

in which case they proved to be very troublesome, and the mingling of these sane criminals with the insane patients was a great evil. He had urged the establishment of another institution where such persons could be sent for purposes of observation, and to which persons acquitted on the ground of insanity could be committed.—*Med. Record.*

### SALICIN AND SALICYLIC ACID IN RHEUMATICS.

The remedy of the hour in rheumatism is *salicylic acid*. Though now obtained by chemical synthesis, it exists in salicin, an alkaloid much employed by Southern surgeons during the war, in lieu of quinine.

On their comparative merits Dr. MacLagan says, in the *British Medical Journal* :

As I am probably the only person who has experience of both salicin and salicylic acid in the treatment of acute rheumatism, perhaps I may be allowed space for a few remarks on the merits of these two remedies.

Which is the better remedy, salicin or salicylic acid? That each exercises a marvelous influence in cutting short an attack of acute rheumatism there can be no doubt. I have used salicin or salicylic acid in every case of acute rheumatism which has come under my care since November, 1874, (a year and a half), and invariably with the same result—a rapid cure of disease. Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain. That is a very different tale from any that can be told in connection with any other remedy.

Salicin is the remedy which I used first, but I have not confined myself to it. When salicylic acid was first recommended as a febrifuge, I determined to give it a trial in acute rheumatism. In the first case in which I used it, ten grains were ordered every two hours. On seeing the patient after four doses had been taken, the general condition was a little better, but she complained much of the medicine "burning her throat." I urged her to continue it. This she did, and the following morning the pain was less, and the temperature had fallen from 102.3 to 101.1; but to the burning sensation in the throat was now added sickness. I omitted the salicylic acid, and gave the same dose of salicin, ten grains every two hours. The sickness ceased; the burning sensation in the throat disappeared; and by the following day the pain was entirely gone from the joints, and the temperature had fallen to 98.8. She made a good recovery.

This case well exemplifies what is the chief objection to salicylic acid—its tendency to produce irritation of the throat or stomach. I have been

unfortunate in my experience, but in every case in which I have given it this irritation has been complained of. All writers on the subject agree in referring to this irritation as one of its unpleasant effects. The salicylate of soda seems to give rise to the same disagreeable symptom. Salicin, on the other hand, never gives rise to any unpleasant effects. I have prescribed it within the last year and a half in many different ailments, in doses ranging from five to thirty grains. I am probably within the mark when I say that I have thus given it to at least a hundred different people, and I cannot recall a single instance in which any disagreeable effect was produced.

I have myself taken (by way of an experiment) three doses of sixty grains—one in the forenoon, one in the afternoon, and one at night—without experiencing the least discomfort; but the smallest pinch of salicylic acid produces in me a feeling of heat and irritation and a most unpleasant burning sensation in the fauces.

Salicin is a pleasant bitter, and is best given mixed with a little water, flavored with syrup of orange if desired. In adequate doses, say fifteen grains every two hours, it cuts short an attack of rheumatic fever, without producing disagreeable effects. It should be continued in smaller doses during the first fortnight of convalescence.

As remedial agents in acute rheumatism, salicin and salicylic acid seem to be equally efficacious; but the former has the advantage of producing no unpleasant effects. In time, too, it is sure to be much cheaper, a matter of some importance with a large class of sufferers from rheumatism.—*Med. & Surg. Reporter.*

### ON AN IMPROVED SUBSTITUTE FOR THE UNGUENTUM PLUMBI SUBACETATIS COMPOSITUM.

By Balmanno Squire, M.B. Lond., Surgeon to the British Hospital for diseases of the Skin.

A short time since I described in this journal, under the name of Glycerole of Subacetate of Lead, a preparation which for cutaneous therapeutics I have reason to think an improvement on the subacetatis plumbi liquor, namely, a preparation made in the same way as the "liquor," with this difference only that glycerine is used in the manufacture of it instead of water.

Since the publication of my views I have become indebted to my father, Mr. Peter Squire, for a very useful suggestion. He proposes that the glycerole I have described should be used in the preparation of the liquor plumbi directed in the British Pharmacopœia. He also recommends that instead of the white wax and almond of the Pharmacopœial