

3. Swab the nose and throat with epinephrin.
4. Fifteen minutes later swab with argyrol, 10 per cent.

This procedure will probably be rejected by the busy practitioner or objected to by the patient. In my opinion it is the failure to treat the local infection in acute influenza that has resulted in the frequent complications and sequelae producing chronic infection.

The evidence in favor of chronic invasion in influenza is so conclusive that we must cease to underestimate the malign effect of this disease on the public health and take radical measures to effect complete recoveries in patients suffering from acute "grip."

Hydrotherapy is of inestimable value in all cases of chronic influenza, acting as tonic, stimulant, eliminant and by enhancing phagocytosis. The observation of Winternitz<sup>5</sup> confirmed by Alois Strasser<sup>6</sup> in health and disease that, "after all thermic and mechanical procedures acting on the whole surface, as in cold sheet baths, plunges, half baths, all kind of douches, hot-air baths followed by cold procedures, Scotch douches, and cold full baths, there is an increase in the red blood-corpuscle count." "The leukocytes almost without exception also increased, as did the hemoglobin." Strasser<sup>7</sup> formulates the results of observations to determine the effect of hydratic procedures on elimination and assimilation as follows:

"Hydratic procedures constantly increase the assimilation of nitrogen, the increase differing in intensity in different individuals; a diminution of body albumin does not necessarily occur if the nutrition is sufficient, but on the contrary even during the procedure albumin may be added." "Reaction does not seem, in the majority of cases, after a duration of three days' treatment, to exceed the effect of stimulation." "Nevertheless a larger number of clinical observations have established the fact indubitably that *assimilation is decidedly and enduringly enhanced by water treatment provided, the latter is sufficiently prolonged.*"

I believe that we have in hydrotherapeutic measures a valuable agent in the treatment of chronic influenza, provided as much care be taken in prescribing the temperature, pressure and duration of baths of any kind as is taken with the minute instructions to the patient for medicinal agents.

Patients with prolonged indisposition and great depression accompanied by persistent cough, excretion of Pfeiffer's bacillus and irregular recurrence of fever with exacerbation of acute attacks, should be recommended to a climate which shows slight changes in extreme alterations of high and low temperature and barometric pressure and where relatively clear and sunny days predominate. Tropical or subtropical climates are bad for influenza by lowering resistance and increasing local congestion.

#### EXTENSIVE DERMATITIS MEDICAMENTOSA, FOLLOWING THE USE OF MIDOL (PYRAMIDON)

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A note on the entrance of pyramidon in the "patent medicine" field, under the name of Midol, recalled to my mind the following interesting case, on file among my records:

The patient, a man aged 52, with a tabes dorsalis of fifteen years' duration and a marked accentuation of the lightning-like pains, had been taking acetanilid for several years. He

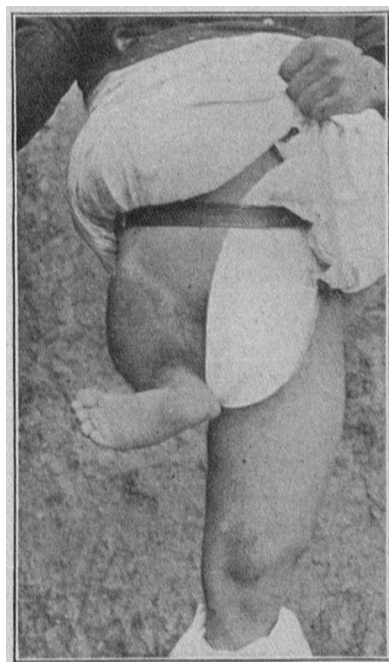
claims to have taken at times as much as 40 grains in the twenty-four hours. He has also occasionally taken morphin, but finds that acetanilid gives him more relief. For some weeks there occurred a considerable amelioration in the pains, during which time all medication was discontinued. Several weeks later and about a week before the case came under observation, the pains recurred with increased severity. After taking one or two doses of acetanilid with little or no relief, he began taking Midol in full doses for four days, at the end of which time he began to have considerable pruritus and irritation back of the ears and on the neck, which within a few hours involved the trunk. The itching was very severe, the patient's sleep being disturbed. This condition progressively increased, until when seen three days after the onset of the trouble, he presented a severe dermatitis medicamentosa. The lower lip was enormously swollen and edematous, rendering speech difficult. There was an extensive erythematopapular eruption on the face, chest and back; the papules were very large. There were also several very itchy wheals, some of which were over an inch in diameter. The patient complained of an intense pruritus of the scalp, but nothing other than scratch-marks could be seen. The skin was markedly hyperesthetic. A large number of purpuric spots were observed on the anterior aspect of the legs and feet. I immediately forbade further use of the Midol, and prescribed an alkaline, laxative mixture. For external use the patient was given a lotion of magnesia and zinc, with some ichthyol. Within three days the eruption cleared up entirely, only the purpuric spots remaining, but these eventually disappeared after a few weeks. This case proves that pyramidon can as easily cause a drug eruption as the other better-known coal-tar derivatives.

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#### CONGENITAL DEFECT IN AN ARMENIAN

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The subject of the accompanying photograph is a strong young Armenian lad of 19 years. He is one of a family of five, two members of which were twins who died in infancy; the others are alive and well. There is no history of con-



Congenital deformity in an Armenian.

sanguinity or physical defect as far back as the grandparents; the earlier family history is not known. I have known the patient for one year; he is in regular attendance at school, and seems to be in exceptionally good health.

5. Winternitz: Bl. f. klin. Hydrotherapie, February, 1893.

6. Strasser, Alois: Bl. f. klin. Hydrotherapie, November, 1893.

7. Strasser: Hydrotherapie, Baruch.

1. THE JOURNAL A. M. A., August 10, p. 461.