from an institution in South-East London. These patients were in an early stage of measles, but enteritis was already present in all three instances. It is interesting to note that another case, previously admitted from the same institution, was also found to be suffering from enteritis, though no definite evidence of measles could be found in this patient. It is therefore possible that in this small group the enteritis was a precursor and not a complication of measles.

As might be expected, the best results were obtained in the earlier stages of the disease. In the later stages a few cases showed some very encouraging results, so that the treatment is not devoid of value even after some days have elapsed before the case comes under observation. Infants and very young subjects furnished the largest number of cases which derived no apparent benefit from treatment, and we have had under consideration the question of the advisability of increasing the dosage in these cases.

Conclusions.

1. Amidopyrin is a valuable adjuvant in the treatment of measles.
2. Its action is chiefly antipyretic, but it appears to exercise some influence on the other symptoms of the disease.
3. Its value is greatest when given in the earlier stages, and in some instances it appears to modify the attack, but even in the later stages its use may be followed by good results.
4. From the results in our series of cases we are not yet in a position to give a definite pronouncement on the claim, made by certain writers, that the drug is a "specific" for measles.
5. The treatment is comparatively inexpensive, and very simple in its method of administration. In the dosage used by us it seems to be devoid of deleterious effects.
6. The use of amidopyrin merits further investigation over an extended series of cases.

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AMIDOPYRIN IN THE TREATMENT OF MEASLES.

BY

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THE favourable reports in the *British Medical Journal* on the use of amidopyrin in measles decided me that it must be tried in an epidemic which happened to be going on at the time. It was a good opportunity for a test, seeing that all the patients were of one type and were nursed in similar circumstances. The epidemic, too, was half over, and the comparison between treated and untreated cases was made easy. This seems important, seeing that the severity of different epidemics varies within wide limits.

The patients were all boys at school, from 12½ to 16½ years of age. Each was nursed in a separate room with nurses who kept regular charts. The disease was of a mild type, and the weather was warm and sunny. Partly on this account probably, and partly because the general health was good, with an almost complete absence of catarrhal affections in the community, complications were few and convalescence was rapid. In all, 120 patients were treated on ordinary lines, and nine were given amidopyrin (pyramidon).

Cases Treated on Ordinary Lines.

The course of the disease in these 120 cases was similar in all during the prodromal stage. None felt particularly ill, and almost all wanted to eat light solids. The respiratory symptoms were slight in comparison with most epidemics. There was remarkably little cough and hoarseness. The temperature rose to its height as the eruption appeared, and then fell abruptly to normal, the whole period of real discomfort lasting, as a rule, only twenty-four hours. Most patients were able to get up in a week,

and to go away for sick leave in a fortnight after the rash appeared. In only four cases were there any marked signs of bronchial catarrh. Many had transient redness of the tympanic membrane, often without any pain or other symptoms referred to the ear. Two had definite otitis, needing myringotomy on both sides. Both were healed within ten days.

In this group the severity of the disease varied within wide limits. One boy, for example, reported sick only because of the rash on his face. He never felt ill. The rash was scanty, the temperature was 100.4° F. when he reported sick and was normal next day. At the opposite extreme was a boy who felt quite ill and reported sick four days before the rash appeared. Koplik's spots were present on the first day, three days before the rash. The rash and the injection of the palate were intense, and signs of broncho-pneumonia appeared two days after the eruption was at its height. Both tympanic membranes became congested, but resolved without myringotomy. The temperature was 104° at its highest, and it did not settle to normal for thirteen days. The average total duration of the fever was 4.07 days, and the average greatest height was 103.5°.

Cases Treated with Amidopyrin.

These nine patients each received 5 grains every four hours, beginning during the prodromal stage in three cases, and at the beginning of the eruption in six cases. The course of the disease was altogether different. The rash appeared more slowly, taking thirty-six to forty-eight hours to reach its height. The temperature rose as high as usual, but fell gradually and not abruptly, and the period of real discomfort was lengthened. This discomfort was increased in most cases by frequent vomiting. Complications were not prevented, for two patients had extensive bronchial catarrh and one of these had double otitis in addition, necessitating myringotomy on one side. Two had stomatitis and laryngitis so severe as to make feeding a trial and phonation impossible, complications unseen in the group treated on ordinary lines. The average total duration of the fever was 6.9 days, and the average greatest height was 103.5°.

There could be no doubt that these nine cases were more uncomfortable and did less well than the others, and this fact was so obvious to both doctors and nurses that it seemed unjustifiable to continue the administration of amidopyrin.

Summary.

During a school epidemic of measles, nine patients were treated with amidopyrin and 120 on ordinary lines.

The patients treated with amidopyrin were more uncomfortable than the others, their rashes took longer to mature, their fever was more prolonged, and the percentage of complications was higher.

TREATMENT OF VARICOSE ULCERS.*

BY

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By way of introduction I would stress some general considerations before proceeding to the details of treatment and the results to be expected. These are the prevalence of varicose ulcer, apathy of the medical profession with regard to it, the economic aspect, intractability of the disease, and its etiology.

The prevalence of varicose ulcer is not fully appreciated because a very large number of sufferers seldom see a doctor. The reason for this is that both patient and doctor grow tired of ineffectual treatment and avoid each other. The patient either uses well-advertised remedies or is dealt with by the out-patient or district nurse. The cases will come out of hiding in large numbers if they are encouraged; as witness of this, I have treated and cured upwards of three hundred cases of indolent leg ulcer during the last two years.

* A paper read at a meeting of the Section of Surgery at the Annual Meeting of the British Medical Association, Winnipeg, 1930.