

overrated. We say this advisedly, for, unless we are too sanguine, several great advantages may in some cases result from smoking medicated cigarettes. "Drug Smoking" may secure the speedy and successful action of medicine in cases in which its ordinary mode of administration has proved a failure. In asthma we may look forward to very good results from the smoking from certain drugs; for hitherto chloroform, stramonium, and the datura satula have been almost the only drugs the inhalation of which has been generally employed in this disease. Even the fact of it furnishing a means of giving drugs in a convenient and agreeable form is a strong recommendation for drug-smoking. How many patients there are who would prefer smoking a cigarette to drinking a nauseous mixture or swallowing a bulky pill! Besides, as Dr. Thompson says, the few vapours that are on the list of the British Pharmacopœia are of modern date, and there is a total omission of any means for the pulmonary introduction of drugs by smoking. We, therefore, hope that Dr. Thompson and other observers will continue their investigations into this method of administering drugs, for it aims at making some of our standard medicines both more powerful, more efficacious, and more palatable, than they are at present.—*Dub. Med. Press, May 7, 1879.*

PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.

By JAMES L. TYSON, M.D.

This alkaloid (trimethylamine C_3H_7N) has long been employed in Continental Europe, and enjoyed a high reputation for every form of rheumatism, but I am not aware of its very extended use in this country. Professor Bartholow speaks of it, in his *Materia Medica and Therapeutics*, as moderating the fever and joint-pain, and "very decidedly shortening the duration of the disease;" and Dr. Gaston, in the *Indiana Journal of Medicine*, extols it as a prompt and efficient remedy in all uncomplicated cases, "subduing pain and soreness in from twenty-four to forty-eight hours." That its efficiency in the treatment of acute articular rheumatism has not been overestimated will scarcely admit of a doubt, in view of results where I have recently employed it. More extended observation and repeated trial, I am inclined to believe, will fully justify the merits ascribed to and the encomiums awarded it in this complaint, and would commend it to the earnest consideration of those whose prejudices excludes salicin and its compounds from their *materia armamentaria*. An important prerequisite is, that the alkaloid and its chloride be *pure*, which is not always the case. The best which I have seen were from the laboratory of the Messrs. Nichols & Co., of Boston, and that of the Messrs. Rosengarten, of Philadelphia, both being perfectly reliable preparations.

It would appear to be a settled conviction in

the minds of some medical authors, for the past thirty years, and even of the present day,—men whose authority on many medical topics is unquestioned and unquestionable,—and enunciated as an aphorism with singular unanimity from which there was no appeal, that this distressing and painful affection *must run its course, will yield to no treatment but palliative, and cannot be "stopped."* If one cultivates the impression that this malady is beyond his control, that its arrest is impossible, would it not be well to cease his visits to a patient laboring under it, for the latter's benefit? Facts may resolve and dispel this enigmatical fatuity. I would record my unqualified dissent from such oracular teaching, with the explicit declaration that it can be and has been "cut short" time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium or vinous tincture of colchicum, separately or in combination. Under this treatment, patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with where these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperæsthenia, and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded. Such instances have happened in my own practice, two of which I refer to more particularly as exemplifying the advantages we possess in propylamine. The patients were females, between 20 and 30 years of age, and each was attacked, at different periods of time, with pain and swelling of the wrists, and in one the phalangeal and metacarpal articulations were swollen and sensitive. From thence the pain radiated to the elbows, the shoulders, the sterno-clavicular articulations, the chest walls, involving the intercostals (pleurodynia), causing considerable dyspnoea, wandering to the hips, sacrum, femoral fasciæ, knees, ankles, and feet, including the aponeurotic expansion on the sole and dorsum of each foot. The fever was intense, the pulse ranging from eighty-five to ninety, accompanied by redness and swelling in all the parts implicated, with a hot, moist, perspirable skin. This was very nearly the condition of each. Finding that neither could tolerate any preparation of salicin or of colchicum, I resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid rendering it objectionable to some; the latter being equally potential in this complaint, its slightly