

when she became much worse. The respiration was much embarrassed; the lungs were loaded with fluid; the pulse was weak and fluttering. It was necessary to give her a small quantity of wine (ʒss) every hour; and this was increased to half an ounce every half-hour next day, with much relief. A small quantity of hydrocyanic acid was also given; and a turpentine stupe was put between the shoulders.

Next day an emetic of sulphate of zinc was given. The expectoration had become more free; the friction sound still continued, but much masked by bronchial sounds. The ammonia and aether draught was continued.

Sept. 22nd. The murmur was still audible, but less rough. There was a good deal of bronchitis in front; but behind, the chest was resonant. The pulse was 120, steady; less dyspnoea. She was now allowed to take fish, and four ounces of gin daily.

Sept. 25th. The aspect was much improved; but the pericardial sound was still audible. She was taking a mixture containing paregoric, sulphuric ether, and bicarbonate of soda; and the spirit was still allowed.

Since this note she has been gradually improving. The murmur, which was decreasing steadily, had disappeared entirely on October 2nd. The diet was gradually improved, and an increased quantity of stimulants ordered. The quantity of albumen in the urine also diminished; and, when last heard of, she was complaining only of some remains of anasarca about the ankles.

REMARKS. This case is a good example of the way in which treatment must be varied to suit the cases of different persons in the same disease; and how the measures which are necessary in combating inflammation in the robust and otherwise healthy, differ from those which are indicated in many of the inhabitants of great cities, broken down by a long course of vice, and suffering the various ailments which such a course entails. The poor girl whose case we have given, was one of the large class whose existence is the great blot upon our civilisation, and whose trade condemns them to a life of disease, and a premature death. Accustomed as such persons are to indulge in ardent spirits, they cannot bear the antiphlogistic regimen, of which we hear so much in the text-books, but see comparatively little in modern hospital practice, at least in London. A routine practice, which associates pericarditis by a necessary connexion with mercury and depletion, would in all probability have hastened the fatal result. As it was, this case may stand as an instance of the propriety of occasionally treating acute inflammation by stimulants.

The pathology of the disease is not without its interest, occurring as it did in a person free from any rheumatic taint, but in whom the kidneys were in a diseased condition. That albuminuria is frequently associated with serous inflammation is no new observation; and this seems often to occur in a chronic form in the arachnoid without obvious cause, merely as a consequence of vitiated blood. In the present instance, the exciting cause was apparently exposure to cold; but it seems likely that the diseased condition of the blood determined the irritation to the serous envelope of the heart.

The rest and care which the poor creature found in the Hospital appeared also to be acting beneficially on the original disease of the kidneys; and it may perhaps be hoped that the latter is not in so advanced a state as to be incapable of cure.

We subjoin notes of another case of cardiac inflammation, also treated without antiphlogistic remedies, by the alkaline method, which has become, we believe, rather a favourite at the Westminster Hospital, and has appeared on the whole as successful as many of the other numerous plans of treating acute rheumatism. The principle of this method is to neutralise the acid, whose presence in the blood appears to be the cause of the complaint; while opium is employed to allay the pain as an auxiliary merely to the principal remedies. There are other physicians who rely mainly or entirely on the action of opium; and certainly patients appear to manifest a wonderful tolerance of this drug in acute rheumatism; but here the opium seems to have acted a subordinate part only, and the recovery was due mainly to the alkaline medicine. The beneficial effect of quinine after the disease had been got under control is not to be overlooked.

## II. ACUTE RHEUMATISM: ENDOCARDITIS.

Under the care of G. T. FINCHAM, M.D.

[From Notes by M. PERREAU, Esq., Clinical Assistant.]

Ann D., aged 27, a single woman, was admitted on Sept. 1st, on account of acute rheumatism of only a few days duration.

She was complaining of pain, swelling and redness of almost all the joints, especially those of the hands. She had had hardly any sleep for four days; the urine was high-coloured; the pulse rapid (98) and jerking; tongue coated; face anxious; no præcordial pain. The following medicines were prescribed.

℞ Potassæ bicarbonatis ʒij; aquæ ʒij. M. Fiat haustus 4tis horis sumendus.  
Horâ somni sumat pulveris ipecacuan. co. gr. xv.  
Regioni cordis applicetur cataplasma lini.

The symptoms did not undergo any material change till Sept. 3rd, when she was complaining of so much pain that she was ordered to have a grain of powdered opium every eight hours. The bicarbonate of potash was still continued.

Sept. 4th. She complains of much pain in the shoulders and hands. There is no murmur. The urine is still high-coloured, but is now alkaline. The pulse has increased in frequency to 112.

During the next three days she improved somewhat as to the pain. The opium seemed to confine the bowels.

Sept. 7th. A distinct systolic murmur was heard at the base of the heart; and next day there was a very loud murmur at the base of the heart, masking the second sound, and heard under the clavicles. Rhonchus was heard also occasionally over the front of the chest. The perspiration was acid, but the urine still alkaline. She was ordered a blister to the præcordial region, and the same general treatment continued.

Sept. 10th. The symptoms continued much as before, the heart's action being still accompanied by a double murmur. The pain in all the other joints was much relieved, but the ankles continued very painful. The mixture was given every six hours.

Sept. 12th. A slight relapse occurred of the pain, which lasted for the next three days. She experienced then an improvement: the face became more cheerful, she slept better. There was profuse acid perspiration.

Sept. 15th. She was ordered three grains of disulphate of quinine every six hours, and the alkali continued. The double murmur still continued, but much more faint; it was heard at the upper end of the sternum, below the clavicles, but very faintly at the heart's apex.

Sept. 19th. The pain having become very much less, and the murmur less rough, she was ordered merely an ounce of quinine mixture three times daily.

For the next few days the pain continued to decrease, and the murmur waxed gradually fainter and fainter. The quinine was still continued, and on the 25th it was found advisable to order her some wine.

There was little more to note in this case. The murmur lasted a few days longer, but on Oct. 2nd, it is noted that it had disappeared, leaving only a little prolongation of the first sound.

Oct. 5th. No morbid symptoms remained except slightly increased impulse of the heart, and she was reported convalescent.

## Original Communications.

### INFLAMMATION OF THE SHEATHS OF TENDONS.

By JAMES PROBERT, Esq., Plymouth Iron Works, Merthyr-Tydvil.

INFLAMMATION of the sheaths of the tendons of the extensor muscles of the thumb, attended with a creaking noise somewhat resembling the crepitus of a fractured bone, is not of unfrequent occurrence among the miners and colliers of this district.

In reference to three cases of this kind noticed in the *Periscope* of the *JOURNAL* for September, I observe it is stated that the cure was rather tedious under the treatment adopted by Dr. Thompson of Tyrone, namely, by "rest, leeches, cold washes, etc." No mention is made of the application of a blister. The latter has proved by far the most efficient remedy in all such cases that have come under my observation. The blister should be from two to three inches wide, and of sufficient length to completely encircle the limb over the part affected.

Very frequently the painful condition of the tendons is removed in twenty-four hours, and complete recovery generally takes place in a few days.