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

of the included integuments and reseparation of the edges of the wound, as exemplified in the following case:—

CASE. C. D., aged 20, came to one of the metropolitan hospitals, with an incised wound of the left fore-arm, of about three inches in length, and gaping in midlength about one inch: it was situate over the head of the flexor carpi ulnaris. It reached to the deep fascia. Sutures were applied with traction by a young dresser. It struck me at the time that strapping would have been more useful; and I feared ulceration and separation of the sutures. As I had anticipated, the patient came to the hospital on the third day with the sutures ulcerated out, and the wound as widely gaping as at first.

As to the retraction of integuments neither the size of a wound nor convexity of subjacent osseous surface cause it: it arises chiefly from subjacent muscular contraction, and partly, but not very powerfully, in the scalp by cuticular contractility.

A gentleman of very large experience informs me that he has known scalp wounds, when rapidly healed, to suppurate subsequently, and therefore prefers healing by granulation.

TREATMENT OF CHOLERA BY PURGATIVES.

By JAMES G. DAVEY, M.D., Northwoods, near Bristol.

[Read before the Bath and Bristol Branch, Sept. 24th, 1857.]

A CASE of cholera has lately occurred in my practice, and I am afforded, therefore, an opportunity of bringing the question of treatment of this dangerous malady to your notice. It is true that a single case is in itself of no great value as a general rule; but I am not without hope that the facts about to be brought forward will be recognised as realising a certain and fixed principle in therapeutics, which we shall do well not only to keep in mind, but to acknowledge as the basis of all and whatever treatment we may adopt in cholera, whether the disease be epidemic or otherwise.

Much has been written, and more said, of late years, respecting the purgative treatment of *cholera asphyxia*. A few gentlemen have contended for the honour of having been the first to introduce and practise it; others have commended the eliminative treatment; but many more have looked with doubt on the utility of purgatives in cholera. These have put their faith elsewhere; and the majority of practitioners have condemned, though prematurely, the treatment named. Drs. Ayre and G. Johnson have given us their views. The first advises small and frequently repeated doses of calomel; the second, half-ounce doses of castor oil. Dr. Ayre fails to perceive that the calomel succeeds only when it happens to act as a purgative; and Dr. Johnson is so partial to his oil that he rejects, or did reject, all auxiliary means, as stimulants, etc. However, out of evil comes good. We are indebted at this time to Dr. Johnson for a valuable little book on diarrhoea and cholera, in which he says much that is true and useful, omitting much that was due to his readers. The book I hold in my hand was written in 1834; its author was the late Mr. Twining, surgeon in the Hon. East India Company's Service; and for a long time in charge of the General Hospital at Calcutta. Now Mr. Twining, so far as I can learn, was the first both to advise and practise the treatment of cholera by purgatives—not after an empirical fashion, but on the principle that such were imperatively necessary to substitute “evacuations of a healthy appearance” for those which are abnormal. Unlike Dr. Johnson, Mr. Twining insisted on the use of stimulants; on their aid he relied “to uphold the feeble remains of vital energy, and as it were to resuscitate the patient; otherwise the susceptibility to remedies (purgatives) is speedily extinguished.” During the prevalence of cholera in this country in 1832, I lived in the Borough, and was an assistant to Mr. Martin of Bermondsey. Here I saw a very large number of cases. In the course of the following year I found myself at Calcutta, where I had the opportunity of learning the practice of Mr. Twining. I was particularly struck with the results of this gentleman's treatment of his patients, as compared with those witnessed by me before in London. I saw at once that the merits of chalk mixture were as nothing when contrasted with those of purgatives, given discriminately, and backed by other treatment, medical and dietetic.

