

## Progress of Medical Science.

### THE NEW REMEDIES IN FEVER.

benefit in scarlet fever, both baths and large doses of quinine, with the happiest result in ordinary cases, as well as in the dyptheritic condition of the throat, where the fauces were in a highly inflamed and irritable condition with a very foetid smell. I was highly gratified in the few cases I saw, to observe the inflamed appearance disappear when the temperature of the body was reduced. The secretion increased in quantity, and became more healthy. I have no doubt that had the high temperature been allowed to continue, a true anginose variety would have been developed, that is sloughing would have ensued. I make this observation in support of the belief that an excessive reaction is often the cause of spreading gangrene. Another cause is depression of the vital powers, from want of constitution, excessive hemorrhage, or shock, in which case the patient dies without rallying. An additional shock could not benefit these cases. I think that, in view of the very great mortality after amputations for railway injuries, probably owing to the additional shock of amputation, that since we have no authentic cases reported in books of surgery illustrating an opposite course of treatment, to the one generally recommended and practised, we are justified in exercising individual judgment in certain cases, as to whether it is advisable to amputate, or to leave the case to nature, with the adoption of such measures as will tend to obviate contamination of the system, by the decomposition of dead parts.

I desire a free expression of the members of the Society on this important matter, in order that no individual blame might rest upon the shoulders of any one who might choose to depart from the usual course of practice, if reason points it out him, as his duty between himself and his patient.

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**A NEW MUCILAGE.**—The *Journal de Pharmacie* states that if to a strong solution of gum arabic, measuring  $8\frac{1}{2}$  fluid ounces, a solution of 30 grains of sulphate of aluminum dissolved in two-thirds of an ounce of water be added, a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.

In this connection "Monad" would say, that in dispensing he finds that the salicylic acid deposits in a short time from a mixture of alcohol and water, unless the former be in excess of that allowed by the necessities of the case; but when the acid is dissolved in *Liquor Ammoniac Acetatis*, the solution remains perfect and its medical virtues unimpaired.

—*Canada Pharmaceutic Journal*.

Salicylic acid and salicylate of soda are at present attracting much attention in Germany for their property of reducing the temperature in febrile affections. We have already mentioned (see the preceding article) the researches of Frübinger, Mvli, and Wolffberg on this subject, and we propose in the present article to put our readers in possession of further observations, both clinical and experimental, which have recently been published. In the first place, as it was hoped that salicylic acid might become a cheap substitute for quinine in intermittent fever, it has been tried by several observers in that disease, but unfortunately, with only limited success. Dr. Arnold Hiller, of Berlin gave it to twelve soldiers, of whom six had ague for the first time, and six were suffering from relapses, and he found that though it really exerted some curative action, yet that ten times as much salicylic acid must be given in ague to produce the same effect as quinine; that this action is only exerted on mild forms and those which are treated early, and is scarcely preceptible even in proportionately large doses in severe cases, or in those which have relapsed; that its action is not only weaker than that of quinine, but much less persistent; and lastly, that relapses occur earlier and more frequently than is the case with quinine. Dr. L. Riess also found, that, while some cases in which he tried it were cured at once, others required repeated doses to produce an effect, while in the remainder it was necessary to give quinine before the disease could be subdued. Somewhat similar results were obtained in the out-patient department of the Augusta Hospital at Berlin, under Professor Senator, so that, as far as we can at present judge, salicylic acid is scarcely likely to compete with quinine in intermittent fever, more especially as in the large doses required it is, as Dr. Hiller proves, more expensive than the latter.

With regard to typhoid fever a considerable number of observations have been made, and especially by Riess (*loc. cit.*), who gave the acid in the neutralized form, as salicylate of soda, in as many as 260 cases. Whenever the temperature rose above  $39^{\circ}\text{C}$ ., five grammes of acid were given in one dose in a solution of carbonate of soda. Sometimes the first dose acted only slightly, but the effect was always distinctly marked in the later doses. In cases of moderate severity only one dose was generally necessary in the twenty-four hours, and from the middle or end of the second week only every thirty-six or forty-eight hours. From the third week onwards, the temperature seldom rose above,  $38^{\circ}$ , so that, on the average, eight or ten doses in all