

THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN.

By T. MACLAGAN, M.D.

(Concluded from p. 343.)

CASE 4. *Acute rheumatism*.—J. G——, aged twenty-six. On Feb. 8th was ailing, and at night was seized with severe pain in the back and limbs, accompanied by fever and tenderness of painful parts.

Feb. 9th.—Skin hot and covered with acid perspiration; tongue furred; bowels moved; has great pain in lumbar region, in knees, in calves of legs, and in elbow and wrist joints, all which parts are tender on pressure; no headache; pulse 104; temperature 102.5°. To have fifteen grains of salicin every two hours.

10th.—Had a better night; pain much less; feels that the powders do him good; tongue cleaner; profuse acid perspiration; bowels moved; pulse 100; temperature 99.5°.

11th.—Passed a good night; is almost free from pain; still perspiring freely; pulse 70; temperature 98.3°.

Remained well, except for aching in knees for a few days.

CASE 5. *Subacute rheumatism*.—Jane S——, aged twenty-three. For the last three weeks has had rheumatic pains, for which she has been taking nitrate of potass with some benefit.

Nov. 30th.—Five days ago she had shivering and much increase of pain. Face flushed; skin warm, not perspiring; pulse 108; temperature 100.8°; heart normal; tongue furred in centre; the joints of wrists and fingers are swollen and tender on both hands; knees painful and tender to touch, but not swollen. To have half an ounce of castor oil, and twenty grains of salicin every four hours.

Dec. 1st.—No salicin to be had from chemist; has therefore had none. Bowels acted; passed a restless night; had a good deal of pain; wrists and fingers still much swollen; pulse 92; temperature 100°.

2nd.—Commenced the salicin yesterday evening; had rather a restless night; general state much the same; pulse 96; temperature 100.3°.

3rd.—Passed a much better night; pains gone from wrists and knees, but has a little pain in left shoulder, which is tender to the touch; fingers and wrists can now be freely moved without pain; pulse 76; temperature 98.6°.

Progressed favourably.

CASE 6. *Subacute rheumatism*.—William M——, aged thirty, has twice had rheumatic fever. Is of nervous temperament.

Dec. 28th.—For the last two or three days he has felt generally out of sorts, and has had pain in left knee, which has also been swollen. Slept badly last night, and to-day feels general sense of discomfort; has pain in left knee, in both ankles, and to some extent in shoulders; the right ankle and left knee are swollen and tender to the touch; skin natural; tongue slightly furred; pulse 84; temperature 99.5°; bowels moved by medicine. To have thirty grains of salicin every four hours.

29th.—Restless night; to-day he feels very wretched, especially as he cannot move; both ankles swollen and tender; knees less so; pulse 88; temperature 100.5°; bowels confined. To have half an ounce of castor oil; continue salicin.

30th.—Did not sleep well, but thinks he feels better; complains chiefly of inability to move his legs; joints unchanged in appearance, but evidently causing less pain; skin covered with acid perspiration; pulse 96; temperature 100.5°; bowels moved.

31st.—Had decidedly less pain during the night, but did not sleep much; to-day feels weaker, but is not in pain, and looks more cheerful; swelling almost gone from joints, which can now be handled without pain; can move right leg pretty freely; has pain in left arm, between shoulder and elbow, but not affecting either joint; pulse 92; temperature 101.1°. Continue salicin.

Jan. 1st.—Quiet night; pain and swelling gone from joints; has aching in muscles about shoulders; feels much better, and has desire for food; has much acid perspiration, of which he complains more than he does of pain; tongue cleaner; pulse 84; temperature 101.4°.

2nd.—Feels better; still muscular pain in left arm, but nowhere else; pulse 84; temperature 100.1°; takes food with relish. Continue salicin.

3rd.—Good night; no pain; pulse 76; temperature 99.8°.

4th.—Quiet night; free from pain; pulse 60; temp. 99°.

5th.—Ditto, ditto; pulse 56; temp. 98.2°.

Remained well.

CASE 7.—James R——, aged forty-four. Has had rheumatic fever three or four times, lasting on each occasion from three to six weeks. Two days ago felt that his old enemy was returning.

Dec. 31st.—Has anxious expression; skin perspiring freely, acid reaction; tongue moist and furred; both knees painful, but not swollen; right wrist and fingers of both hands swollen and tender; has a soft (probably old) systolic murmur at apex; pulse 96; temperature 99°; bowels open. To have fifteen grains of salicin every three hours.

Jan. 1st.—Bad night; great pain in wrists; knees not so bad; profuse acid perspiration; pulse 96; temperature 99.9°.

2nd.—Better night; bowels moved; tongue rather cleaner; complains only of left wrist; pulse 92; temperature 99°. Continue salicin.

3rd.—Good night; no pain, only stiffness in affected joints, which are still somewhat swollen; pulse 92; temp. 98.8°.

4th.—Pain all gone; skin natural; cardiac murmur unchanged; pulse 88; temperature 98.5°.

