

everything in life to tempt him to keep up and not give way, who takes to bed with no symptoms but slight headache and mental depression, eating well all the time, and refuses to quit it for three long months, much to the consternation of outside friends and relatives (parents being most loyal to me)—I get one of the highest authorities on nervous complaints to come in, and he, after long and careful scrutiny, says, "Let him alone"—one has one's reward in the fact of the patient making a clean recovery.

Lest anyone for a moment should think it has been my object to make a note of a few so-called successful cases, I should like to point out the fact that twenty-five years of fairly hard work in general practice is quite enough to take away all one's conceit; death and ill-success come much too frequently; but I have simply made use of a few out of a great many cases which have forced the conviction upon me, that neurotic patients are not yet treated seriously enough, and thereby are allowed to drift.

Proud people—people proud of their intellectuality—are apt to sneer, I notice, at the greatest reformer of modern times, Charles Dickens, by saying that his characters are mostly exaggerations; the truth of which I should admit only on the other side admitting that the characters in our Lord's parables are exaggerations. Anyhow, I do think that some of us doctors of medicine—referring to our unsystematic treatment of nervous affections—in the pride of our scientific acquirements, may yet remember that wonderful sketch of the first Mrs Dombey—she being allowed to pass away quietly, probably by post-partum hæmorrhage; doctors and relatives being perfectly easy as to conscience, in the comfortable theory that she died because she failed "to make an effort."

I have during the last twenty-five years had rather special opportunities of seeing something of lunacy, and cases sent from asylums supposed to be cured; and if food, rest, and warmth are admitted to be the common-sense remedies for weakness, I should like to see the day when everyone on being taken to the haven of rest—asylum—should have a fair chance given to them by being put to bed and kept there for no shorter period than three months; for of all pathetic and touching spectacles, I think it is hard to match that of a fine sunshiny day and these persons of unsound mind being walked about, with the idea that open air and sunshine are "strengthening."

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### III.—NOTE ON THE ACTION OF MALAKIN AS AN ANTIPYRETIC AND ANTIRHEUMATIC.

By ROBERT ABERNETHY, M.D., F.R.C.P.E.

DURING the last few months I have used malakin in a number of cases of pyrexia of rheumatic and other origin, and have been much struck with its good effects. Malakin, it is claimed, is a

salicyliden-para-phenetidine which, in the presence of dilute mineral acids, is decomposed into salicylic aldehyde and para-phenetidine. This decomposition taking place in the stomach, the salicylic aldehyde on being absorbed is, according to Schmiedeberg, oxidized to salicylic acid in the tissue of the body, and can be recognised in the urine.

My first and most striking case was that of J. M'L., æt. 29, who was admitted into Chalmers Hospital on 12th May 1894, and I give it in detail, as it illustrates a troublesome condition occasionally met with in protracted cases of rheumatic fever. The history was that of a chill caught some days before, with fever and pain in the joints, beginning in the left thumb, and soon spreading to nearly every joint in the body.

On admission the signs were typical of a severe attack of acute rheumatism, with copious sour perspiration. Temperature, 101° F.; pulse, 90; and severe pain and swelling in various joints, particularly the knees and wrists.

At first salicin was given in doses of 30 grs. every two hours, and was continued until the 17th, without, however, seeming to have a very marked controlling effect on the symptoms. Then the pulse and breathing became accelerated, and some consolidation was noticed at the base of the left lung. The temperature varied between 99° and 102° F. Sulphate of quinine was now substituted for the salicin, but with no effect on the temperature, though the lung condition entirely cleared up. Patient lost flesh to some extent, and paraldehyde was necessary to produce sleep. The joints now began to improve, and on June 29th the right knee was the only one affected, though there was still a good deal of effusion in it.

On this date (June 29), however, she had a sudden very severe rigor, and the temperature rose to 104°·8 F., with copious sweating and severe pain in the right knee-joint. The ice-pack was applied and brandy given, with the result that the temperature fell, and in five hours was 101°·8. The usual continued type of fever was resumed, patient continuing to lose flesh.

No albumen appeared in the urine, and the articular swelling began to disappear under blistering and rest. On July 7th the temperature rose again, with rigor, to 105°·4, but fell rapidly after sponging with ice-water and the administration of stimulants.

These pyrexial outbursts occurred from time to time, and towards the end of July the temperature assumed a more zig-zag course instead of its previous continued type. During the first part of August several attacks occurred—indeed, after the 12th, almost daily.

On August 28th, while I was temporarily in charge of the medical wards of the Hospital, malakin, 15 grs., thrice daily, was given, and at once there was cessation of all pyrexia, the temperature becoming normal, and remaining so till the date of patient's

discharge. She was then quite well, fairly strong, able to walk about the ward, and all that remained was a faint systolic bruit accompanying, but not replacing, the first cardiac sound.

I was so convinced of the good effect of the drug in this case, after other antipyretics had failed, that I have given it since in a good many cases of pyrexia due to various causes; amongst others, a case of rheumatic fever, with advanced mitral disease, in which it controlled the symptoms admirably without apparently causing any considerable depression. Also in two cases of croupous pneumonia in children of 9 and 11 respectively, in which it seemed to have a beneficial effect, both making remarkably good and speedy recoveries. In short, such results as I have obtained so far encourage me to make a further trial of the drug in those cases of pyrexia in which either the phenacetin or the salicylic group have been found useful, but especially the latter, as its use seems to be attended with a minimum of the bad effects sometimes seen under the administration of those drugs.

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#### IV.—ON THE DIAGNOSIS OF ACUTE JOINT TUBERCULOSIS.

By A. G. MILLER, M.D., F.R.C.S.E., Lecturer on Clinical Surgery;  
Surgeon to the Edinburgh Royal Infirmary.

In a former paper<sup>1</sup> I have discussed the diagnosis of chronic joint tuberculosis. At present I propose to contrast acute joint tuberculosis with a few other acute joint affections. In order to make the contrasts and resemblances in these various affections more striking, I have placed their symptoms side by side in the accompanying table.

Acute tuberculosis of a joint is not so common as the chronic form, but occurs frequently enough to make a description of its symptoms advisable. It has to be diagnosed from acute rheumatic synovitis, and gonorrhœal or septic arthritis. In the accompanying table I have inserted traumatic synovitis merely for the purpose of contrast,—not because there should be any difficulty in the diagnosis of it from acute tuberculosis. The latter most resembles septic arthritis, as the table well shows.

I. Acute tubercular arthritis may follow an injury, an operation elsewhere, or it may be one of several manifestations in a case of general tuberculosis. Lastly, a previously existing chronic affection may become acute.

Of the first cause I have seen several examples. The injury was usually somewhat severe. It is easy to imagine how a synovitis, produced by a strain, may, in a tubercular subject, give rise to an acute tuberculosis of the joint; and how quickly all the tissues concerned in the injury, the synovial membrane, the liga-

<sup>1</sup> *Edin. Med. Journ.*, November 1894.