

May 8th 1906. The pain has entirely disappeared and the swelling is quite gone.

May 10th, 1906. The patient now feels quite well and the drug is stopped after having been administered for ninety-six hours—four-hourly for seventy-two hours, and then three times in twenty-four hours.

The patient remained quite well and was discharged on May 25th.

CASE II.

P. B., aged 41, labourer, was admitted to hospital on April 27th, 1906, complaining of pain and swelling of the joints. He had been ill for four days before admission with sore throat and vague pains about the joints. His health had always been good; he had never had rheumatism, and until the onset of the present illness he had never suffered from sore throat.

When admitted his temperature was 100° F., and there was very acute pain and also swelling in the following joints—both wrists, ankles, and right knee. The swelling was considerable, and the wrists felt hot and were very painful on movement and extremely tender to the touch. The swelling was confined to the tissue around the joints, and did not extend into the tendon sheaths of the hands or feet. The area of cardiac dullness was normal and the heart sounds pure.

April 28th, 1906. Temperature 100°. Sodium ortho-cresotinate prescribed in doses of 15 grains every four hours.

April 29th, 1906. The patient slept fairly well during the night; the left wrist is free from pain and swelling; the other joints are still swollen, but the pain is much less severe. There is very profuse perspiration.

April 30th, 1906. The joints are now quite free from pain and the swelling is much less.

May 3rd, 1906. Sodium ortho-cresotinate is now being given three times a day, and there is no recurrence of any of the symptoms.

It can be seen from these two cases that sodium ortho-cresotinate—if we judge the effectiveness of the treatment by the degree of pain present—acted within twenty-four hours; that in forty-eight hours the symptoms had almost entirely disappeared, and in ninety-six hours, in one of the cases, we were able to stop the medicine without a recurrence of any of the symptoms. In both cases the drug caused no discomfort except profuse perspiration.

SUMMARY.

The cresotinic acids resemble salicylic acid in their action as antifermentatives, as bactericides, as antipyretics, and as specifics in acute rheumatism. Their toxic effect in animals is about the same, but ortho-cresotinic acid is more depressing to the circulation.

Action of Toluic Acid.

Toluic acid has the formula $C_6H_4CH_3COOH$, and a glance at this formula shows that it is closely allied to salicylic acid and cresotinic acid. But its actions are very different. It does not inhibit to any extent the fermentative action of yeast, emulsion, pepsin, or ptyalin, nor does it prevent the growth of *Bacillus coli* or streptococcus.

Four grams of ortho-toluic acid given to a medium-sized rabbit by the stomach produced no apparent effect; with 5 grams there was slight depression, but no paralysis; the respirations were increased, and the rabbit died twenty-four hours later. A *post-mortem* examination revealed several eroded patches in the mucous membrane of the stomach; the urine contained an amount of albumen and gave a purple colour with ferric chloride; the kidneys were greatly congested. There seemed to be a very marked action on the kidney in all the animals experimented with—an action which is not found with cresotinic acid, and only slightly with salicylic acid. Doses up to 10 grains, injected into a vein, had no effect on blood pressure, or on respiration.

Toluic acid does not seem to have any antipyretic action, as a dose of 20 grains given in a case of phthisis pulmonalis did not affect the temperature. Only one dose was given in view of the fact that it had caused such a marked albuminuria in rabbits. In spite of its near chemical relationship to salicylic and cresotinic acids, it differs greatly from them in its action, which does not promise for the drug any therapeutical application.

THE QUACK MEDICINE TRAFFIC.

By J. C. McWALTER, M.A., M.D., D.P.H.,
Barrister-at-Law.

[ABSTRACT.]

SINCE the last meeting of the British Medical Association a sum of £2,400,000, approximately, has been spent upon quack medicines, and as toll from this traffic the Government has received the sum of £300,000. No other Govern-

ment occupies a similar position in this respect. The Governments of France and Germany tolerate no quack remedies, while in the United States, although there exists a tax upon proprietary articles, it is enacted that the composition of all must be set forth upon the label. Among the Colonies, Australia, South Africa, and Canada are vigorously attacking the problem. Our own Government alone remains apathetic. In this country it is the rule rather than the exception to find that patients seeking gratuitous treatment at hospitals and dispensaries have already squandered more money upon quack remedies than would have been sufficient to pay for medical advice and treatment.

Apart from the increase of infantile mortality from the indiscriminate use of opiates and narcotics, it is certain that in many cases the delay in securing medical advice diminishes the patient's chance of recovery.

