Rheumatism.
The term 'Rheumatism' is derived from the Greek word φθειρα signifying a fluxion, which is derived from the verb φθιειναι to flow. This term was applied by early writers to this particular disease, from the idea then prevalent, that it was dependent on a humoral defluxion, or deposition of fluid in the joints. The term 'joint' in the same manner, which science has a considerable period has confounded with 'Rheumatism' (both going under the name of Arthritis), owes its origin to the French word goutte, signifying a drop, which in its turn is derived from the Latin gutta; the term having been applied from the supposition that drops of morbid matter were diffused into the cavities of joints.
The disease however described by Carvill writers as Rheumatism does not seem to correspond in many respects with that to which we give the appellation of Rheumatism.

Some of the earlier authors in recent times, who employed the term Rheumatism in its modern acceptation, treated of the subject in connection with Cataract, a disease in conjunction with which it often occurs.

Hydenham was the first to treat at length of Rheumatism, and to distinguish it from Gout.

The most frequent seats of Rheumatism are the joints, especially the large ones, as the Jips, Knees, Shoulders &c. It frequently also attacks the fibrous, and fibro-sinous membranes, ligaments, tendons, and the Muscles themselves, though the latter are not so frequently the seat of this affection, as some of the other parts above mentioned. The most frequent seat of it in Muscles is in those of the back, when it is termed Lumbago.

We find it also occasionally affecting the
Intercostal muscles, in which parts it gets the name of Pleurodynia.

Several affections resembling Rheumatism have been (perhaps improperly) ranked as species of this disorder; as for example, pain arising from morbid conditions of some of the nervous centers, among which perhaps we might state as an example, irritation which is sometimes classed as a species of Rheumatic affection.

Rheumatism is divided into two forms namely, the Acute and Chronic. These having reference to the severity, and constancy of the attack. A third stage is also sometimes added, the Subacute, to designate a state intermediate between the Acute and Chronic. We have also a pathological division of it into Syphilitic, Muscular, Neuralgic, and Arriostal, according to the site of the disease.

Rheumatism is one of the most common diseases of this country; and exists to the greatest extent in cold and damp situations. These two states conjoined,
As they often are, with a variable climate are extremely favourable to it. We find for the same reason, that seasons remarkable for change in the weather, and especially in mild winters, followed as is often the case by rainy summers, that it prevails. It may occur at any season of the year, though we meet with it most commonly in Spring and Autumn. The partial application of damp is much more apt to produce it than general dampness. Remaining at rest with damp clothes is more apt to produce it than if motion or exercise be employed. Sleeping in a damp bed is also a very common cause of it. But besides these exciting, we have also predisposing causes to it. Rheumatism is constitutional. This is proved by many people having evidently an hereditary tendency to it. This tendency is not so strongly marked in Rheumatism as in Gout. The sanguine temperament seems to predispose to Rheumatic attacks. Males are more frequently the subjects of it than females,
And adults than children. This perhaps may be accounted for however, by males and adults being more exposed to the exciting causes of the disease, than females, and children. Eliotson however says he has seen the disease affecting infants, as well as disease of the heart, the consequence of Pericarditis, caused by Rheumatism in very young children.

Acute Rheumatism.

An attack of Acute Rheumatism is generally preceded by rigors, and chilliness, followed by a sense of increased heat, the rubra symptoms being of a different character.

Often simultaneously with the rigors, the patient feels severe pains in the limbs, which impede motion. These pains affect principally the joints and tendons.

