

unalleviated attack. Dr. Coupland, moreover, believes that the withholding of the drug renders the patient more liable to relapses than if its administration be continued, while he finds that the relapses may occur in spite of tolerably large doses having been given; as many occurring under doses of 60 grains in 24 hours as under smaller doses. Dr. Douglas Powell supposes that relapse will follow upon any exposure, exercise, or improved diet, so long as the tongue remains coated and the secretions disordered, whatever be the treatment adopted. The joint-inflammation and the pyrexia are not the essential features of acute rheumatism, any more than pyrexia and diarrhoea form the essential points in enteric fever. Dr. Broadbent and Dr. Fagge agree in anticipating that as the salicylates are brought to bear upon rheumatic fever in the first days of its existence, a notable diminution will occur in the proportion of cases in which cardiac lesions are manifested. At present Dr. Broadbent finds that his cases have presented about the usual proportion of cardiac complications; he also finds from experience that the salicylic compounds have no influence whatever upon pericarditis, and only a very slight effect upon endocarditis. For this reason he discontinues the administration of salicylic compounds the moment that he recognizes any cardiac inflammation. In no case has any permanent cardiac weakness been left behind, as a result of salicylate treatment. Dr. Gilbert Smith is of opinion that so far as hospital statistics are concerned, there is no evidence to show that the introduction of the salicylate treatment has led to any diminution in the amount of cardiac complication in acute rheumatism. Dr. Douglas Powell, on the other hand, thinks that the treatment tends to prevent and to alleviate when already present the heart-affection. Dr. Maclagan is similarly of opinion that this method of treatment diminishes to some extent both the frequency and the danger of heart complications; and the particular series of cases upon which Dr. Coupland based his observations showed in like manner that the percentage in which pericarditis appeared was below the average. The latter observer, however, states that no definite influence upon the cardiac or other complications can be observed, and that both pericar-