

The editor of the *Therapeutic Gazette* (Dec., 1881) states that this remedy enjoyed a high reputation among the Spanish residents of the Pacific States as a remedy for bronchial affections, and that it was first used in asthma by Dr. Ayres, of San Francisco in 1866. He thinks that it is useful merely in uncomplicated cases, e.g., in spasmodic asthma, but that in cases depending on or aggravated by bronchitis it enters as a very efficient agent in combination with remedies directed to the relief of the complication. Thus,

R. Ext. <i>gndeliee robustae fluidi</i>	ʒi.
Ext. <i>belladonnae fluidi</i>	ʒss.
Potassii iodidi	ʒij.
Potassii bromidi	ʒiii.
Syr. pruni <i>Virginianae</i>	ʒiii.
Aque dest. ad	ʒviii.

M. Sig.—A tablespoonful three times a day during the intervals of the paroxysm.

SALICIN AND SALICYLATE OF SODA IN RHEUMATISM.

This is a subject which cannot fail to interest the medical practitioner. Lately, some new articles have appeared tending to confirm the praise bestowed upon these compounds. Dr. Sydney Coupland, Physician to the Middlesex Hospital (*Lancet*, Jan. 7, 1882), gives an analysis of 86 cases, of which 4 were treated partly by salicin and partly by other methods. The conclusions arrived at are as follows:—1. In the majority of cases salicylate of soda speedily reduces pyrexia and the articular pain of acute rheumatism. 2. That unless the administration be long continued, relapses of pyrexia and of joint affection are liable to occur. 3. That such relapses are not wholly prevented from arising during the administration of the drug, and that in some cases they are distinctly due to the lack of proper precaution in matters of diet and rest, owing to the freedom from acute symptoms enjoyed by the patient. 4. That the best method of its administration is in regulated doses, gradually diminished both as to amount and frequency. 5. That no definite influence upon the cardiac or other complications can be observed, and that, indeed, both pericarditis and endocarditis may develop whilst the patient is under its influence. 6. That the

toxic effects described are serious, in proportion to the largeness of the dose, and, perhaps, to the state of impurity of the drug, but that a few seem very tolerant of it. Its alleged depressing action on the heart has to be proved by experiment and may be due to the soda. 7. Salicylate of soda is certainly anti-pyretic, and to a considerable degree anti-rheumatic. That its employment does not appreciably diminish the time necessary to keep the patient at rest more than under other methods of treatment, but that the immense relief given by its use in the abatement of pain and fever—a relief not to be estimated by statistics—renders it by far the most valuable remedy for the disease at present known.

Dr. T. J. MacLagan in the same journal contributes a paper on this subject also, or rather the editor inserts in the form of original matter the remarks he made at the discussion of the Medical Society of London on Dec. 19th, 1881. It is insisted that, to obtain good results, large doses must be given. The larger the quantity that can be thrown into the system, the more rapid will be the destruction of the poison. What is wanted is the presence in the blood for some time of as much of this anti-rheumatic agency as can well be borne. Of the salicyl compounds, practically, we deal only with salicin and salicylic acid (generally given as salicylate of soda). Disastrous results have been recorded from the use of the latter—delirium, insanity, prostration of the vital powers, syncope, and even death. Salicin is equally powerful as an anti-rheumatic, but it produces none of the deleterious effects of the salicylates. In several cases, some of which he has recorded, he has given full doses of salicin to patients suffering from the depressing and disturbing action of salicylate of soda; and under its use (though, of course, not in consequence of it) the depressing effects of the salicylate have disappeared. As to relapses, Dr. MacLagan thinks that in many cases they are due to the too early abandonment of the salicyl treatment, and also that rheumatism is often not a continued but a remittent disease, and that mild cases are but the natural intermissions of the disease. The knowledge that the symptoms are apt