CASE. On September 13th (Sunday), I was requested to meet Mr. Salmon (surgeon), at the house of Mr. —. The patient, aged 45 (?), used to good living, engaged in husbandry, and addicted to field sports, complained, on the morning of September 11th, of uneasiness in the bowels, with some

diarrhoea. He took Seidlitz powder, which acted once, but very freely. This gave Mr. — considerable relief. On the morrow he felt in his usual health, and went out shooting. Having dined heartily, he drove out for two or three hours. After a light supper, he went to bed at about 11 p.m. At 2½ a.m. he awoke, when the bowels were much relaxed; and after he had had two or three copious evacuations, great faintness supervened. From 2½ to nearly 5 a.m., the purging and vomiting were incessant; but the renal secretion was altogether suspended. He complained of “cramps” in his legs and “stiffness” of the fingers.

Mr. Salmon saw the patient at 9 a.m. At this time the vomiting and purging had moderated very considerably, but neither had ceased. He complained of painful cramps in the legs and hands, and spoke of a strange sinking pain or sensation across the epigastrium. Mr. Salmon told me that the state of Mr. — at 9 a.m. was most alarming and death-like; the prostration was fearful. His face was livid, and his features sunken, rigid, and fixed: this lividity was not confined to the face, but affected the extremities and a large portion of the surface of the body, both of which felt coldish and clammy.

I met Mr. Salmon in consultation about noon, when some slight reaction had appeared; the consequence of the remedial means which had been adopted, consisting of mustard poultices, brandy, ammonia, etc. The appearance, however, of our patient was anything but promising. The vomiting had at this time ceased, but a copious rice-water evacuation was ejected before I left the house. No urine was passed. Mr. — said he felt dying: his voice, too, was of that peculiar character so well known to those experienced in the management of cholera cases. Our first care was to maintain the animal heat, to support the declining vital energies, and to restore the lost tone of all those organs supplied with nerves from the great sympathetic system—in a word, to gain the necessary time wherewithal to secure to our patient the advantages to be expected from those remedies (purgatives) calculated to substitute a normal for an abnormal defecation. Mustard poultices, bottles of hot water, hot flannels, and such like were put in requisition. Strong beef-tea and brandy, in frequent and small quantities, were given. The following pills were ordered, viz.:—

R Hydrargyri chloridi. extracti colocynthidis compositi, aa gr. v. M. Fiat pilula ij statim sumenda.

One pill of this kind was also directed to be given every alternate hour; and, three hours after the first dose of calomel and colocynth, a draught, composed of an ounce of spirits of turpentine and an ounce and a half of castor oil, was prescribed.

I met Mr. Salmon again at 7 p.m. We found Mr. — better. There had been no evacuation from the bowels for the past three hours; the vomiting had discontinued. The surface of the body was warmer, and had assumed a more natural appearance; the countenance looked better, and had lost much of its sunken and cadaverous expression. He complained, however, of feeling very ill, as well as of great uneasiness over the whole abdomen. He manifested, too, very considerable impatience and restlessness. At this time our patient had taken five of the above pills, besides the draught named; or something like twelve grains of calomel, with the same of extract of colocynth, in addition to a certain quantity of beef-tea, brandy and ammonia, etc. When talking over the facts of the case in the drawing-room, we were summoned in some haste to our patient. He had just passed a few tablespoonfuls of bilious matter from the bowels, and, finding himself directly very greatly relieved, he had sent for us. Mr. — told us that he felt himself already another man. He had evidently come out of his death-struggle with success; he seemed all at once convalescent. It was agreed that the pills should be continued from time to time, but less and less frequently, according to circumstances; i.e., according to their action on the bowels. Stimulants and nourishment, as brandy, beef-tea, arrow-root, with artificial and external means of warmth, were directed to be employed as they should seem needed.

September 15th (Noon). Since my last visit on Sunday evening, Mr. — had gone on improving without one untoward symptom. The treatment, as determined on, had been persisted in by Mr. Salmon through Monday, on which day, and up to 6 o'clock a.m., there were five or six large dark coloured (black?) fluid intestinal evacuations; each succeeding one containing more and more bilious matter. The three last I saw; these, by comparison, attested the sure and progressive restoration of the functions of all those organs concerned, either directly or indirectly, in normal defecation. The excre-