

one of the earliest effects produced." The present cases fully bear out this conclusion ; and even when the pain was persistent, and migrated from joint to joint (as in Cases 5 and 6), it was not severe, and there was usually no subsequent swelling. Dr. MacLagan's sixth and seventh conclusions are : that "in acute cases, relief of pain and fall of temperature generally occur simultaneously," and that "in subacute cases the pain is sometimes decidedly relieved before the temperature begins to fall." The present cases do not support these two propositions. In three acute cases (Cases 1, 4, 7) the joint-pain ceased at least twenty-four hours before the temperature began to fall, and at least four days before it became normal. In three others (Cases 2, 5, 6) the temperature became normal before cessation of pain, and in two of them the pain "persisted." In cases 3 and 8 the pain subsided and temperature became normal simultaneously. Perhaps the beneficial action of the drug on the pain ceases when the temperature becomes normal.

*Cardiac Complications.*—The present cases support Dr. MacLagan's statements. In only three did a murmur develop while taking salicin : this was in each case a distinct apex systolic, and it disappeared before the drug was discontinued. In one case a murmur developed after the discontinuance of the drug. In the other four cases no murmur existed, though the soft, low first sounds in two of them suggested the anticipation of murmurs.

*Sweating.*—Profuse in three cases ; produced miliaria in one of them ; was alkaline in a third. In all the rest the skin was simply moist.

The urine never gave any large deposit of lithates ; was usually only moderately acid, and on one occasion was alkaline. Salicin was detected in the urine in one case six hours after administration, and gave the purple reaction as late as the fourth day after the discontinuance of the drug—in this respect differing notably from quinine.—*Medical Times and Gazette.*