four-roomed house in a terrace. This tailor was employed by the fashionable and principal tailor of the town, who displayed his goods in a large and handsome shop situated in the best street. The assistant-tailor, whose four-roomed cottage was his place of business, where clothes were made and repaired, employed under him a journeyman tailor and a sempstress, who lived near. On my visiting the assistant-tailor's house, I found that work was proceeding as if no fever existed upstairs. Clothes were being manufactured there for the fashionable tailor with the handsome shop, who would soon distribute them to the unsuspecting public. The journeyman tailor and the sempstress both received from the assistant-tailor some clothes to be repaired. Both became infected with the fever, and communicated it to others.

CASE VI. Scarlet Fever in a Village Grocery Business and Post Office.—A child of a village grocer, who was the postmaster of the district, became infected with scarlet fever, the poison of which was conveyed into the house from a distance. On ascertaining that the house was a small one, and that the mother and father passed from the bedside of the sick child into the shop to serve customers, and fearing, moreover, that the poison of the disease might be circulated through the agency of the post office, I recommended the temporary closure of the business. My advice was disregarded, and no power existed of compelling compliance. The disease, of course, spread throughout the village.

CASE VII. Whooping-Cough in a Village Beer-shop.—Whooping-cough of a fatal character being very prevalent in one part of my extensive district, destroying in about four months forty children, attempts were made to prevent the spread of the disease from any cases imported into the other parts of the district. A case was conveyed into a beer-shop, and infected all the children of the publican. This beer-shop was daily frequented by many of the fathers and mothers of the village, or their children. I myself saw children entering it, having been sent with jugs for beer by their parents. I recommended the publican to temporarily close his house of public call, pointing out the danger to the whole village which a refusal would involve. He quite acknowledged the risk to his customers, but assured me that he could not afford to temporarily close his business. This assurance would have been received by me *non grata*, had I not good reason for knowing that he spoke the truth. I asked the legal adviser of the Sanitary Authority whether some compensation could be granted him by the Authority, if the publican agreed to close his house, but found that the auditor would not sanction an outlay of this kind, as the law does not provide for such an expenditure of public money. The disease, as was only to be expected, spread amongst the customers, and occasioned three or four deaths.

The absence of any power to afford compensation has recently been authoritatively declared by the Local Government Board in the following case. Scarlet fever of a mild description was imported into the families of some "Peculiar People", living in a village, who kept the matter a secret. The children attended the National and Dame's Schools during the desquamative stage of the disease, and, through these schools, infected a portion of the village. I recommended that both of the schools should be temporarily closed. The clergyman of the parish, who had the control of the National Schools, consented. The periodical inspection and examination of the children had just been completed, and there was no danger of losing the grant. The old dame, who taught the very young children of the parish, and who had to maintain her still older husband (above eighty) out of her weekly earnings, also closed her school; but very naturally looked for some compensation, as she could not afford to be deprived of her weekly pittance. The legal adviser of the Sanitary Authority wrote to the Local Government Board, asking whether the Sanitary Authority could compensate the poor dame for the loss she would sustain by the closure of her school. The Local Government Board replied in the negative. In a former case of this kind, I was obliged to compensate the dame out of my own pocket, as it was impossible to allow the poor creature to suffer. If village dames refuse to close their schools when engaged in propagating disease, there exists no power to compel them to do so.

To detail more cases of this description is needless. Dozens, all telling the same tale, are to be found published in medical and sanitary journals. Perhaps the most recent in the recollection of sanitarians will be that of the distribution of the scarlet fever poison, through the medium of cream, at a West-end party; and that of the discovery of a case of small-pox in a milk-shop at Manchester.

A cottage, used as a laundry or as a butcher's-shop, may lodge in its bedrooms cases of typhus fever; a private school may disseminate scarlet fever through a district by means of its day scholars; a grocer's shop or a public-house may be served by those who have just come from the bedside of persons dying upstairs of small-pox; the cottage of the village postwoman may contain some communicable disease, the poison

of which she may distribute with the letters; and yet there exists no power to temporarily close such disease-spreading establishments.

