

of salicylic acid is desired. It is very soluble, which the acid is not, and it is far less liable to give rise to unpleasant symptoms. I give the preference most decidedly to the soda salt as at present advised, though it is quite possible, indeed likely, that combinations of salicylic acid with potash, ammonia, and iron, may turn out to be very valuable. In any case of articular rheumatism, whether acute, subacute, or chronic, the salicylate of soda should be tried in doses of ten, fifteen, or twenty grains, every two, three, or four hours, according to the severity of the symptoms. It is best to give it alone, or in combination with a little spirits of chloroform or syrup of orange. As a rule, the good effects of the drug are apparent after eight or ten doses; the temperature falls rapidly to normal, or even a little below, the pain and swelling of the joints disappear, and the patient is practically convalescent in two or three days; but it is better to keep up the action of the medicine for a week or so, as relapses are liable to occur if it be discontinued too soon. In some intensely rheumatic subjects it will be necessary to give it again and again before the disease is subdued, and these cases have been used as an argument against its efficacy. Some persons will not admit the value of mercury and iodide of potassium in the treatment of syphilis, and others question the protective power of vaccination against small-pox. All new remedies have to encounter the opposition of ignorance and prejudice, but the evidence in favour of salicylate of soda in the treatment of articular rheumatism is becoming so overwhelming that its great value must shortly be thoroughly established.

No doubt the drug every now and then produces disagreeable symptoms—sickness, deafness, tinnitus aurium, and sometimes a peculiar cerebral disturbance; but these quickly vanish on a discontinuance of the medicine, which may usually be again given in a short time without any such result. In the earlier trials, when the salicylate was not quite pure, these objectionable symptoms were much more common than now. Dr. Murchison has suggested, in an able paper read before the Clinical Society on the 25th of last May, that the disagreeable effects of the remedy are due to suppression of the function of the kidneys, and has found albumen in the urine of patients who were taking the salicylate of soda, even when the drug was quite pure. This may be so, but at present I have been unable to collect any evidence on the subject.

One word in conclusion. On its first introduction, salicylate of soda was thought to be of special value in the hyperpyrexia of acute rheumatism, but about this there is, I think, some doubt. It controls the temperature by counteracting the rheumatic poison, but in these cases which I have spoken of early in this paper

as malignant, it frequently fails to reduce the temperature, and is as ineffectual to cure the patient as large doses of quinine or the cold bath.—*Lancet*, Oct. 20, 1877, p. 564.

TREATMENT OF SECONDARY PUERPERAL HEMORRHAGE.

Dr. Bailly, Prof. Agrégé of the Faculty of Medicine, contributes a paper to the *Bulletin de Thérapeutique* for September 30, on the efficacy of this method of treating secondary uterine hemorrhage, devised by Prof. Tarnier. By secondary hemorrhages he understands those which are produced from the second day to a month after delivery. These are generally due to a congestion of the uterus, usually spontaneous, but sometimes caused by the presence of a foreign body in the cavity, too early getting up, a violent effort, or vaginal injections injudiciously employed. Such hemorrhages are rarely dangerous, but they recur frequently and often obstinately, and cause great alarm to the patient. The ordinary measures for arresting them are far from being always successful, and are usually tedious; and, at Prof. Tarnier's suggestion, the author of this paper commenced in 1874 the trial of warm baths. The success attending the use of these has been so great that he publishes two of the cases in which he employed them. In the first of these the hemorrhage commenced only on the eighteenth day after delivery, in a woman of feeble habit of body. The uterus was enlarged and congested, and the hemorrhage, without being alarming, resisted all the usual hæmostatics during ten days. Prof. Tarnier now advised warm baths. The first of these greatly modified the discharge, and the second suspended it completely. Recurring at the end of thirty-six hours, it was definitively arrested by the third. The uterus gradually diminished in size, and at the end of a week the patient was able to get up. In the second case the hemorrhage came on only on the twenty-seventh day after delivery, the uterus being as much developed as at the third month. The liquid blood discharged was not very considerable, but it became continuous, and was accompanied by coagula. Ergot in different forms, and vinegar injections, having been tried in vain, a warm bath of half an hour at once suspended the discharge; and, on this recurring next day, a second bath completed the cure.

Although in possession of several cases in which their efficacy proved as complete as in these two, Dr. Bailly observes that their success is not always so prompt. He has always found them less efficacious at the commencement of the hemorrhage than when this had persisted for some time; but, as they produce no inconvenience at the earlier periods, they may also be then employed concurrently with other