

THE

Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D.,
R. ZIMMERMAN, M.D., L.R.C.P., Lond., } Consulting Editors.

A. H. WRIGHT, B.A., M.B., M.R.C.S., Eng., } Editors.
I. H. CAMERON, M.B., }

SUBSCRIPTION, \$3 PER ANNUM.

All literary communications and Exchanges should be addressed to Dr. CAMERON, 273 Sherbourne St.; or, Dr. WRIGHT, 312 Jarvis St.

All business communications and remittances should be addressed to HART & COMPANY, Publishers, 31 and 33 King Street, Toronto.

TORONTO, MAY, 1882.

Original Communications.

NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S., ENG.
(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLATE OF SODA.

At the discussion of this interesting subject at the meeting of the Medical Society of London, held on the 16th January, 1882, papers were read by Dr. Douglas Powell, Dr. Gilbert Smith, and Dr. Broadbent.

Dr. Douglas Powell had treated 32 cases in his ward at the Middlesex Hospital since January, 1881, and of these 15 had primary rheumatism, and in 17 cases the patients had suffered one or more previous attacks. Of the 15 primary cases there were previous heart complications in 7 out of the 15 admitted with primary rheumatism, and in 12 out of 17 admitted with second or third attacks. Statistics of relapses depend upon what is meant by a true relapse, and figures brought forward show that although the salicyl compounds are more immediately efficacious in neutralizing the activity of the rheumatic poison, yet they do not eradicate it, or influence the process of its manufacture as do other drugs, and especially perhaps the alkalis. Of his 32 cases, in only 7 instances could he regard the disease as having subsided by the 5th day, these cases being retained in hospital 19, 45 (relapse 10th day), 21, 14, 16, 17, and 17 days (slight relapse of pain) respectively, and giving two cases of relapse. But even in these cases by "subsi-

dence" of active symptoms, he does not infer cessation of the disease. The mean period of convalescence was the 15th day for the men, and the 12th day for the women, the total relapses in 32 cases being six.

Joint inflammation and pyrexia do not include the essential features of acute rheumatism, any more than pyrexia and diarrhoea do those of enteric fever. Under whatever plan adopted the disease still exists so long as the tongue remains coated, and the secretions disordered; then will relapse follow upon any exposure, exercise, or improved diet. The successful treatment of rheumatism is one of many details, and the danger of accepting abatement of pain and fever as evidence of the termination of the disease lies in this, that precautions are relaxed both on the part of the patient and his attendants.

As regards heart complications Dr. Douglas Powell's impressions of the salicyl treatment are favourable. Hyperpyrexia he has met with but twice, and that in private practice. In the first case, that of a lady with aortic disease of an old date, it was a second attack and mild. The pains and temperature rapidly subsided under twenty grain doses of salicylate of soda, administered every four hours; but whilst the patient was still deafened from the drug the temperature rapidly rose, and she died suddenly when it reached 107°, before a bath could be prepared. In the second case hyperpyrexia set in with delirium proceeding to complete insensibility, whilst the patient was taking the salicylate of soda in twenty grain doses. He saw the case when the temperature was 107°, and before a bath could be prepared it had risen nearly to 108°. By the addition