## Is Salicylic Acid a Specific in Rheumatic Fever?

SIR,—If you will favour me by allowing me to take part in the debate on the value of salicylic acid in acute rheumatism, I should like to say that, in my opinion, the word "specific" is the right expression for the action of salicylate of soda or salicylic acid in that disease. For many years, I paid a great deal of attention to the treatment of acute rheumatism, and tried all kinds of therapeutic agents, such as alkalies in large doses, lemon-juice, colchicum, and several other remedies. But, until I tried salicylic acid, I must say I had but little satisfaction. My very first case, however, treated with the acid was a quite wonderful success. The patient, a lady aged ac was in perfect agony, sweating profusely and mable to move with case, however, treated with the acid was a quite wonderful success. The patient, a lady aged 40, was in perfect agony, sweating profusely, and unable to move, with a temperature of 104° F. After four doses, of ten grains each, of the salicylate of soda, she was completely relieved of pain, and the temperature was normal. Surely this is as much a specific effect as that produced by iodide of potassium in tertiary syphilis, or by quinine in ague.—I am, sir, yours obediently,

C. R. Drysdale, M.D., Senior Physician Metropolitan Free Hospital.

17, Woburn Place, London, W.C., December 28th, 1881.

#### CORONERS' FEES.

SIR,—Can you tell me in your Answers what is my legal position in the following case? A is called upon by the coroner to make a post mortem examination, and give evidence in a case of poisoning; I (B) am ordered to help him, and I confirm his evidence at the inquest. We are each paid one guinea. The coroner says he has power to pay neither more nor less than two guineas over the medical evidence. If this be the law, it is very extraordinary, and would prevent my taking such a position in future. Should not both A and B have received two guineas?—I am, etc.,

Post Morten.

am, etc.,

\*\*\* According to Glenn's "Abstract of Laws affecting the Medical Profession', in the Medical Directory, every medical practitioner attending an inquest, and making a host mortem examination, by order of the coroner, is entitled to a fee of

#### SCARLET FEVER.

SCARLET FEVER.

SIR.—Scarlet fever would at present seem a severe and wide spread epidemic, judging by the cases reported; here it has assumed unexceptional activity, and the situation being low still lurks, and almost defies the resources (in presence of overcrowding, and short of the erection of fever wards) of our treatment of the dissemination of the disease. In the midst of an epidemic we are presented with cases of tonsillitis occurring amongst the protected and unprotected attendants on scarlatinal cases, who never contract the disease; we also meet with cases in both alike in households where the utmost precautions have been adopted against infection, and where subsequently, in spite of such means, the disease breaks out amongst other members of the family hitherto unaffected. Irrespective of the presence of an epidemic, I am inclined to look upon the one as a local expression of the more severe disease, and prognosticate respecting infection accordingly. My further remarks will bear on the more severe features of the anginose form of the disease.

Dr. Cattle's case, noticed in your issue of December 3rd, points out the rarity of fatal hæmorrhage from the tonsils. In the anginose form of the disease, where the tonsils bear the brunt of the poison, and suppuration sets in, it generally does so early, and fatal hæmorrhage, though rare, is not remarkable when one bears in mind the large arterial supply the gland enjoys. Two cases where hæmorrhage followed tonsillar ulceration lately came under my notice. In the first, a child of strumous and asthenic habit, the rash was abundant, the surface of the glands was studded with ulcers, and hæmorrhage took place about the tenth day. It was intermittent, and not violent; and though the child subsequently succumbed to the exhaustion of the suppurating process, the entire gland down to the free border of the suppiror constrictor was destroyed, and yet death was not due to hæmorrhage; here glycerine of sulphurous acid was resorted to early and constantly as a local a

first, together with the internal use of ammonia, bark, and stimulants, etc. The patient made an early recovery.

Where the tonsils suffer so severely, it certainly seems that the early use of strong antiseptics lessens the intensity and spread of the ulcerative process and hæmorrhage. Whether the proliferation and decay of the specific micro-organisms is controlled or arrested, and the crosion of the arteries of the gland prevented or assisted by treatment, the gland has the inherent power, by the new inflammatory products acting as compressing agents upon it, of controlling the hæmorrhage, it would be presumption perhaps to say; certain it is that some force is at work to restrain the hæmorrhage where great destruction takes place, assisted or not by remedial means.

Next to the tonsils we find the cervical lymphatics early undergo disintegration.

Next to the tonsils we find the cervical lymphatics early undergo disintegration, and not the salivary glands, from which nature would seem slow but sure in eliminating by their ducts the materials of the disease. Moreover, the chain of eliminating by their ducts the materials of the disease. Moreover, the chain of superficial cervical glands in the anterior triangle of the neck generally suffer most, and as generally disintegrate. In the majority of cases of the simple form, I notice that the posterior cervical glands suffer; that they do not break down; and that, from their affection rather than from that of their neighbours anteriorly, proceeds the condition known as "wry-neck".