The simplest method of control would undoubtedly be to secure by Act of Parliament that the composition of all patent medicines should be set forth upon the label. This is the plan which has been followed with success in the United States. The difficulty of securing such an Act is at present probably insuperable. While we are still unable to suppress open unqualified practice, we shall hardly be able to obtain means of putting a stop to an insidious form of evil which brings to the Treasury so large a sum per annum. What, then, can be done? A prosecution successfully undertaken by the medical officer of health for Liverpool is full of significance. Reflecting that prosecutions were frequently brought under the Food and Drugs Act for the sale of drugs not of the nature, substance, and quality demanded, the medical officer of health for Liverpool prosecuted a certain quack medicine maker on the ground that he had sold a solution as a specific for liver complaint, whereas it was an acidified solution of glycerine, worthless for that purpose, and sold therefore to the detriment of the purchaser. A conviction was obtained.

The good work of the British Medical Association in publishing the composition of a large number of the most widely advertised secret remedies should be of the greatest possible service. Published with the authority of the Association, the analysis is not likely to be impugned, while the great expense of obtaining such an analysis can no longer be urged. It is significant that the remarkable results of these analyses were quite unnoticed by the public press. It is an additional difficulty in coping with the evil that the press, like the Government, benefits financially to so great an extent by the traffic. It should not be difficult to prove that it is the duty of the public health authorities to prosecute, under the Food and Drug Act or otherwise, persons selling worthless articles as cures for disease. The local analyst, with the results obtained by the British Medical Association's analyst before him, will have his difficulties greatly lessened and his results corroborated.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GUMMA OF THE CEREBELLUM.

P. H., aged 35, was, on the afternoon of May 15th observed by his messmates to be staggering in his walk, and on the morning of May 16th was brought by them to the sick-berth.

He was somewhat apathetic, and answered questions in a deliberate manner. He stated that he was quite well until noon on May 15th, when the symptoms commenced. He complained of severe and persistent frontal headache of vomiting, which was not preceded by nausea, and had no relation to the taking of food, and of giddiness. On attempting to walk the gait was staggering, and progression was in a zigzag manner, the patient swaying to and fro as if drunk, with a tendency to fall towards the right side. The knee-jerks were equal and markedly exaggerated. The pupils were irregular, the left being the larger; both reacted to light and accommodation. There was no nystagmus. Ophthalmoscopic examination showed the absence of optic neuritis.

Marked though the inco-ordination was whilst the patient was standing, when lying down he was able to perform finely co-ordinated movements, such as rapidly

bringing the finger tips together and touching the tip of the nose. The giddiness persisted while he was lying down. There was no paresis, and sensation was in no way affected. The special senses were normal.

The patient stated that he had a somewhat similar attack two years ago, and was in hospital for two months. There is a history of syphilis contracted ten years ago.

From the foregoing symptoms we came to the conclusion that the cerebellum was the seat of the lesion.

In the hope that the cause of the trouble was a gumma, potassium iodide was given in 10-grain doses three times a day, and increased by 5 grains every second day till 25-grain doses were reached. The patient at once commenced to improve, and on May 18th all symptoms were less marked. On May 21st the gait was almost normal, headache and giddiness had disappeared, and the reflexes were less exaggerated. On May 20th the patient stated that he felt quite well, and two days later was able to return to light duty. Since then the potassium iodide has been continued in 10-grain doses, with occasional intervals, and there has been no return of symptoms.

The interest of this case lies in the fact that of tumours of the cerebellum gumma is one of the rarest. In a series of 100 cases investigated by Krauss only 1 was due to gumma. The lesion was probably in the right hemisphere, as it was towards that side that the patient tended to fall.

E. COOPER, Fleet Surgeon, R.N.

W. H. EDGAR, M.B., Surgeon, R.N.

H.M.S. *Bellerophon*, Home Fleet.

RECURRENT RHEUMATIC CHOREA TREATED WITH ASPIRIN.

POYNTON and PAINE have demonstrated the presence of the *Diplococcus rheumaticus* in the lymph spaces about the vessels in the superficial part of the cerebral cortex in chorea, while they were also able to produce choreic movements in rabbits by the injection of these diplococci into the veins. Ballen has pointed out that many cases of chorea, who have shown no evidence of rheumatism before the attack, do so at a later period. From a therapeutic point of view the exhibition of sodium salicylate with sodium bicarbonate or some other alkali in large doses would tend to strengthen the theory that chorea is rheumatic in origin, as also would the later administration of aspirin. The common cardiac affections due to an endocarditis have been shown by Osler to be the sequel of a choreic attack. The organ of the body most frequently involved is the heart, and in fatal cases the presence of endocarditis is nearly always demonstrable, the pathological phenomena differing in no particular from that of definite rheumatic origin.