I have written enough to show what dangers surround the public, and as to the state of helplessness in which medical officers of health find themselves, when they wish to prevent a tradesman from disseminating the poison of some disease with his wares, be it the milkman with sewage in his milk, or the schoolmaster who distributes a dose of the poison of measles with a knowledge of the three R's amongst the village children, or the sempstress, belonging to some drapery establishment, whose lodging may contain children labouring under malignant scarlet fever—a fact which may be unknown, in the absence of an Act for the compulsory registration of communicable disease, to any sanitary official. That our children should be subjected to the risk of being poisoned with sewage in their milk, because some milk-vendor chooses to wash out his cans and manipulate his milk with sewage-water; that our wives and that we ourselves should be exposed to the chance of infection from wearing clothes ordered at some respectable shop, and made in some garret full of fever or other contagious disease, the existence of which is kept a profound secret, is simply intolerable. If the liberty of the subject, about which we in this country hear so much, is to be maintained at the expense of a quiet submission to an exposure to such perils, I, for one, would pray the legislature for less liberty.

The question now arises, as to how this evil of the dissemination of zymotic disease by tradespeople can best be prevented. On this point, I doubt not, there will be some difference of opinion.

My own view is that it can be averted:

1. By placing the regulation of all trades under the control of the sanitary authorities and their officers (the power to compulsorily close a school or public-house, etc., when necessary, would be of course comprehended in an enactment of this kind);

2. By enabling a sanitary authority to grant compensation out of the rates, in cases of temporary closure of business for the protection of the public, when the sanitary authority has reasons for believing the truth of an allegation of inability to sustain pecuniary loss on account of poverty;

3. By extending the provisions of Clause 126 of the Public Health Act (1875), by inserting one making it a misdemeanour for persons to endanger the lives and health of their fellow-creatures by wilfully spreading communicable disease in any way—an amendment which has recently formed the subject of a petition of the health officers of the country to both Houses of Parliament.

The proposal to place trades under the control of the health authority of the district in which they may be situated must sooner or later be carried out. It is merely a question as to the time when the public will become as fully alive to the importance of the subject as medical men already are.

There can be nothing unfair in expending public money in giving compensation to a very poor and struggling tradesman, when a sanitary authority compulsorily closes for a short time his business in the interests of the public. Sanitary authorities already possess the power of giving compensation to the owner on account of bedding, clothing, and other articles exposed to infection which they wish to have destroyed.

Again, when schools are closed under the advice of the health authority, in consequence of the presence of infectious disease, a certain compensation is granted to them in not requiring the same number of attendances as is usually needful to secure the Government grant.

CLINICAL REMARKS ON A CASE OF ACUTE RHEUMATISM TREATED BY SALICIN.

By BALTHAZAR FOSTER, M.D., F.R.C.P. Lond.,
Physician to the General Hospital, and Professor of Medicine in Queen's College,
Birmingham, etc.

THE interesting observations which have recently been made on the use of salicin in the treatment of acute rheumatism justify the hope that we have a new and powerful remedy for many cases of this disease. I say many cases, because it appears to me that we must not expect to find a single drug universally potent against a condition like acute rheumatism. Notwithstanding their external similarity, cases of this disease differ greatly from one another, and each requires a preliminary study of its special characters to suggest the happiest treatment. Believing, as I do from observations made in this hospital,* that an excess of lactic acid in the system will produce acute rheumatism under favourable conditions, causing the joint and heart symptoms by its irritating qualities, and the

* Vide BRITISH MEDICAL JOURNAL, December 23rd, 1875; and author's *Clinical Medicine*.

high temperature by its oxidation, I nevertheless do not contend that lactic acid in excess is the sole cause of rheumatism. Were it so, quinine, salicylic acid, and possibly salicin would be even more generally efficacious than they are, by virtue of their power of checking those chemical changes on which the development of an excess of lactic acid depends. Taking this view of the disease, I cannot concur in the hypothesis that salicin is a specific remedy for acute rheumatism like quinine for ague. In many cases in this hospital, it has proved valuable in lowering the temperature, and apparently cutting short the duration of the disease; but these results would need to be universally true to justify some of the statements made respecting the efficacy of the drug. It has an antipyretic action in other febrile conditions, and also has a strong influence in reducing the pulse frequency. These properties alone make salicin a valuable agent, and go far to explain its value in rheumatic fever. In such a malady, any drug which lowers temperature and reduces the pulse frequency lessens the gravity of the attack and the risk of heart-mischief. The case to which I now call attention shows, however, that these results do not always follow its use; but, on the contrary, that the free use of the drug while reducing the pulse rate may fail either to materially lower the temperature, to prevent heart-mischief, or to shorten the duration of the disease.