In the twin affection of the salivary and cervical glands, prolonged induration and delayed relief of suppuration would seem to impede the cerebral circulation, and induce anamia of the brain (hydrocephaloid disease); furthermore, delay in

and induce alreading of the brain (hydrocephaloud disease); intrierimite, delay in giving surgical relief to the suppurating gland would appear to increase the area of internal mischief, and prolonging the process of discharge when relieved, sap up the remaining powers of the patient's strength. The affection of the cervical would seem to be the exact converse of that of the tonsillar glands; where the cervical undergo early enlargement and sloughing, tht tonsillar are but slightly

affected, and vice versû.

Next to the tonsils, it is the affection of a large chain of lymphatics in the course Next to the tonsils, it is the affection of a large chain of lymphatics in the course of the great vessels of the neck with which we are surgically concerned; and it appears to me that an incision directly suppuration is suspected into the most prominent is indicated, in order to relieve tension, and by freeing its fibrous envelope to give "fair play" to the gland. We thereby lessen the area of suppuration and attendant purulent infiltration of the tissues of the neck, relieve the pressure on the large cervical vessels, and coincidently the respiration.—I am, etc., Mere, Wilts.

H. A. Smith, M.R.C.S.Eng., L.R.C.P.Ed.

## UMBILICAL HERNIA.

SIR,—Mr. L. Thain, in your issue of December 24th, asks for information in treating umbilical hernia in infants. I beg to state that all the cases coming under my care I have cured by means of a long strip of soap strapping, so applied across the abdomen as to pull the skin inwards from both sides towards and over the umbilicus, thus forming a natural pad, and supporting the parieties at the same time. I am sorry I have no data by which I can state how long the treatment is required, but the results have been very satisfactory.—I am, yours faithfully, Southam, December 28th, 1881.

WALTER LATTEY, M.D.

Southam, December 28th, 1881.

NALTER LATTEY, M.D.

SIR,—In reply to Mr. Thain's query on the above subject, my opinion is that all the belts made for this affection in infants are absolutely useless. In the first place, owing to the continual serpentine movements indulged in by these little patients, they can never long be kept in place, and they invariably become in a few days thoroughlysaturated with urine. The most successful plan I have employed is nee shown me by Mr. Pick. Two pieces of diachylon plaster are taken, each about six inches by one inch. They are cut, one with a tongue about three inches long and half an inch wide, and the other with a slit in the centre to receive it. A piece of cork is cut of the size of the hernia, and covered with lint. The projecting tongue of one strip of plaster is passed through the slit of the other; the ends of the latter are pulled tight and made to adhere to the skin, the point of junction being directly over the cork. The external portions of strapping are then pressed down over the over the cork. The external portions of strapping are then pressed down over the abdomen, covering the inner portions, and t'e hernia is firmly supported.—Yours J. FOSTER PALMER.

King's Road, S.W., December 27th, 1881.

HAS THE DURATION OF HUMAN LIFE IN ENGLAND INCREASED DURING THE LAST THIRTY YEARS?

Sir.—In Dr. Rabagliati's second letter on the above subject in the British Me. DICAL JOURNAL, December 17th, 1881, p. 999, he states that the deaths registered as due to "old age" have been continuously diminishing for the last thirty years. The fact is adduced as an additional argument in favour of a negative reply to the question, although he clearly shows, at the same time, that the term "old age" is very variously used by medical men. No doubt, at the present time, the general pracvariously used by medical mell. We doubt, at the present think, the general plactitioners (upon whom the filling up of death-certificates principally devolves) are more scientific as a class than their predecessors of a bygone generation; and, as such, they would hesitate before filling up a certificate in such a simple, and often inaccurate, marmer. Thus it would primi facie appear that old age as a cause of death was decreasing, whilst disease as another cause was, pari passu, increasing

increasing.

Certainly the present generation may congratulate itself on the fact—according to Dr. Rabagliati—of a diminution in the death-rate from zymotic diseases, scrofula, and consumption of the lungs, all of which are diseases of young life. That cancer, which is a death-producer at a rather more advanced period of life, is on the increase is, I fear, what we must expect until medical science has found a prophylactic. The more lives we can pilot safely between Scylla And Charybdis, the more must we expect to lose on the hidden rocks beyond. Men cannot live for ever; as Mr. Biddle says, "it is best for the world that the bill of mortality should be heaviest at its furthest extremity" (British Medical Journal, December 24th, 1881, p. 1045). Any advance of science that tends to save young life will doubtless, in the long run, be a distinct gain to human longevity.

In my first letter on this subject (December 17th, 1881), a mistake occurs in the last sentence, which I should like to correct; for "although it may be, for a time, accompanied", read "although it must be at the same time accompanied"—Yours faithfully,

Claverton Street, Bath.

Claverton Street, Bath.

"LET me tell you", writes a correspondent to the Globe, "what I do with the anti-vaccinators' cards: I just put them in an envelope and send them back, pestage unpaid."

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