A CLINICAL STUDY OF RHEUMATISM.

In the daily clinic at the University of Louisville it has fallen to my lot to prescribe for a great many rheumatic cases, and they have been especially numerous during the last two years. This paper is meant to call attention to some therapeutic points, and therefore, I will not allude to the symptoms and signs, or duration, etc., of rheumatism, but simply call attention to the effects produced by the use of different drugs. In the acute form no other drug has given such satisfaction as is generally obtained with salicylic acid.

In the sub-acute variety, salol often acts nicely; while, again, a combination of salicylate of sodium and acetate of potassium succeeds where the salol has seemed to fail. Generally, up to a month or so ago, I have used the salol in too small doses, and since larger ones have been used, the results

have been better.

In chronic rheumatism, and in those migratory pains hard to classify, I have been watching the effects of the individual member of the mixture; first alone, then in pairs, and lastly, the combination which is given below.

By the assistance of Mr. Samuel Meyer, the efficient druggist of the University Dispensary, the mixture has been relieved of its most disagreeable taste, and its powers really improved. The prescription is as follows:

R.—Sodii salicylatis,
Potassii iodidi,
Potassii acetatis,
Ext. cascara sagrada, fl.,
Glycerini,
Aquæ cinnamomi,
Aquæ menthæ pip. q. s.,
ad 3 oz.

M. ft. sol. Sig.—Teaspoonful every four hours.

It has been a clinical observation with me that the majority of chronic rheumatics are likewise the subjects of chronic constipation. Giving but a moment's thought to the subject, one must see the advantage of this combination. The antirheumatic and general alterative powers of the three first ingredients are so well known that it would be wasted time to speak of them individually, but it has seemed by combining them we obtain more than four times the effect that we generally obtain from any one of them by itself.

Now, with reference to the chronic constipation, in glycerine and cascara we have a combination producing very pleasant, gentle, but usually sufficient laxative effects. It has been our custom to vary the amount of cascara according to the needs of the case. If the bowels should be very obstinate, increase the amount of the cascara, while if, on the other hand, they acted with little assistance, we diminished the quantity.

A short report of one case will illustrate the subject for us:

One of the class at present attending the University, consulted me some two weeks ago. He complained of chronic rheumatism, and incidently remarked, "I have been practicing medicine for fifteen years, and in the last month, or six weeks, I have tried many things to relieve my trouble, but they all failed."

In a general way, he stated that he took salicylic acid until he used up three hundred grains salicin and salicylate of sodium each until he had consumed a hundred grains. Becoming anxious he consulted me. He was put upon this mixture, and in forty-eight hours began to feel benefit from it, and now, at the end of two weeks, he is confident that a little longer use of it will relieve him entirely.

To those laboring with any chronic rheumatism I would urge a trial of this anti-rheumatic mixture, believing it will serve them well.—Ewing Marshall, M.D., in the *Practitioner and News*.

MEDICAL NOTES.

The following preparation is said to be excellent for chapped hands, lips, etc. Dissolve boric acid, one part, in glycerin, twenty-four parts. Add to this solution lanolin, five parts, free from water, and vaseline, seventy parts. The preparation may be colored and perfumed.

A very successful injection in gonorrhæa is said to be obtainable by adding a one per cent. solution of creasote in decoction of hamamelis, combined with boric acid. It is claimed that this mixture will destroy the gonococci in two hours.

For ozæna, Cozzolini (Prov. Med. Jour. Aug., 1890) recommends the following powder for insufflation:

R.—Salol, .					3 ij.
Acid. boric., .					3 j.
Acid. salicylic.,	•		•		gr. xij.
Thymol, Talc pulv.,		•		٠	gr. v. gr. ijiM.

Dr. C.M. Fenn, of San Diego, California, writes as follows to the University Medical Magazine, August, 1890, in regard to the employment of bisulphite of soda in tonsillitis and coryza: I can testify to the prompt effect of bisulphite of soda in aborting many cases of tonsillitis and coryza, not only from personal experience, but also from the observation and treatment of others. At the first onset of an attack, recognized by rapid enlargement of the tonsil and difficulty of deglutition, I prescribed a saturated solution of the salt (the English preparation is to be preferred), and endeavor to saturate the patient therewith as soop