A girl aged 16 was seized with severe pains in her joints, affecting especially those of the right side, the arm being the most painful. The pains were accompanied by a severe tonsillitis. She also had menorrhagia. This definite rheumatic attack subsided almost completely within a fortnight under the usual treatment, when a choreic paresis developed in the arm on the same side as the rheumatic condition. A few days later definite choreic movements were noticed. The condition spread later to the leg. Throughout the whole attack the affection was unilateral, while paresis was more marked than the movements. The affected arm hung by the side, and could with difficulty be raised, the fingers twitched, while the grasp was extremely feeble. The knee-jerks were diminished on the affected side; speech was also affected, but the heart escaped.

The patient was confined to bed and arsenic administered in increasing doses largely diluted, little or no improvement resulting. Aspirin was substituted with marked success; 5 gr., afterwards increased to 10 gr., was given three times a day. Within three weeks from the commencement of this treatment complete recovery resulted.

Twelve months later the patient had another attack of tonsillitis, accompanied by definite rheumatic pains in the right side of the body, this in turn being followed, as before, by paresis and choreic movements, chiefly affecting the arm; in fact, the second attack was an exact repetition of the first, but of a less severe type. The treatment consisted of giving the patient 5 gr. of aspirin, increased in a few days to 10 gr., three times a day. The patient was not confined to bed, and in one month all trace of the condition had disappeared. During the second attack endocarditis developed, as evidenced by a slight systolic murmur heard over the apex of the heart.

The case is interesting on account of the definite rheumatic origin, the fact that the second attack was milder than the first, the development of endocarditis during the second attack, and the successful treatment with aspirin.

Methil, Fife.

G. C. ANDERSON, M.B., Ch B.

Reviews.

ALLBUTT AND ROLLESTON'S "SYSTEM."

WHEN it was announced that the diseases of the nose, the pharynx, the larynx, the trachea, and the ear would be dealt with in a volume by themselves in the second edition of the *System of Medicine*,¹ of which this country has every reason to be proud, hopes were raised that these special diseases would be considered more from the standpoint of general medicine than from that of technique of surgical treatment by the specialist. In the original edition, published in 1897, diseases of the nose and throat were treated of in rather less than 200 pages as part of one of the earlier volumes. In this, the second edition, diseases of the ear have been added, and the three subjects have been allotted a section, which forms Part 2 of vol. iv. The sections introducing the three subjects deal with the methods of examination of the respective regions, but, needless to add, the demand upon the space available for the diseases themselves has made it necessary to curtail considerably this practical part of the work, so much so that it will be of little service either to those who know how to conduct these examinations or to those who are not already familiar with the use of the instruments.

The editors introduce the volume with a prefatory apology for the appearance of "a subject so special, and even surgical, as diseases of the ear" in a *System of Medicine*; but the apology appears to be a little inconsistent in view of the fact that the part on diseases of the ear, taken as a whole, is less surgical than those dealing with diseases of the nose and throat. In an age in which it seems that the ambition of every specialist is to perform My operation with My instruments, and to record My excellent results in My journal, or anywhere and everywhere else, the difficulty of an editor in insisting upon some adequate sense of proportion must be correspondingly increased. In the present volume, which undoubtedly shows some lack of a sense of proportion from the standpoint of the general practitioner, there are serious omissions. The general practitioner does not wish to know how to dichotomize the nasal septum, or how to open up all the accessory sinuses of the nose; what he naturally looks for is guidance as to how he can decide to some extent when such operations ought to be undertaken and the consequences likely to follow neglect to perform them. Within recent years some extremely useful work on the skiagraphy of the accessory nasal sinuses in health and disease has been published, and an article summarizing this work would have been most useful to the general practitioner. We must, inasmuch as we hold a brief for the general practitioner, draw attention to further omissions the supply of which might have benefited our client. Thus, we have been unable to find any information on the relation of ear disease to life insurance. This important subject was discussed at the meeting of the British Medical Association in Edinburgh as far back as 1898, conjointly by actuaries and the Section of Otology. The general practitioner has frequently to decide what conditions of ear disease should determine the weighting of a life, and a section might very well have been devoted exclusively to the question. Again, in the part dealing with diseases of the nose we have been unable to collect all the information we require about what is commonly called "bleeding polypus" of the nose; nevertheless, that part contains a separate section devoted to "Maggots in the Nose," which opens with the statement, "This disease is almost entirely confined to the tropics." Bleeding polypus of the nose at any moment, if not correctly diagnosed, might mislead a general practitioner in these milder climes into a diagnosis of malignant disease. In passing we would draw attention to the views expressed about malignant disease of the nasal cavities as being not altogether in accordance with recent pathological research. Speaking generally, the etiology and pathology of these special diseases throughout the volume have not been treated with the fullness or the scientific method which might

