

rheumatism, I should not do justice to my conviction were I not to say that apparently we have in salicylic acid, as Dr. MacLagan has said in his communication, a remedy for rheumatic fever comparable to quinine as a remedy for ague. According to present experience rheumatic fever when treated by this drug is an affair of two or three days. The disease is common enough, and its usual course sufficiently well known, so that no long time will be required to establish some definite conclusion, and to bring out any possible injurious effects. The only complaint hitherto made of the acid is that it is hot and irritating to the throat; given in milk, vomiting has been produced.

Careful examination of the effects on the pulse, temperature, urine, etc., will no doubt yield important information. Mr. Sworder, who has watched the cases very closely, states that the temperature invariably rises for a short time after the administration of the first dose, but the observations recorded in the careful notes taken at short intervals by him and Mr. Gawith show a gradual fall both of temperature and pulse rate. No sphygmographic observations were made. Relief from pain was always quickly obtained, and, as a rule, the patients slept well, no opiate being required; as a rule, again, there was very free perspiration, but this of course is common in acute rheumatism.—*Lancet*, April 8, 1876.

TREATMENT OF SUNSTROKE.

Sir Joseph Fayrer, Practitioner, March, 1876, thus clearly and briefly presents the treatment of sunstroke: In cases of simple exhaustion ordinary treatment is all that is needed. Removal to a cooler locality, the cold douche (but not too much prolonged), or the administration of stimulants may be beneficial. Tight or oppressive clothing should be removed, and the patient treated as in syncope from other causes. Rest and freedom from exposure to over-exertion, fatigue, or great heat, should be enjoined.

In that form of sunstroke where the patient is struck down suddenly by a hot sun, the patient should be removed into the shade, and the douche of cold water being allowed to fall in a stream on the head and body, from a pump (or as in India from the mussuck, or other similar contrivance) should be freely resorted to, the object being twofold: to reduce the temperature of the overheated centers, and to rouse them into action. During the assault on the White House picket in the last Burmese war, numbers of men were struck down by the direct action of the sun during the month of April. They were laid out perfectly unconscious in their red coats and stocks—they wore them in those days, 1852—but were recovered by the cold douche freely applied by the mussuck over the head and body. In some cases rousing by flagellation with the sweeper's broom was added, and all recovered with the exception of two cases, both of which had been bled on the spot where they fell. Mustard plasters and purgative enemata may be useful.

If recovery is imperfect and followed by any indication of injury to the nerve-centers, or by the supervention of meningitis, other treatment may be necessary according to the indications. Much exposure to the sun should be carefully guarded against, and unless recovery be complete and rapid, the sufferer should be removed to a cooler climate, the most perfect rest and tranquility of mind and body enjoined, and the greatest care be observed in regard to extreme moderation in the use of stimulants.

In the cases of thermic fever, heat being the essential cause of the disease, the object is to reduce the temperature of the body as quickly as possible, and before tissue changes have resulted from the action of heat. As the hyperpyrexia is due not only to the direct operation of heat on the nerve-centers and tissues, but to the fever set up by the disordered vaso-motor arrangements, remedies such as may influence this disturbed condition have been suggested. The results have appeared in some cases to justify the theory; and the hypodermic injection of morphia and of quinine have both been considered to produce good results by their influence on the vaso-motor nerves and their power in retarding tissue change.

Bleeding has now happily been almost abandoned; the congested livid surface, the coma and stertor which formerly suggested it, are not now so treated. Bleeding has, no doubt, great power in reducing temperature, and there are cases in which it may still be practiced with advantage; but they are, I think, the exception and not the rule. In cases where venesection has appeared first to give relief and mitigate the symptoms, the improvement has been often transient and followed by relapse into a more dangerous condition, which has terminated fatally.

I could lay down no absolute rule in this or other diseases with reference to the abstraction of blood; and it is quite possible that greater immediate danger to life may exist in an over-distended right side of the heart than in the loss of an amount of blood that might have tided the patient over that state of peril; and therefore I would suggest that each case in this respect be treated according to its own peculiar merits. The treatment generally consists in the judicious applications of cold, either by affusion or by the application of ice to the surface, the reduction of temperature being watched with a thermometer in the axilla, mouth, or rectum.

Care should be taken not to prolong the cold application too long, as danger arises from depressing the temperature below the normal standard. The bowels should be relieved, and blisters may be applied to the calvaria and neck, though I may say I have not much faith in their efficacy.

In the epileptiform convulsions that so frequently occur, the inhalation of chloroform or ether may be of benefit, but their administration must be carefully watched. The earliest and most severe symptoms having subsided, the febrile condition that follows is treated on ordinary principles—salines and aperients being given, but not to the extent of depressing the patient. The diet must be carefully