country. For instance, how few provincial towns possess a (Ransome's) stethometer, or even a sphygmograph, etc.

c. An organisation of this kind would also secure the introduction without delay of the newest modes of treatment, *e.g.*, the method of curing spinal curvature, which has been so ably demonstrated to this meeting by Dr. Sayre of New York, etc.

In short, these co-operative medical associations would proclaim to the public, in language not to be misunderstood, that the profession is resolved to make the prevention of disease, both infectious and other, not only a part but a principal part of its duty. And, further, that, for the cure of diseases not prevented, physic or no physic is not the main consideration; but simply how to cure them as thoroughly, as quickly, aye, and with as little cost to the community as is compatible with efficiency.

Improvement in sanitary legislation would follow. The public, becoming day by day practically acquainted with preventive medicine in their own homes, would learn the necessity for legislative measures, and then the Parliament would as naturally give to the profession its legitimate position, as now this is naturally withheld.

The words of Professor Stokes of Dublin addressed to the British Medical Association at Oxford (1868), on vacating the chair of the President, are so appropriate that I cannot conclude with words more apposite than the following.

"When medicine is in a position to command respect, be sure that its rewards will be proportionately increased and its status elevated. In the history of the human race, three objects of man's solicitude may be indicated: first, that of divinity; next, that of law or government; and, as man often seems to love gold more than life, the last is medicine. But, with the progress of society, a juster balance will obtain, conditionally that we work in the right direction, and make ourselves worthy to take a share in its government."—BRITISH MEDICAL JOURNAL, 1868, vol. ii, p. 125.

THE THERAPEUTIC AND TOXIC ACTION OF SALICYLATE OF SODA.

By FREDERICK H. DALY, M.D., Dalston.

I HAVE used salicylate of soda a good deal, during the past twelve months, in cases of acute and subacute rheumatism; and the result of my experience of the drug is decidedly favourable. I have, like others, found it most useful in acute cases, when many joints are affected and where there is high temperature. Undoubtedly there is a greater tendency to relapse after treatment by this remedy than in those cases treated by alkalines and quinine; and it is remarkable for what a long period there is this liability to relapse, even after the pulse and temperature have been for days normal, if the salicylate be discontinued. The dose ought to be gradually diminished, and combined with a couple of grains of quinine three times a day. By this plan, the risk of relapse is greatly lessened. But all this is generally well known. My object in this note is to show how, in a single case, I had recently an opportunity of witnessing both the therapeutic and the toxic action of salicylate of soda.

On November 4th, I was sent for to see Mrs. B., aged 50, suffering from rheumatic fever in a severe form: both knees, one ankle, one shoulder, and both wrists were greatly swollen, and exquisitely painful. She was sweating profusely; the tongue was coated; and the temperature 103.2 deg. I ordered milk-diet and twenty grains of salicylate of soda every two hours. I again saw the patient in twenty-four hours. She had taken the twenty-grain dose regularly every two hours, and I found her quite free from pain, sweating very little, and the swelling nearly gone. The temperature was normal. She had slept very little, and was a little incoherent and inclined to call things and people by wrong names. She was ordered to take the salicylate every three hours. On the 6th, I found her quite delirious, refusing to take food or medicine, unless forced, and labouring under all kinds of absurd delusions. She appeared quite free from pain, and the temperature was still normal; but she had not slept at all and was wandering the whole night. She was ordered to stop the salicylate of soda, and to take an alkaline with quinine; also twenty-five grains of chloral-hydrate at bedtime. After my visit, the delirium became violent, but the chloral at bedtime gave six hours' sleep; and I found my patient next morning quite rational and much better, only complaining of pain in the right wrist. The urine was quite dark and contained a very little albumen. I resumed the salicylate of soda in ten-grain doses, with a grain of quinine, three times a day; and from this day there was no further trouble from the joints, but an attack of rheumatic conjunctivitis retarded the convalescence.

The above brief extract from my note-book needs no remark. My object is to draw attention to the toxic action of the salicylate, about which I have not seen much mentioned. I may remark that I have found small doses, repeated say every four hours, of little, if any, use in rheumatic fever. The remedy ought to be given every two hours for at least the first day.

A CONTRIBUTION ON THE TREATMENT OF THE PROFESSIONAL DYSCHINESIÆ.*

By DR. LEONARDO BIANCHI,

Private Lecturer on Neuropathology and Medical Electricity in Naples.

IN the first number of *Il Morgagni* for 1873, I published a case of scribes' cramp, which, in a very short space of time, was cured with hypodermic injections of nitrate of strychnia. The young man whose case was the subject of that publication, at that time a student, is now a barrister, and has never since been troubled by the malady.

It appears, as far as I know, that since that time no other cases have been published in which the cure was obtained with hypodermic injections of strychnia, except one of Rossander, cited by Erb in Ziemssen's *Encyclopædia*. But I have had the opportunity of seeing many cases, the histories of which will be published in another work.

The views there expressed will perhaps be different from those expressed in my first publication. Therefore, putting aside for the present all pathological and physiological considerations, I will relate here some of these cases only, with the object of attracting the attention of this Association to the treatment of the disease.

CASE I.—In July 1873, I was consulted by Mr. D. L., a stout and strong man, for a disorder of his right arm. He informed me that he had been affected by it for six years, and had been prevented from writing by a painful feeling of tension and fatigue in every part of the arm and hand, with obstinate contraction of the supinators of the hand, turning it over; in the new position assumed by it, writing became impossible. Sensibility was undisturbed, and there was no difference, as regarded the muscular reaction with the faradic and galvanic currents, in the arms and forearms of the two sides. There were no painful points over the cervical spine. The faradic current applied for one month was quite useless; but he was very much improved by twelve injections of nitrate of strychnia; his writing became more regular, and he was less rapidly fatigued, as the contractions became less constant. He was then obliged to put off the treatment, on account of the necessity of writing, as he was occupied in a great deal of business which could not be left in other hands.

CASES II and III.—In 1874, I saw a man named Santilio, who consulted me on account of an irresistible and troublesome numbness of the right arm every time that he began little and delicate operations of the hand; viz., writing or sending telegraphic despatches. He was employed at the telegraph office, and the malady had manifested itself after two years of unusual and immoderate exercise of his profession. This is the second recorded case of telegraphists' cramp. The first was published in the *Lancet* in 1875, and it rather alarmed the English telegraphists. In my case, no spasm or contraction was observed in any muscle; but an irresistible torpor and sense of tension pervaded the entire arm when he attempted to write and to send telegraphic despatches, while he showed considerable strength in operations that required more muscular force and the exercise of both arms. There was no difference of reaction with the faradic current as regarded either the muscles or the nerves; but he sometimes felt pain on the cervical spine. He did not derive improvement either from muscular faradisation or from the continuous galvanic current, nor from injections of nitrate of strychnia, of which I made about thirty. I used two grains of the strychnia salt, after having ascertained that it was good by making experiments upon rabbits. The young man, who was very intelligent, assured me that his brother, employed at the Post Office, had suffered during about eight years from scribes' cramp, so much so that he was obliged to take an assistant for writing; and that, after the publication of my paper in *Il Morgagni*, he was completely cured by a number of hypodermic injections of nitrate of strychnia, and had resumed all the duties of his office.

CASE IV.—Mary D., a Sicilian, an elementary female teacher, had suffered during six years when she consulted me. She felt painful fatigue in every part of the right arm when she began to write, and had contractions of the interossei of the index and of the thumb, with also a slow contraction of the supinators, which, in the act of writing,

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.