¹ *A System of Medicine*. By many writers. Edited by Sir Clifford Allbutt, K.C.B., and H. D. Rolleston, M.D. Vol. iv, Part 2, Diseases of the Nose, Pharynx, Larynx, and Trachea. Vol. v, Diseases of the Respiratory System; Disorders of the Blood. London: Macmillan and Co., Ltd. 1908. (Med. 8vo, pp. 582. 25s.)

LITERARY NOTES.

Chambers's Journal for August contains an interesting account of "Tiger Dunlop," an Ontario pioneer. Dr. William Dunlop was a cadet of the ancient family of Dunlop of that ilk, long settled in the parish of the name in North Ayrshire. He was educated at Glasgow University, and, graduating at an early age as a Doctor of Medicine, determined to join the army service. He obtained a commission in the Connaught Rangers, and saw active service in the campaigns against the Americans (1813-15), during which he not infrequently laid down the lancet for the bayonet, and played a conspicuous part in three engagements. When peace had been arranged between Britain and the United States he went with his regiment to Calcutta, where he was stationed for some time. Shortly after his arrival there he contracted to exterminate the tigers which infested a certain island in the Ganges Delta, called Sangor, and as a memento of his achievements in killing an immense number of these animals he was, by universal consent of the natives, called "The Tiger"—a name which stuck to him for the rest of his adventurous life. While in India, Dunlop was seized with a severe attack of fever, which resulted in his returning home and being invalided on half-pay. To secure a living he first of all lectured on medical subjects, and then devoted himself to newspaper work. He was for a short time editor of a paper called *The British Press*; but his journalistic success was not great. Accordingly he was anxious to find fresh woods and pastures new. When the Canada Company was formed, under the guidance of John Galt the novelist, Dunlop joined him in the enterprise, and sailed in 1826. His American war experiences had made him familiar with the country; and on his arrival he was appointed Warden of the Woods and Forests. His energy and enthusiasm were unbounded, and a monument of his industry is the highway between Goderich and Toronto, which he cut through the thickest of bush and swamp. He took a prominent part in forming a settlement, the story of which is told in a book by Miss Elizabeth Lizars, entitled *In the Days of the Canada Company*. The first years of the settlement were the best; after the departure of John Galt the régime of the Canada Company gradually declined in popularity, and its policy was opposed at every point by a strong party. Through it all Tiger Dunlop still retained his place as a leader of public opinion in the district; and on the death in 1840 of his brother Robert, who had been the first member for Huron in the Legislature, he was elected to succeed him, and filled the office with credit. The loss of his brother was a severe blow to him, but he lived on with "Lou" at Gairbraid, and continued to be the central figure in this oasis of culture in the backwoods. He still corresponded with his relatives at home, and wrote at intervals several excellent articles to British magazines; they were mostly descriptive of the country and the life in Canada, and a series in *Fraser's* attracted considerable attention. He died worn out by work at Lachine, where he was superintending the construction of the canal in Eastern Ontario, in 1848. His will is worth quoting in full as a curiosity. It runs as follows:

In the name of God, Amen.

I, William Dunlop of Gairbraid, Western Canada, Esquire, being in sound health of body and mind, which my friends who do not flatter me say is no great shakes at the best of times, do make my last Will and Testament as follows, revoking of course all former Wills: I leave the property of Gairbraid and all other property I may be possessed of to my sisters Helen Boyle Story and Elizabeth Boyle Dunlop, the former because she is married to a minister, whom (may God help him!) she henpecks; the latter because she is married to nobody, nor is she likely to be, for she is an old maid and not market-rife. And also I leave to them and their heirs my share of the stock and implements upon the farm, providing always that the enclosure round my brother's grave be reserved; and if either of these should die without issue the other is to inherit the whole.