The patient was a man, aged 30, who had some years previously suffered from two attacks of rheumatic fever. Eight days before his admission, he had felt *malaise*; and, on the next day, pain and swelling in his knee-joints and ankles had come on. He remained in bed; but, at the end of the week, applied to the hospital, and was admitted. During the seven days he was in bed at home, he had taken little except tea and one egg. On admission, all his larger joints except the hips were affected, tender, and swollen; the pain was very severe. No cardiac or pulmonary complication. The urine was acid, of specific gravity 1030, loaded with urates, and free from albumen. The temperature on the evening of admission was 103 deg. Fahr.; pulse 92; and respirations 30.

I saw him on September 12th, the morning after his admission; as his temperature was high and the symptoms very acute, salicin was prescribed in ten-grain doses every two hours.

The following table shows the results of the treatment by salicin.

Date.	Pulse.	Temperature. Fahrenheit.	Treatment.
Sept. 12	M. 90 E. 88	102.4 102.8	10 grs. of salicin every 2 hours
" 13	M. 72 E. 100	101.6 102.6	
" 14	M. 102 E. 108	101.6 103.4	15 grs. of salicin every 2 hours
" 15	M. 90 E. 90	102.4 102	
" 16	M. 96 E. 96	102.6 102	15 grs. of salicin every 2 hrs. till 2 P.M.; then 30 grs. every 2 hrs. till 10 P.M.; then no medicine except morphia, gr. $\frac{1}{4}$ <i>sub cute</i>
" 17	M. 96 E. 100	103.4 102	
" 18	M. 84 E. 84	101.4 102.2	30 grs. of salicin every 2 hours during the day 30 grs of salicin at 1 P.M. and 5 P.M.; $\frac{1}{4}$ gr. morphia <i>sub cute</i> at night Salicia, 30 grs. at 1 P.M. and 7 P.M.; morphia <i>sub cute</i>
" 19	M. 96 E. 84	102.4 102	
" 20	M. 68 E. 72	100.4 101.6	90 grs. of salicin daily—viz., 30 grs. at 5 A.M., 1 P.M., and 9 P.M.; morphia, $\frac{1}{4}$ gr. <i>sub cute</i> at night
" 21	M. 72 E. 88	101 103	
" 22	M. 72 E. 84	101 102	
" 23	M. 84 E. 72	101.6 103	

On September 14th, when the fifteen-grain doses of salicin every two hours were begun, hourly observations of the temperature were carefully made by the resident clinical assistant, Mr. J. H. Palmer, from 10 A.M. to 9 P.M. At 10 A.M., the temperature was 101.6 deg.; at 7 P.M., it was 103.8 deg.; and at 9 P.M., it was 103.6 deg. The next morning, at 9.30, it was 102.4 deg.

On September 16th, salicin was given in thirty-grain doses every two hours, from 1 to 10 P.M.; and the observations of the temperature were as follows: at 1, 103.2 deg.; at 2, 102.7 deg.; at 3, 103.2 deg.; at 4, 102.2 deg.; at 5, 102.4 deg.; at 6, 102.2 deg.; at 7, 102.7 deg.; at 9, 102 deg.; and 103.2 deg. at 10 P.M. No observation was made at 8 P.M.

These results and the table above show that, in this case at all events, the salicin failed to act as an antipyretic, even when most freely given, and when the temperature was observed so as to record any immediate effects. The pulse was more decidedly affected, and fell from the time the larger doses were given, and did not rise, even when some of the highest temperatures were recorded. It rose again when the salicin was discontinued, being 96 on the following evening.

