

public good will be seen to require, with regard to every serious infectious disease which is apt to become epidemic, that the principles which ought to be accepted in a really practical sense, and to be embodied in effective law, are somewhat as follows: (1) that each case of such disease is a public danger, against which the public, as represented by its local sanitary authorities, is entitled to be warned by proper information; (2) that every man who in his own person, or in that of any one under his charge, is the subject of such disease, or is in control of circumstances relating to it, is, in common duty towards his neighbours, bound to take every care which he can against the spreading of the infection; that, so far as he would not of his own accord do this duty, his neighbours ought to have ample and ready means of compelling him; and that he should be responsible for giving to the local sanitary authority proper notification of his case, in order that the authority may, as far as needful, satisfy itself as to the sufficiency of his precautions; (3) that so far as he may from ignorance not understand the scope of his precautionary duties, or may from poverty or other circumstances be unable to fulfil them, the common interest is to give him liberally out of the common stock such guidance and such effectual help as may be wanting; (4) that so far as he is voluntarily in default of his duty, he should not only be punishable by penalty as for an act of nuisance, but should be liable to pay pecuniary damages for whatever harm he occasions to others; (5) that the various commercial undertakings which in certain contingencies may be specially instrumental in the spreading of infection—water companies, dairies, laundries, boarding-schools, lodging-houses, inns, etc., should respectively be subject to special rule and visitation in regard of the special dangers which they may occasion; and that the persons in authority in them should be held to strict account for whatever injury may be caused through neglect of rule; (6) that every local sanitary authority should always have at command, for the use of its district, such hospital accommodation for the sick, such means for their conveyance, such mortuary, such disinfection establishment, and generally such planned arrangements and skilled service as may, in case of need, suffice for all probable requirements of the district.—*J. Simon, in British Medical Journal.*

SUDDEN DEATH IN ACUTE RHEUMATISM.

The question raised at the last meeting of the Clinical Society by Dr. Goodhart is one of great practical importance and deserves serious consideration. He related a case of acute rheumatism of moderately severe type in a previously healthy young woman, where sudden death occurred whilst under treatment by salicylic acid. Setting aside the hypothesis that the case was one of septic poisoning and not of rheumatism, for which there seems to be no evidence either clinical or *post-mortem*, or that death was due to pulmonary embolism, sufficiently disproved by Dr. Goodhart, three alternatives were presented to the meeting. These were, that death was due to impairment of the muscular wall of the heart, or to the toxic effect of salicylic acid, or to the rheumatic poison itself. It is true that there was pericarditis to a slight degree, but careful scrutiny failed to reveal a sufficient amount of change in the myocardium to account for death from this cause. Dr. Green did well to draw attention to the fact that the existence of a contracted ventricle does not imply absence of marked degeneration, owing to the effect of cadaveric rigidity; but Dr. Goodhart did not rely upon the presence of contraction alone as disproving the existence of marked degeneration. Then comes the important question of the drug itself. Only sixty grains in all had been taken, but its administration was continued to within an hour before death. In the face of the somewhat alarming statements made by Dr. Mahomed, some might hesitate to acquit it of all blame. He testified to having noticed in all patients subjected to this drug marked evidence of failing heart-power in the enfeeblement or absence of the first sound. So far as we know this statement stands almost alone. Salicin and its congeners are now prescribed with remarkable frequency, not only in rheumatism, but in other affections also; yet few of those who prescribe it would venture to say that they have *invariably* met with this significant sign of cardiac failure following its administration. There is no physician who does not closely watch day by day the character of the heart-sounds in every case of acute