I leave to my sister-in-law Louisa Dunlop all my share of the household furniture and such traps, with the exceptions hereafter mentioned.

I leave my brother-in-law Allan my big silver snuff-box, as I am informed he is rather a decent Christian, with a swag belly and a jolly face.

I leave my silver tankard to the eldest son of old John as the representative of the family. I would have left it to old John himself, but he would have melted it down to make temperance

medals, and that would have been a sacrilege. However, I have left him my big horn snuff-box; he can only make temperance horn spoons out of that.

I leave to my sister Jenny my Bible, the property formerly of my great-great-grandmother, Bethia Hamilton of Woodhall, and when she knows as much of the spirit as she does of the letter she will be another guise Christian than she is. I leave my late brother's watch to my brother Sandy, exhorting him at the same time to give up Whiggism and Radicalism and all other sins that do most easily possess him. I leave my brother-in-law Allan my punch-bowl, as he is a big, "gaussy" man, and likely to do credit to it. I leave to Parson Chirussie my big silver snuff-box I got from the Simcoe Militia, as a small token of my sister Maggie, whom no man of taste would have taken.

I leave to John Cadell a silver teapot, to the end that he may drink tea therefrom, to comfort him under the affliction of a slatternly wife. I leave my books to my brother Andrew, because he has been so long a "jungle wallah," that he may yet learn to read with them. I leave my silver cup, with the sovereign at the bottom of it, to my sister, Janet Graham Dunlop, because she is an old maid and pious, and therefore given to horning; and also my grandfather's snuff-box, as it looks decent to see an old maid taking snuff.

(Signed) WILLIAM DUNLOP.

"Tiger" Dunlop was one of the many members of the medical profession who have played a strenuous part in the building of the Empire.

THE WINTER SESSION IN THE MEDICAL SCHOOLS.

We published last week information as to the dates of the opening of the winter session at the majority of the medical schools in London and the provinces, and as to the fashion in which the commencement of a new *annus medicus* will be marked at them. We now publish such information as has reached us from the remainder.

WEST LONDON POST-GRADUATE COLLEGE.—The opening of the winter session will be marked by a reception on Monday, October 11th, at 4.15 p.m., the principal event thereof being the delivery of an address by Professor Theodor Schott of Naheim.

LONDON SCHOOL OF CLINICAL MEDICINE.—The winter session commences on October 1st without introductory ceremony. The annual dinner will again be held in the spring, instead of at the commencement of the winter session.

UNIVERSITY OF BIRMINGHAM.—Work for the winter session will commence in the Medical Faculty on Monday, October 4th, without any formal ceremony.

UNIVERSITY COLLEGE, CARDIFF.—Work for the winter session in the medical department of University College, Cardiff, will commence on Tuesday, October 5th. There will be no opening ceremony, but the head of each section of the medical school will make such introductory observation as seems to him desirable.

GUY'S HOSPITAL.—Term will commence without formal ceremony on October 1st, and a week later, October 7th, the opening meeting of the Pupils' Physical Society will be held in the Anatomical Theatre at 8 p.m. Dr. Frederick Taylor will be in the chair, and Sir Hector Cameron will deliver an address entitled *A Plea for the Treatment of Abscess by Lister's Antiseptic Method*. This meeting will be preceded by a dinner in the dining hall of the Students' Club at 6.25 p.m., the chair being taken by Mr. Cosmo Bonsor, the treasurer of the hospital.

Medical News.

THE new session at Livingstone College commences on September 29th. The entry of students is fairly satisfactory, including, once more, students of various nationalities and of many denominations.

THE total number of students registered in the faculties of medicine of the Universities of Italy during the academic year 1908-9 is returned as 4,387. These are distributed as follows: Naples 1,437, Rome, 454, Turin 381, Bologna 307, Pavia 290, Padua 220, Palermo 200, Genoa 172, Florence 155, Catania 151, Pisa 146, Modena 125, Parma 110, Messina 85, Cagliari 52, Siena 50, Sassari 42.

IT was announced last week that the official opening of the seventy-fifth winter session of the Medical School of the Middlesex Hospital would take place at the hospital on Friday, October 1st, at 3 p.m. After the introductory address by Dr. Strickland Goodall the prizes will be distributed by Lieutenant E. H. Shackleton, C.V.O. Admission to the opening ceremony will be by card only, and applications should be made to the Secretary-Superintendent, Mr. F. Clare Melhado, as early as possible, as the seating space will be rather limited.