The treatment adopted after the discontinuance of the salicin, on the morning of the 24th, was the free administration of alkalies during the day, and a full dose (ten grains) of quinine at night. On the first day of this treatment, the pain in the joints became much less. The temperature was 103 deg. on the evening of the 25th, before the quinine was taken; and, on the evening of the 26th, it reached its highest point, 104.6 deg.; but fell three hours after the quinine to 102.8 deg., and then steadily declined. The next evening, it was 101.4 deg.; the next, 100.6 deg.; and only once afterwards did it reach 100 deg.

During the whole period of the salicin treatment (12th to 23rd), the patient was very restless at night, and required the hypodermic morphia; the pain in the joints was severe. The smaller joints of the hands became affected on the 14th and 15th; and, on the 16th, a distinct mitral systolic murmur was discovered.

The man made a good recovery; but left the hospital too early, on account of family trouble, and returned on October 30th, with fresh rheumatic symptoms, which yielded in seven days to the alkaline and quinine treatment.

A COLD AND ITS CURE.

By JUKES STYRAP, L.K.Q.C.P., etc.,
Physician Extraordinary to the Salop Infirmary.

II.

It has been well remarked by Dr. George Johnson, that "a cold", or ordinary catarrh, although of itself not a dangerous or serious malady, is nevertheless, with many persons, an oft-recurring one, causing much annoyance and discomfort both to the sufferer and to his associates—of which fact, all of us are doubtless more or less disagreeably cognisant from personal experience; and, as *medical* treatment, notwithstanding popular prejudice to the contrary, has very considerable influence on the progress of the disorder, it is, I think, well worth our while to give the question thoughtful consideration.

The exciting cause and symptoms of catarrh, together with its popular domestic treatment, are too well known to need recapitulation. I purpose, therefore, to limit my remarks to the medical treatment which, for a period of twenty years, I have adopted with considerable success. At the same time, I think it well to note that the treatment refers to that particular form of "cold" characterised by excessive defluxion from the nares and lacrymation, and more or less febrile disturbance (and not to that which, in ordinary language, is styled "a dry and stuffy cold"), and is based on the principle of restoring the natural functions of the skin, which a chilling wind or other atmospheric influence on persons with lowered vitality has wholly or partially suppressed. There are two simple modes of accomplishing the wished-for effect: firstly, by the direct application of heat to the surface of the body by immersion in a warm bath of 100 deg., increased to 110 deg. of Fahrenheit—but in a far more efficient degree by the use of a hot-air bath; and secondly, by the action of certain diaphoretic medicines in combination—which latter are generally sufficient (and certainly the least inconvenient) to effect a cure of ordinary catarrh. In my own person, indeed, I have never found it necessary to have recourse to a bath; still, in severe colds, it may be judicious to combine the two—the bath and the medicine. And here, gentlemen, you will perhaps permit me to read my reply to a note on the subject which I received last year from my old teacher Sir Thomas Watson, then engaged in revising his *Lectures on the Principles and Practice of Physic*, and who had expressed a wish to be made acquainted with the simple treatment of "a cold in the head", as practised by myself.

"Shrewsbury, August 26th, 1870.

"Dear Sir Thomas,—In reply to your note, I would beg to remark that the remedy alluded to is a very simple one, and the treatment based on the principle recommended by Dr. George Johnson in his recent *Lecture on the Treatment of Catarrh and Bronchitis*, and which I have carried out for upwards of twenty years with much success.

"The difference in our respective treatment by opium, however, would seem to be, that he prescribes it in a 'full dose' at bedtime (hence the nausea, headache, etc., to which he refers), with or without ipecacuanha; whereas I invariably give *small doses of morphia and antimony* every three or four hours until the sneezing and defluxion cease, which, with ordinary precaution, results after the third or fourth dose. The antimony has, in my opinion, a more special effect on the mucous membrane of the breath-passages than ipecacuanha.

"The following are the forms which, slightly varied, I have used for many years: a dose or two of either of which has enabled me on various occasions, when suffering from catarrh, to attend to my professional duties with comparative impunity. Confinement, however, to