

## IRON AND SODIUM SALICYLATE IN RHEUMATISM AND RHEUMATIC AFFECTIONS.

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For some four years I have been in the habit, in certain classes of rheumatic affections, usually chronic, of employing a combination of tincture of chloride of iron and sodium salicylate, prepared according to the following formula, which I have been informed by Dr. Rice, of Bellevue Hospital, New York, and other experienced pharmacists, is the first successful combination of these drugs in an eligible preparation. In the House Pharmacopœias of the Philadelphia Polyclinic, where it was first used in 1883, and of Jefferson Medical College Hospital, it is known as the *Mistura Ferro-salicylata* :—

R. Sodii salicylatis,	3 iv.
Glycerini,	f ̄ ij.
Ol. gaultheriæ,	℥xx.
Tinct. ferri chloridi,	f ̄ iv.
Acidi citrici,	gr. x.
Liq. ammonii citrat. (B. P.),	
q. s. ad f ̄ iv.	M.

The mixture is clear, and is not unpalatable. The usual dose is two fluidrachms in water, three or four times a day. The quantities and proportions of the active ingredients may, of course, be varied according to the intended frequency of dosage and other circumstances. In cases which are rather subacute than chronic, it is sometimes given every second hour, until the physiological effects of the salicylate are produced, and then at longer intervals. I have also employed it, with apparently good results, in acute articular rheumatism, and in some cases of acute tonsillitis, especially in that group where the diagnosis is at first in doubt between rheumatic angina and diphtheria. Some of my friends have reported to me good results in acute rheumatism. Its particular applicability is in that group of patients in whom Dr. Russell Reynolds strongly urges the iron treatment—a recommendation endorsed with equal earnestness by Bartholow—namely, anæmic, delicate, poorly-nourished or broken-down individuals, usually old people, children or adolescents, but met with at all ages, whether the disease be acute, subacute or chronic. In adults, indeed, as a rule, and quite frequently in children, even when the disease is not plainly chronic, the patient will give a history of repeated acute attacks; or there will seem to have been a long series of recurrences, with intermissions of doubtful health. Recognizing the weight of the testimony in favor of tonic, and especially ferric, treatment of such cases, and yet desiring to obtain also the specific action of the salicylic compounds, I succeeded, after several ineffectual trials, in obtaining a clear mixture by the use of the formula given above, and four years'

experience, latterly, with the ample material furnished by the Out-patient Department of Jefferson Medical College Hospital, has abundantly confirmed my expectations of its usefulness.—*Med. and Surg. Reporter*, May 28th, 1887.

## INCUBATION OF THE INFECTION OF MEASLES.

Dr. Sevestre, in a thesis recently published, demonstrates the fact that the period of incubation in measles is almost invariable—between thirteen and fourteen days elapsing between the moment of infection and the appearance of the rash. The fever appears four days earlier, viz., between the ninth and tenth day. Another fact, and one of far greater importance, has been determined by Dr. Sevestre, and that is that the infective power of the disease commences with the first moment of prodromic manifestations, viz., of the appearance of fever, and continues with unabated virulence until the eruption, after which its infective power diminishes very rapidly, vanishing entirely on the fifth day thereof. In the analysis of many hundred cases, not one instance of infection after the fifth day of eruption (the 18th or 19th after exposure) could be found. The practical bearing of these facts are manifest. They furnish a sure and valuable guide on points upon which the profession and laity have strangely blundered hitherto; viz., the proper time for isolation of the patient. The habit of sending off the apparently unaffected members of a family, while the fever in an affected one is at its highest, is the surest method of transporting the infection and creating new foci of disease.—*St. Louis Med. and Surg. Journal*.

## TREATMENT OF DYSENTERY.

Ipecacuanha as a remedy for dysentery, has now been before the profession for a time sufficient to fully establish its worth or otherwise, and favorable reports of it are still received.

"*Technics*," quoting from *Progrès Medical*, gives a correspondence from Dr. C. MacDowell of Bombay, physician in the British army of East India, who speaks with great enthusiasm of the treatment of dysentery by ipecacuanha. Like other friends of this treatment, such as Bocker, Ewart, Cunningham, Mulun, etc., he says that it is almost a specific, renders the disease easy to cure, and prevents the complication most feared, *i. e.*, hepatic suppuration. But he emphasizes, particularly "that the remedy be given early in the disease, at the time and in the proper manner." The principles of the treatment are:

1. To give a large dose of ipecac, at least 30 grains, for an adult.
2. To prepare the stomach to accept and retain such a large dose by about twenty drops of laudanum an hour before giving the ipecac, also the application of a sinapism over the stomach; and to