appearance of the menses. The general conditions were in this way, after a time, much improved; but all attempts at walking or effort again displaced the uterus; so at last I adapted the combination of the instruments Nos. 1 and 4, as represented in Fig. 5. It was worn for about six months, and then the uterus had so far recovered its fixed normal position, that wearing the gutta-percha vaginal support, figured in the first illustration to this paper, was sufficient to effect a satisfactory cure.

In concluding this paper, which I have endeavoured to compress into the smallest possible limits, let me say that I deprecate, in the strongest manner, the *nimia diligentia* in the mechanical treatment of uterine disease generally. I am strongly of opinion that an endeavour to correct the local trouble should always be made in the first place, by treatment directed to correct the general state of health, and only when this, unaided, has failed, should local treatment, involving manual or operative interference with the parts, be attempted. Generally speaking, the speculum should never be used, unless local medication, first by the patient herself, has failed to arrest the abnormal discharges; the sound should never be introduced unless there be presumptive evidence of uterine displacement or subinvolution; and, finally, let me say, mechanical treatment of every kind should certainly be withheld in all cases, until relief by rest, position, and local medication has failed to be afforded. The diagnosis in all cases should be strictly inductive; under no circumstances either speculative or experimental.

THE TREATMENT OF RHEUMATISM BY SALICIN AND SALICYLIC ACID.

By T. MACLAGAN, M.D., Dundee.

As I am probably the only person who has experience of both salicin and salicylic acid in the treatment of acute rheumatism, perhaps (in connection with the article on their employment in that disease which appeared in the JOURNAL of May 6th), I may be allowed space for a few remarks on the respective merits of these two remedies.

The impression left by the article is, that salicylic acid is preferable to salicin, and that the beneficial action of the latter is due to its being converted into the former in the blood. That is, perhaps, a natural conclusion for those who have been using salicylic acid; but it is almost certainly erroneous. More probable it is that both are split up into some other substance which is the true remedial agency. A more accurate view of Senator's position would have been conveyed if it had been stated that he expresses a preference for salicin, though he does lean to the view that it is converted into salicylic acid in the blood.

But all this is mere hypothesis, and is of little importance, as compared with the question, Which is the better remedy, salicin or salicylic acid? That each exercises a marvellous influence in cutting short an attack of acute rheumatism there can be no doubt. I have used salicin or salicylic acid in every case of acute rheumatism which has come under my care since November 1874 (a year and a half), and invariably with the same result—a rapid cure of the disease. Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain. That is a very different tale from any that can be told in connection with any other remedy.

Salicin is the remedy which I used first, but I have not confined myself to it. When salicylic acid was first recommended as a febrifuge, I determined to give it a trial in acute rheumatism. In the first case in which I used it, ten grains were ordered every two hours. On seeing the patient after four doses had been taken, the general condition was a little better, but she complained much of the medicine "burning her throat". I urged her to continue it. This she did, and on the following morning the pain was less, and the temperature had fallen from 102.3 to 101.1; but to the burning sensation in the throat was now added sickness. I omitted the salicylic acid, and gave the same dose of salicin, ten grains every two hours. The sickness ceased; the burning sensation in the throat disappeared; and by the following day the pain was entirely gone from the joints, and the temperature had fallen to 98.8. She made a good recovery.

This case well exemplifies what is the chief objection to salicylic acid—its tendency to produce irritation of the throat and stomach. I may have been unfortunate in my experience, but in every case in which I have given it this irritation has been complained of. All writers on the subject agree in referring to this irritation as one of its unpleasant effects. The salicylicate of soda seems to give rise to the same disagreeable symptom. Salicin, on the other hand, never gives rise to any unpleasant effects. I have prescribed it within the last year and a half in many different ailments, in doses ranging from five to thirty grains. I am probably within the mark when I say that I have thus given it to at least a hundred different people; and I cannot recall a single instance in which any disagreeable effect was produced.

I have myself taken (by way of experiment) three doses of sixty grains—one in the forenoon, one in the afternoon, and one at night—without experiencing the least discomfort; but the smallest pinch of salicylic acid produces in me a feeling of heat and irritation in the throat, while a dose of ten grains gives rise to gastric irritation and a most unpleasant burning sensation in the fauces.

Salicin is a pleasant bitter, and is best given mixed with a little water, flavoured with syrup of orange if desired. In adequate dose—say fifteen grains every two hours—it cuts short an attack of rheumatic fever, without producing disagreeable effects. It should be continued in smaller doses during the first fortnight of convalescence.

As remedial agencies in acute rheumatism, salicin and salicylic acid seem to be equally efficacious; but the former has the advantage of producing no unpleasant effects. In time, too, it is sure to be much cheaper: a matter of some importance with a large class of sufferers from rheumatism.

SKETCHES OF COLONIAL PRACTICE.

By W. PEEL NESBITT, M.B., M.R.C.P.E.
Government Medical Officer for the Burra, South Australia.

IN the spring of 1875, I heard rumours of a disease having broken out at Paratoo, ninety miles north of the associated townships known as the Burra. It had been known slightly before, but this attack disabled half the station-hands and shearers. It was vulgarly designated "Paratoo whooping-cough". I could glean no further particulars.

A little later, I was attending some children for scarlatina simplex. My attendance ceased when they were in a fair way of recovery. Four days later, I was hastily summoned to the father, a strong healthy man, who had been ailing the previous day, but had gone to work, when he suddenly fell down and was carried home. I found him sensible, but complaining of frontal headache. He had vomited, and his tongue was furred. The pulse was rather rapid. There was no rash; no sore-throat. I reserved my diagnosis. Next day, I found all the symptoms of pneumonia, with, by the wife's account, delirium at night superadded. Headache was intense. Then pleurisy was added. His throat was slightly red, but there was no rash. I was then asked to see the children, one of whom had pleuropneumonia; the others had pyrexia, cough, anorexia, and pains in the head and chest. Nothing relieved the headache, and on the sixth day life terminated in a convulsion. I then formed a diagnosis—suppressed scarlatina, superadded to pneumonia; and I filled up a certificate accordingly. The children made very slow recoveries.

Such was my first experience of the Paratoo disease. From that time I had cases every day, not as severe as the first, for they recovered; and thus it was that I soon came to recognise a disease the symptoms of which are generally as follows:—Onset mostly sudden, the patient sometimes falling down; intense frontal headache; pain in the chest, with rapid breathing; sometimes pneumonia, sometimes pleurisy, sometimes bronchitis, being present; furred tongue, cleaning in a day or two; rapid pulse and high temperature (in one case, temperature 103), falling to nearly normal standard after a few days; delirium always present; bowels sometimes very loose, or natural, or obstinately costive; great prostration.

Such was the disease; but as to the treatment I was completely at sea. Anodynes failed to relieve the headache, and expectorants the cough. I heard of patients treated with blisters, and that they died. Then, having in view the last symptom I have put down, I gave quinine and large quantities of stimulants from the beginning with much more success. Still the treatment was unsatisfactory till I came across an account of "sulpho-carbolate of soda". Since then, all my cases have done well. I give ten grains every four hours; and, though the first dose frequently aggravates the symptoms, three or four relieve immensely.

Dr. Gosse, the President of the Board of Health at Adelaide, has given it as his opinion that this is a form of influenza. It may be, though there is no coryza occurring from the nose. The frontal sinuses are probably inflamed, causing the headache; but this is surely a small cause to produce violent delirium.

I hope practitioners will try the effect of sulpho-carbolate of soda in influenza as it occurs at home, and am of opinion that it will prove an useful remedy in the treatment of chronic cough.