

1. In relieving pain and lessening fever in acute rheumatism the salicylic treatment is most undoubtedly the most effective we know of. 2. The salicylates do not prevent the rare complications of hyperpyrexia, and are absolutely useless in its treatment. 3. It is doubtful if they prevent endocardial or pericardial troubles, the percentage remaining about the same (50 per cent.) since the salicylic treatment as before. They seem to have no influence in curing these troubles when they do occur. 4. There is no proof that the salicylates prevent relapse. 5. It is not proved that the salicylates lessen the duration of the disease, or that they prevent anæmia. With regard to the particular form of the remedy, most writers recommend (and Dr. McColl agrees with them) salicylate of soda in twenty-grain doses, at first every hour for three or four hours according to circumstances. It should be continued in diminished doses for at least eight or ten days after all pain and pyrexia have gone, and in most cases should be followed by iron. Salicylic acid, salicin and salol might be tried in exceptional cases where the soda salt was not well borne. In young children antipyrin might be substituted with advantage. In convalescence, Sir A. Garrod's alkaline mixture, followed by iron, is advised; and, if any joint remained stiff or swollen, blistering or painting with iodine is useful.

SALOLIN DYSENTERY.—Dr. R. B. McCall writes to the *Medical Brief* that in treating a case of dysentery in a child five years old he tried the methods of treatment which an experience of fifteen years had made familiar; but, as the boy continued to grow worse, he resolved to try salol, which he administered in two-grain doses every three hours. In speaking of the marked and rapid improvement which followed, he says: "In all my experience I never saw the efficiency of a medicine so unmistakably portrayed by characteristic results—the effects following close in the wake of the cause. Dose for first two days was two grains every three hours, increased to three grains, and continued at that as the maximum for three days longer; after which it was given for five days longer in diminishing quantities until left off.

"In about ten days nearly 200 grains were taken, by a child five years old and that without the least sign of oppression, disturbance of any

kind, of stomach, heart, or kidneys, or of brain or mind. I believe salol is perfectly safe to be used in suitable doses at any age, and am persuaded from the above case and from a little experience in summer diarrhœas, wherein its influence was unquestionably kind and effective, that it is destined to be a valuable agent."

SIMPLE CHANCRES INDURATED BY CONTACT OF URINE.—Professor Fournier presented (*Jour. of Cut. and Genito-urinary Diseases*) a patient showing several chancres of the prepuce which have the objective aspect of simple chancres, but which to the touch are indurated; beneath them is felt a veritable indurated nodule. In the groins there is no adenopathy, and inoculation upon the arm had a positive result. The induration which accompanies the sores is of an irritative origin; in fact, the patient urinates upon the lesions and bathes them in the urine, which he considers an excellent remedy. Fournier insists upon the practical importance of these cases. The simple chancre is often indurated, and this induration alone cannot be considered as demonstrative of the existence of syphilis. The agents of this induration are multiple, and embrace all sources of irritation, such as dirty dressings, excessive cautery, but especially constant contact with urine.

INFANTILE CONVULSIONS.—Mr. Valentine Knaggs (*Med. & Surg. Rep.*) advises the use of calcium sulphide in small and repeated doses, as a remedy for infantile convulsions and other nervous diseases. He has observed the best results in convulsions from dentition, falls on the head, meningitis, and acute tuberculosis. For infants under six months of age, Dr. Ringer's prescription is recommended. It is prepared by dissolving a grain of sulphide of calcium in a half a pint of water, of which a teaspoonful is given hourly, the dose being cautiously increased if need be. Dr. Knaggs has found it advantageous to combine this treatment with the administration of antipyrine.

SALICYLIC ACID IN THE TREATMENT OF SCARLATINA.—A writer in the *Rev. des Malad. de l'enfance* says he has administered the above drug in one hundred and twenty-five cases of scarlet fever of a severe type in children, with the happy result of a reduction of the mortality to 3½%. His method has been to give doses proportionate to the