Original Communications.

ON THE TREATMENT OF ACUTE RHEUMATISM.

By THOMAS INMAN, M.D., Liverpool.

On reading Dr. Fuller's work on *Rheumatism*, I have met with so many statements at variance with my own experience of the disease, that I think it right to give some account of the complaint as we have it here, and the effect of the treatment adopted. A difference so wide between my own cases and those reported in London and elsewhere, can only be accounted for on the supposition that there is some essential difference in the complaints described; or, which scarcely seems probable, that there is some error in description and treatment.

My own experience of rheumatic fever commenced in London, at King's College Hospital, where I for some time officiated as clinical clerk to Dr. Budd; and I have a very vivid recollection of the cases we met with there, and the long discussions that were held upon the proper plan of treatment. I increased my acquaintance with the disease when house-surgeon to the Infirmary in this town. Since my appointment of physician to the Northern Hospital, I have had about thirty cases under my care, which have varied greatly in intensity, etc.

Dr. Fuller gives as the average duration of his cases *five weeks*. The average duration of those I have treated has been about *ten days*. The longest case I have had has been three weeks. Dr. Fuller states that he has found those cases progress the most favourably in which the sour-smelling perspirations are most abundant. On the contrary, I have found that these cases resist treatment the longest, and that relief is proportionate to the diminution of the sweating. I am, however, bound to add as a significant fact, that the smell of the perspiration in my cases has never equalled that with which I was familiar in London, and that profuse sweating is quite the exception with us; and a dry skin, and comparatively clean tongue, the rule.

Dr. Fuller considers it advisable to give a daily aperient. I have never found it necessary to interfere with the bowels in any way.

Dr. Fuller has tried lemon-juice in thirty cases, and only found it do good in *three*. I have tried it in an equal number, and found it do good in *all*. Our last two junior house-surgeons came down fresh from London undervaluing it: one of them remarking in a patronising tone, when he heard me order lime-juice for rheumatic fever—"Do you still believe in that drug here?" My reply was: "Yes; and you will do so to by-and-by." My prophecy was soon fulfilled; and both became enthusiasts in its favour.

As it would be tedious to go into the details of every case, I may sum up by giving an account of the routine treatment now adopted. I began by giving the common commercial lime-juice in every case in doses of half an ounce every four hours, but was rather disappointed with the results: the dose was then increased to an ounce, and the effects were very marked; relief was commonly experienced in twenty-four hours; and I have repeatedly seen a man, so severely attacked that all motion was intensely painful on Monday, walking about the wards convalescent on the Friday in the same week! In very bad cases, attended with immoderate sweating, the improvement is rarely well marked until the end of the first week; and the *first good sign is the skin becoming drier*.

I have only had two cases of cardiac complication: in the first, the rheumatic fever was severe, but the patient was convalescent and walking about the wards on the *fourth* day. He slept near a door, and complained of having taken cold on the *eighth* day after admission; and on examination, I found a systolic bellows-sound, best heard at the apex of the heart. He had no return of the rheumatic pains. The disease of the heart was soon subdued. The second case was one where the cardiac disease preceded the other symptoms for three days.

In all cases at the present time, as soon as the disease shows itself as acute rheumatism, the patient is ordered to take as much lime-juice as he comfortably can; and the minimum is to be an ounce every three hours. If any of the small joints—as the hand, foot, wrist, or ankle—are inflamed, a few leeches are applied, which give instant and permanent

relief. If no sleep is obtained, a dose of morphia is given at bed-time. I have never been able to find any other result from the lime-juice than a steady diminution of the severity of fever, pain, and sweating, when present. The diet depends upon the patient's appetite. No other medicines are given, beyond those mentioned above. Up to the present time, no patient has quarrelled in any way with the lime-juice; nor have I had occasion to doubt its value. As its success has been so marked, and as there is great reason to believe that much of what we purchase for lime-juice is manufactured, it is my intention, when I have another case, to try the influence of citric, tartaric, and other vegetable acids.

Of the *modus operandi* of the acid, I can form no idea. To assume that it assists in the oxygenation of lactic acid, is to assume that lactic acid is the cause of rheumatic fever, and that its oxide is less potent than the acid itself—a thing of which we have not the faintest reliable proof. As to the poison being eliminated under the use of lime-juice, there is not the smallest evidence, nor is there any more that it is destroyed in the system.

With so comparatively few cases, I have no right to generalise, nor do I feel disposed to do so, as I am aware that future cases may occur that will force me to lose confidence in my present plan. Of one thing I however do feel certain, as much from analogy as from general experience; viz., that the less rheumatic patients are pulled down by depressing remedies, the more rapid will be the recovery, and the less the danger of cardiac or other complications.

TREATMENT OF SCALP-WOUNDS.

By THOMAS P. M. O'DONOVAN, Esq., Mayfield.

THE practice of using sutures in scalp-wounds obtains to this day, in mining practice, and is attended with success; but the same surgeon who adopts this practice in a rural district would not do so in towns.

I have used successfully a very simple method of coaptation, which is as follows:—1. Cut off the hair at the edges of the wound, over a space of about one tenth of an inch, at each side of the cut. 2. Tie some of the opposite hairs together. 3. If the hair be too short, tie some pieces of thread to the roots. If the hair be very long, as in a female, it probably need not be cut at all, as it can easily be prevented from intruding into the wound.

The following case was thus treated:—

CASE. A. B., aged about 50, an able-bodied miner, received a scalp-wound from a fall of a large mass of earth. The wound was somewhat rectangular, being about four inches in vertical by six in horizontal extent, denuding portions of the frontal, parietal, and temporal bones. On turning back the flap, the surface of the calvarium was found thickly covered with loam and schist. There was an obovate aperture, equal to about a square inch, in the squamous portion of the temporal bone, about two inches above the concha, and parallel with its posterior edge. From the posterior margin of the aperture rough ligamentous-looking tissue proceeded forwards and inwards, apparently to be attached to the dura mater, between which and the cranium were several pieces of schist.

The patient, when I saw him, was sitting in a chair. His general aspect was that of a person much fatigued. The temperature of the skin, and sensation, were natural. The pulse was natural, and the tongue clean. No symptoms were presented by the head, chest, or abdomen. The limbs were weak. The ligamentous-looking formation showed that the osseous injury was of remote date. The man was in perfect possession of his mental faculties, and informed me that his "skull had been broken some years ago, and it was likely I might now see a hole in his head."

The removal of the loam and schist was tedious, owing to the minute particles of schist being embedded on and adhering closely to the cranium, and being deeply imbedded in the angles of the wound. A few fragments lying between the dura mater and cranium were removed. The scalp was readjusted, and rules 1 and 3 were put in practice.

Immediately after readjustment, the hair being combed over the wound, no injury was discernible—obviously a desideratum, especially when ladies are concerned. The wound healed rapidly by the first intention.

REMARKS. With regard to the use of sutures, accurate adjustment and not traction should be their object. If traction be used (unless it be very trifling) the result will be ulceration