

Bad syphilis is undoubtedly a horrible disease; but there is little bad syphilis in the community, compared with the total number diseased."

Salicylate of Soda In Acute Orchitis.—

Dr. Henderson, while in charge of the Shanghai General Hospital,* made trial of this agent in the treatment of acute orchitis caused by gonorrhoea. His results in the three cases in which he used it were extremely satisfactory. Case 1. The patient had had gonorrhoea for three weeks, and the testicle had been swollen and painful during the last week. On admission at 10 a.m. the temperature was 102°. The left testicle was about four times larger than the right, and the scrotum covering it was red, being stretched and glossy in front and somewhat oedematous below. Twenty grains of salicylate of soda to be given hourly until the pain should be relieved. At 4.30 p.m. four doses had been taken—namely at 11.10, 12.10, 1.10 and 4. He had sweated profusely, and the pain had greatly diminished. At 8 p.m. his temperature had fallen to 100°, and the medicine was ordered to be continued at intervals of four or six hours. On the following morning the temperature was 98.4°, and he felt easy when lying down. Three days after admission the pain had altogether left him, and the urethral discharge which had ceased upon the supervention of the orchitis returned. No relapse.

Case 2. This was more severe than the last. After six doses of twenty grains the pain was greatly relieved. It began to diminish in intensity after the first dose, when he began to perspire. On the next morning after admission he was quite easy when lying down, and could bear handling of the testicle with ease.

Case 3. The orchitis had gradually become worse, and the patient was found with a temperature of 101°; pulse 90: tongue clean and dry. Had passed a sleepless

night. No other treatment, local or general, than the administration of twenty grains of salicylate of soda, every two hours, was adopted. Five doses were taken. After the second dose, he had some ringing in the ears, and began to perspire. After the third dose, the sweating was profuse. At 4.30 p.m., after the fifth dose, the pain was relieved. On the following morning, his temperature was 99.4; pulse 88. He had taken two doses of the medicine during the night. He had slept well, and now complained only of slight pain confined to the upper part of the testicle.

Dr. Henderson advises that only acute cases be selected, the evidence of that condition being a distinct rise of temperature, as ascertained by the thermometer. The dose should not be less than twenty grains, and should be repeated hourly until at least three doses are taken; afterwards the same dose may be continued at longer intervals.

In Acute Tonsillitis. In the *British Medical Journal*, Dr. Edward McKay calls attention to the value of this drug in acute tonsillitis. Given in ten-grain doses every two or four hours, it lessened the pyrexia, and afforded relief at once to the pain. One, a surgeon, himself a sufferer, notes marked relief within twenty minutes. His treatment is by no means new. Dr. McKay cites his cases merely as evidence in favour of the use of the remedy. Hormazdi recommends 20-grain doses; and having noted relief in 57 cases of tonsillitis caused by cold and damp, concludes that such cases give the best results, and that when the malady arises from bad air or drainage, it is less amenable. Dr. McKay finds it useful in all cases.

As a Local Application in Gout. The same writer, in the same journal, cites three cases of gout in which great relief was afforded. But he has not given the salt alone. His lotion is composed of two drachms of salicylate of soda, and one or two drachms of laudanum, in eight ounces

* *Lancet*, 1832, vol. ii., p. 1027.