substitute, because it contains from 40 to 50 per cent. of carbohydrates and very little else that can be digested and applied. Gluten is better, but it contains a considerable amount of starch. If the gluten is good, it contains only from 30 to 33 per cent; but I have found some specimens containing 70 to 80 per cent. Perhaps there is no article of food better suited to the diabetic than the almond. There is nothing which seems to supply him better with what is wanted. The almond, rich as it is in nitrogenous material, rich as it is in oily material, is just the article of food to meet his requirements, and palatable products, as a substitute for bread, may be prepared from it.

Medicinal Treatment.—As far as my experience goes, nothing contributes so much to arrest the disease as opium, morphia, and codeia. It is difficult, of course, to say, when you are treating a case with one of these remedies in conjunction with diet, whether the good result you get is not solely the dieting. But my own experience is to the effect that my practice, ever since I have been giving these, has been much more satisfactory than it was before I gave them. Clearly these agents appear to exert some power in controlling the disease. It is my custom when I get a patient of forty-five to fifty years of age to put him at once on small doses of opium, morphia, or codeia, and gradually increase. The sugar in the urine diminishes and usually disappears. After a while I permit the patient to take a little bread—say, two ounces a day. If he takes this without a return of sugar I let him gradually increase the quantity until he takes four or six ounces per day. Then I say to him you had better let well alone and stop at this, knowing how readily harm may be done by going beyond what can be taken without occasioning the passage of sugar. As long as sugar does not exist in the urine there is nothing to interfere with a healthy state being maintained. The patient is, on all intents and purposes, in a natural condition as regards his general state. It

is only with the voidance of sugar that we get the symptoms of the disease and untoward results.—*Med. News.*

ANTIPYRIN IN RHEUMATISM; ITS VALUE AND MODE OF ACTION.

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During the last few months numerous writers in Germany and France have described the good effects of antipyrin in acute rheumatism. It has been said of it that it relieves the pain, and allays the fever as quickly as does the salicylate of soda, and that under its influence the cutaneous redness over the affected joints, and their swelling, gradually but soon disappears.

All of these statements I can confirm by my experience during the last four months in some twenty cases.

I have used antipyrin in acute cases, also in those that were subacute and in the acute exacerbations of those that were chronic. I noticed early that the greatest and most rapid improvement was obtained in cases in which there was a rise of temperature above the normal.

The first case in which I used antipyrin was one of chronic rheumatism in which there was, at the time, an acute exacerbation. The patient's stomach was so irritable that very little was retained by it. Enough of salicylic acid or of the salicylates could not be given to produce an impression on the disease. I therefore tried as an experiment a single dose of antipyrin, of twenty grains, at bed time. Soon after taking the medicine the pains, which were uniformly much more severe at night than during the day, were eased. The patient breaking into a profuse perspiration, fell asleep and passed the first restful night for some weeks. After a few days under this treatment her fever disappeared, and she was almost free from pain. When the fever was wholly wanting it was noticed that the antipyrin ceased to ease the pain that remained, and did not relieve the chronic stiffness and swelling of the joints. As often, however, as the temperature rose the antipyrin acted well. I have met with similar results in the treatment of three other cases of chronic rheumatism. No relief to the pain, swelling and other symptoms of inflammation was obtained in a case of gonorrhœal rheumatism, in which one ankle, one knee and the joints of the fingers were much swollen and exceedingly painful. There was in this case at the time no fever.

As an illustration of the action of antipyrin in acute cases, I will cite the history of a young man recently dismissed from Mercy Hospital, apparently cured. He had been sick with a sharply