Improvement continued. Said that nothing ever did him so much good as the powders, and that he never got over an attack so quickly.

CASE 8. *Chronic rheumatism*.—Alexander L——, aged forty-five, married, was, four years ago, confined to the house for four months with rheumatism. Two years ago he was laid up in the same way for six weeks. On neither occasion were the joints affected, the pain being seated in the muscles and bones. Three weeks ago his old symptoms recurred rather suddenly, and have continued. During this time, under medical advice, he has been taking various salts of potass, but without the least benefit.

Dec. 1st.—Complains of pain in back and limbs, much increased by any movement; has not got beyond the chair at the side of his bed for three weeks, and that he gets into with great difficulty; skin natural; tongue clean; bowels constipated; pulse 68, feeble; temperature 99°; heart-sounds normal. To have an aperient, and thirty grains of salicin every six hours.

3rd.—Not seen yesterday. Slept better last night than he has done for some time; feels decidedly better. His wife states that he is more cheerful than he has been for weeks; pains not so severe; pulse 68; temperature 98.4°.

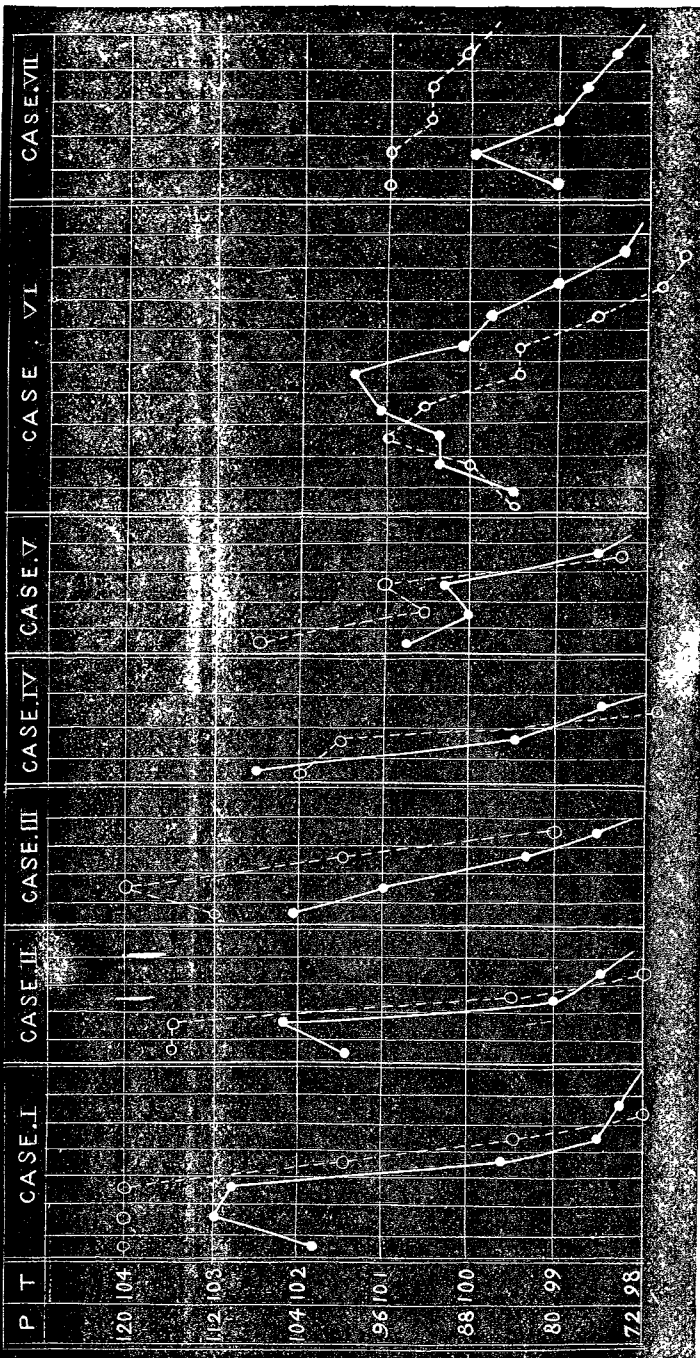
5th.—Feels much better; can move about the house freely, having only slight pain in the lumbar region and in the left leg; pulse 68; temperature 98.2°. To have fifteen grains of salicin every four hours.

He continued to improve for some six weeks after leaving off the salicin, when his symptoms returned as badly as before, and this time accompanied by pain and swelling of right wrist. Took the powders of his own accord, and was at work again in a week. Says that nothing ever did him so much good as the powders.

The accompanying charts will show at a glance the daily range of temperature and rate of pulse in the seven cases of acute and subacute rheumatism which have been given. The continuous white lines indicate the temperature, the dotted lines the pulse.

