

judged by the following passages from my work on Rheumatism. "My own observation has led me to believe that even when unattended by any internal affection, the disease, under ordinary methods of treatment, endures from four to five weeks. Of the 246 cases admitted into St. George's Hospital under the care of the physicians during the time I held the office of Medical Registrar, the great majority were convalescent about the end of the fourth or the beginning of the fifth week from the commencement of the attack, and were ready to leave the Hospital about the end of the sixth week; and of 23 other cases, part of which I noted in the *Hôtel Dieu* at Paris, and part at Addenbrooke's Hospital, at Cambridge, considerably above one half were of about the same duration. Experience, however, has taught me to believe that remedial agents are capable of still further shortening its duration; and to such an extent does this hold good, that as I hope to show the average duration of an uncomplicated attack may be reduced, by judicious treatment, from a month or five weeks to ten days or a fortnight." (pp. 69 and 70, Second Edition). And again at p. 137, after analysing the result of 85 cases, treated after the plan I have recommended, I state, "The articular inflammation subsided altogether within twenty-four hours in 2 instances; within forty-eight hours in 10 instances; within three days in 17 instances; within four days in 12 instances; within five days in 9 instances; within seven days in 6 instances; and in the remaining 12, although it did not wholly subside until a later period, yet it did not display any symptoms of activity after the fourth day."

Dr. Inman's next assertion is: "Dr. Fuller states that he has found those cases progress the most favourably in which the sour smelling perspirations are most abundant." Now this crude statement entirely misrepresents my views on the subject. Those cases, of course, in which profuse sour-smelling perspirations occur, are those which are most severe, and therefore less readily brought under the influence of remedies; but in discussing the effect of the profuse perspirations which do occur in the most severe forms of the disease, and which alone I term "acute rheumatism" or "rheumatic fever," I state, as the result of my observation of the disease under different modes of treatment (p. 65), "The cases of rheumatic fever which have progressed most favourably, which, though severe in their local and general symptoms, have run their course in a fortnight or three weeks, and have left the patient free from pain, have been those accompanied by profuse acid perspirations; whilst those which, in spite of treatment, have lingered on for a period of six or eight weeks, have been those in which the sweating has been less strongly acid, less perfect in its development, or less constant in its continuance, taking place over a portion only of the body, or occurring profusely perhaps for two or three days, and then subsiding or altogether disappearing." In this statement I am satisfied that the profession will bear me out; but of course it applies only to cases of really acute rheumatism, and not to such cases as Dr. Inman speaks of—cases in which he tells us that "a dry skin and comparatively clean tongue was the rule"; but which, nevertheless, he is pleased to term cases of *acute* rheumatism. If such cases as those spoken of by Dr. Inman are to be termed cases of *acute* rheumatism, our whole nomenclature must be altered.

Dr. Inman then proceeds to say: "Dr. Fuller considers it advisable to give a *daily aperient*." My statements are (p. 86): "I must express my dissent from the practice of repeated active purging." Again (p. 88): "In cases in which the bowels are acting freely, and the dejections are healthy and bilious in appearance, purging may be useful as a powerful means of drawing off the poison; but it certainly is unnecessary for the cure of the disease." Again, at p. 109, when discussing my own plan of treatment, I say, "If the bowels are acting once a day, it is seldom necessary to make a more frequent call upon their activity"; and in neither of the six cases which I have quoted in detail (pp. 117—133) have I ordered more than an *occasional aperient*. In the first case I ordered an aperient once only throughout the attack; in the second, twice; in the third, three times; in the fourth, three times; in the fifth, twice; in the sixth, once only. So much for my considering "it advisable to give a *daily aperient*."

Dr. Inman, however, is a most successful practitioner. He has had thirty cases of acute rheumatism under his care, has given lemon juice in all, and has "found it do good in all"; indeed, the average duration of his cases "has been about ten days", and "the longest case he has had has been three weeks"! Truly may he say that there must be a wide difference between his cases and those reported in London and elsewhere. It was

Dr. Owen Rees who first introduced lemon-juice to the notice of the profession as a remedy for acute rheumatism, and no one knows better how to employ it; yet the cases he has reported, on the average, were twenty-five days under treatment, and were ill for a period of forty days; whereas Dr. Inman, with the same remedy, cures the average of his cases within the space of ten days! But then in Dr. Rees' cases "profuse sweating" was not quite "the exception", nor "a dry skin and comparatively clean tongue the rule". The profession has been taught to regard such cases, whether with or without some swelling of the joints, as instances of subacute or chronic rheumatism; and Dr. Rees would not term them acute rheumatism, even for the sake of reporting them as speedily cured.

THE TREATMENT OF ACUTE RHEUMATISM.

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As my experience of the effects of lemon-juice in acute rheumatism does not coincide with that of my talented fellow-townsmen, Dr. Inman (see *BRITISH MEDICAL JOURNAL*, October 24th, p. 883), I am induced to record a brief summary of the opinions and mode of treatment I have adopted in reference to that disease.

Acute rheumatism appears to have a tendency to run a definite course, analogous to that of the exanthemata; and the duration of the attack is probably not so much dependent on the peculiar treatment adopted as has generally been supposed. This, I think, will in some measure explain how it is that similar results are obtained by such very opposite modes of treatment.

When I was a student at St. George's Hospital, the plan adopted by Dr. Seymour was bleeding and purging, followed up by the *guaiacum* mixture of the *Pharmacopæia*, with an opiate at bedtime, if required. This was found very successful, and marked relief was usually obtained on the second day. Various other methods might be mentioned, all apparently affording the same measure of success. I will just name cinchona, nitre in large doses, alkalies, and colchicum, each of which has found its admirers. The course I pursue in the treatment of acute rheumatism, and which I have found to answer my expectation, is this:—first, a dose of calomel, followed by a saline purgative: and then a grain of opium every two hours, until relief from pain is procured, keeping it up at longer intervals as the pain gradually subsides. As soon as the acute stage has passed, iodide of potassium and tonics are commenced. I generally find that the pain is much relieved in from twenty-four to forty-eight hours, and that a considerable abatement of the symptoms occurs from the third to the fifth day. Cardiac complication is rare, and has always yielded to local depletion and mercury, except in one case in which extensive pericarditis and endocarditis existed at the time when the patient came under my care, and which ran a rapidly fatal course. The advantages of the opium plan of treatment are, that it does not depress the patient, and it affords relief to the prominent symptom—pain—with certainty and rapidity; and the recoveries, as far as my observation goes, are as speedy and favourable as under any of the various plans which have been suggested.

I have not been able to obtain any very satisfactory results from lemon-juice, and have therefore ceased to place reliance upon it; but it is important to bear in mind that my patients were chiefly mechanics, iron-moulders, dock labourers, etc., treated at their own dwellings, and therefore under circumstances in every respect much less favourable for testing the efficacy of the remedy than would be obtained in the wards of a hospital.

In several cases I have noticed an affection of the heart which appears to be distinct from the ordinary inflammatory cardiac complication. It is characterised by severe pain in the præcordial region, and is liable to be mistaken for incipient endocarditis. The heart's action is tumultuous, and the sounds obscured; but no *bruit* is heard. I regard it as rheumatic affection of the muscular substance of the heart, unaccompanied by any organic change, but interfering with its action, as we find to be the case in some of the voluntary muscles which become the seat of a mere pain, without any manifest alteration of structure. A few leeches and an opiate have always removed this symptom.