

BICYCLE "CAVEATS."

There is an evil in the prevalent bicycle craze, which we have not seen mentioned, but is suggested by the observation that in certain cases the power of walking has been seriously impaired. The muscles specially exercised in supporting the weight of the body in walking, are neglected, relatively, by those who put great tours of duty on the other leg muscles in propelling the bicycle. Neglected muscles become weakened and atrophied. Hence, some of those who have substituted extensive bicycle-riding for natural locomotion, are beginning to find that they cannot walk a mile without undue fatigue; and others will probably find it so in time. Whatever benefit may be derived from devotion to any one mode of exercise, will surely be paid for at the expense of other interests of the system, and will thus impair the balance that is necessary for full health and prolonged life.

With respect to the female sex, especially in childhood and youth, there is another danger in the bicycle—the same as in the riding astride of a horse, only aggravated—which is of so delicate a nature that one hesitates to allude to it, although some of our medical contemporaries have very plainly and emphatically denounced it. It certainly behooves the family physician to consider it seriously, and to put parents of daughters on the alert against the unavoidable attrition of organs unnecessary to name, from which the most lamentable physical and moral consequences are liable to result. There seems to be no possibility of adapting a bicycle saddle to avert the objectionable contact. *The inexperienced simplicity which will treat this warning with contempt is one of the most enviable of negative endowments personally; but professionally, it would be a deficiency both disqualifying and inconceivable.—The Sanitary Era.*

CONTRA-INDICATIONS OF SALICYLIC TREATMENT IN ACUTE RHEUMATISM.—Jaccoud (*Sem. Med.*) holds that the beneficial action of salicylate of soda in acute rheumatism is confined to the joint affection, and has no effect on the visceral complications. He never prescribes it where there is endocarditis; in pulmonary complications it increases the dyspnoea, promotes the appearance of albuminuria, and when there is headache, delirium, or other cerebral phenomena, might entail the patient's death. In the more common form of rheumatism in which the visceral complications are of moderate intensity and do not show till the second week, it is not unusual to meet with a sort of alteration in the severity of the arthritis and the cardiac or pleuro-pneumonic affection. Salicylate of soda, he believes, in relieving one aggravates the other, and to a proportionate extent. He quotes statistics of Donald Hood, S. Coupland, G. Smith and Bodt, to show that visceral complications are more common in cases treated by salicylates of soda than in others, and concludes it ought never to be given when such complications exist.

PERITONITIS IN TYPHOID FEVER.—Dieulafoy (*Sem. Med.*) discusses the varieties of peritonitis in typhoid fever in relation to operative interference. Peritonitis due to perforation usually supervenes at the period of stasis or during recurrence of typhoid fever, and any part of the intestine involved in the typhoid process may be its seat. It is met with in mild as well as in severe cases, and the diagnosis would be a matter of great difficulty but for a constant and often solitary sign, namely, sudden fall of temperature. In three cases of intestinal perforation the temperature fell below 35° C. It would be a mistake to suppose that all such falls in temperature indicate perforation. In many cases the defervescence is as