From an examination of these charts alone, especially of the first four, one would almost certainly conclude that they indicated the ranges of temperature and pulse of so many cases of febricula, so rapid and so decided is the diminution of fever which followed the administration of the salicin. A perusal of the details of the cases, however, indicates their true nature. So much febrile disturbance, accompanied by pain and swelling of joints and profuse acid perspiration, form a combination of symptoms which nothing but the rheumatic poison could produce. The sudden arrest of the painful symptoms, and the coincident rapid fall of pulse and temperature, followed so immediately on the administration of the salicin that it is impossible not to attribute them to its use. Cases of acute rheumatism do sometimes improve in the most unexpected manner, but I never saw a case get well so quickly as those of which I have given details above. A succession of such cases cannot but be

attributed to the peculiarity of the treatment. We have seen that this treatment has a good foundation in reason and analogy. The details of these cases afford, as far as a few cases can, practical evidence of its utility.



From so small an experience of salicin as I have had, I would not assert in anything like a dogmatic manner the full extent of its usefulness. I would simply indicate the following conclusions as those to which I have been led, and which, I hope, a more extended experience of its use may confirm.

1. We have in salicin a valuable remedy in the treatment of acute rheumatism.
2. The more acute the case, the more marked the benefit produced.
3. In acute cases, its beneficial action is generally apparent within twenty-four, always within forty-eight, hours of its administration in sufficient dose.
4. Given thus at the commencement of the attack, it seems sometimes to arrest the course of the malady as effectively as quinine cures an ague, or ipecacuanha a dysentery.
5. The relief of pain is always one of the earliest effects produced.
6. In acute cases, relief of pain and a fall of temperature generally occur simultaneously.
7. In subacute cases, the pain is sometimes decidedly relieved before the temperature begins to fall; this is especially the case when, as is frequently observed in those of

nervous temperament, the pain is proportionally greater than the abnormal rise of temperature.

8. In chronic rheumatism, salicin sometimes does good where other remedies fail; but it also sometimes fails where others do good.

Regarding the action of salicin on the cardiac complications of rheumatic fever I have no experience. In Case 1, indeed, the muffled and indistinct character of the heart's sounds, which existed before its administration, disappeared with the general improvement which accompanied its use. But it needs not the details of cases to demonstrate that a remedy which curtails the duration, or mitigates the severity, of an attack of rheumatic fever, must of necessity diminish in a proportionate degree the risk of cardiac mischief. Neither is it doubtful that the general treatment most suited for rheumatic endo- or peri-carditis is that which most surely and speedily cures the rheumatism. Rheumatic inflammation about the heart requires the same general treatment as rheumatic inflammation of a joint.

The dose of salicin is from ten to thirty grains every two, three, or four hours, according to the severity of the case. Fifteen grains every three hours is a medium dose for an acute case. It is very possible that less might suffice; for I have not tried to find the minimum dose. It is very certain that a much larger dose may be given without producing discomfort.

Salicin is not soluble to any useful extent; it is best administered as a powder mixed with a little cold water. It is a very pleasant bitter. I have never found the least inconvenience follow its use.

When salicylic acid (originally prepared from salicin) was first introduced, I determined to try it; and in the one case in which I did have recourse to it, it seemed to do good to the rheumatism; but it caused so much irritation of the throat and stomach that I did not repeat it. This was, no doubt, due to its being impure; for Traube has lately been trying it in his wards at Berlin, and reports most favourably as to its action in rheumatic fever.*

It is the publication of these observations that has led me to give to the profession so soon my favourable and prior experience of salicin in the same disease.

I have no doubt that Traube's observations are correct, and that salicylic acid will be found efficacious in the treatment of acute rheumatism. But I have as little doubt that it is not so good as salicin for this purpose; for it is more apt to contain noxious impurities, it is not so pleasant to take, and it apparently requires a larger dose to produce its beneficial action.

I shall be greatly obliged if those who try the remedy, and do not care to publish their observations, would kindly forward to me the results of their experience, be it favourable or otherwise. The points to be specially noted are the state of the patient, before taking the salicin, as regards heart, pulse, temperature, skin, tongue, urine, joints, &c., with daily (or more frequent) observations of the same points while under its influence. Observations taken only once a day, to be taken as nearly as possible at the same time on each day.

Dundee.

REMOVAL OF A MELANOTIC SARCOMA, ORIGINATING IN THE SHEATH OF THE SARTORIUS MUSCLE, FROM A MAN AGED SEVENTY-FIVE.

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SAMUEL R—, aged seventy-five, of Snowsell, near Winchcomb, was admitted into the Cheltenham Hospital on Oct. 23rd, 1875, with a tumour the size of a small orange, evidently connected with the right sartorius just where it goes to form the apex of Scarpa's triangle. It was of six months' growth, and had recently increased rapidly. It was sessile on and closely attached to the muscle, and

* Stricker, in *Berliner Klinische Wochenschrift*, Jan. 3rd, 1876; Riess, in same journal for Dec. 20th, 1875; and *Medical Times and Gazette*, Feb. 5th, 1876.