As the disease becomes established, the tongue is found to be loaded; there is Considerable thirst. The Pulse is frequent, rapid, not hard, or sharp, but soft. The urine is very acid, brick coloured, and scanty; but does not generally at the commencement of
An attack deposit a sediment. The skin is hot at first, but afterwards the perspiration becomes fine. The bowels are constipated. There is evaporation of the skin during night which prevents sleep. The blins are in general round, full, and if blood-letting be practised, the blood drawn will be found to present a firm and buffy coat, showing the presence of an abnormal quantity of fibrine in it. Some have asserted as the cause of Phlebitis, that the saline and acid constituents of the Blood are present in excess, on account of the function of the Kidneys being impaired. According to Audrard and others, the Fibrine, and fat of the Blood are increased in the acute stage of Phlebitis; and as the acute stage subsides, these ingredients diminish towards the natural state. The urine in the acute stage is of a high colour, as above stated, and sometimes of a purple red. There is sometimes also in this stage, a conjunctive deposit, which consists of uric acid. Acetic acid has also occasionally been detected.
The mean specific gravity is 1022.5. Acetate of lime is also found in the urine.

The perspiration in acute rheumatism has generally some odour, and when very profuse small bladder are sometimes observed on different parts of the surface of the body. The lactic acid in the sweat is increased.

The affected joints are painful on pressure or motion. And the pain is aggravated by heat, and at night. There is usually a degree of swelling, firm, and elastic, not putting on pressure. This is owing to those effusion, and capillary distention. There is also a slight bluish redness, and considerable heat of the skin. There is a great degree of pyrexia preceding the local symptoms, which is of course regulated by the extent of the parts affected. All the febrile symptoms manifest a hectic character. The pain has often a tendency to shift its locality. This occurs especially when the localisation is most severe. The redness, and swelling of the parts are seldom or never followed by liberation, except in those persons
If a decidedly phrenicous habit.

With respect to the mental faculties, we do not find them impaired, whereas in Gout the reverse often occurs, which is caused by incessant labor, and the evil use of medicines. "The name Rheumatic fever is applied, when a considerable amount of feverishness attends the disease. The term Rheumatic Gout has been applied to it, when affecting the smaller joints. The violence of the pain, and pyrexia is very variable, during the progress of the acute stage. When swelling occurs in the affected parts, it is very often followed by abatement of the pain. The symptoms stated above may vary in duration, but they in general commence to show signs of abatement at the end of twenty days from the beginning of the attack. Among the first signs of amendment, are the partial absence of pain in the parts affected, except during motion, and the diminution of the pulse as regards frequency. As a consequence of this the pyrexia gradually diminishes, and lasts (generally for the first
time) A lacticinous deposit appears in the wine. This last however is not such a symptom of the disease subsiding, as it is in goa. The wine also is increased in quantity, and we may expect also from the presence of the deposit, that it will be more acid, on account of the state of acclination being decomposed on the cooling of the wine, and the wine acid consequently precipitated. The stone collections also become more copious. The patient, for some time after the amendment has begun, complaining of great weakness, and dread of a return of the symptoms is afraid to use the affected parts.

The consequences of acute Rheumatism are various. It occasionally causes fibrinous effusions into the cellular tissue which however are in general soon absorbed. Sometimes also there is effusion into the sheaths of the tendons. And thickening of the ligaments and fascia as is not uncommon, especially when the disease has lasted for some time in the same part.
We have also considerable thickening of the joints, and from this cause we most unnormously see patients crippled, the joints becoming encyplased. As before stated, we almost never have suppuration as a consequence of Rheumatism; if it does occur, it will be found to be the effect of some other inflammation present. We also never find gummata following Rheumatism. The meningitis are sometimes affected in Acute Rheumatism, causing slight delirium, which generally appears during the nocturnal exacerbations of the disease, accompanied by pains in the head. But the most frequent consequences of Acute Rheumatism are affections of the Heart and Pericardium. We find these affections occurring principally in Rheumatic Patients of the poorer classes, who live in close, and ill ventilated dwellings, whose clothing is filthy, and whose habits are irregular. They chiefly occur in young persons. We frequently meet with patients having endocarditis or pericarditis,
without any other attendant complaint.

But if we examine into their history, we often
find that some years ago perhaps they
had an attack of Rheumatism, which
having gone off was succeeded by the
present complaint. The heart affection often
remains latent for some time, until some
exposure, or unexpected muscular exertion,
causes the symptoms to be developed, which
are often accompanied by drowsical effusion.

An attack of Rheumatism subsequent to the
superscription of the Cardiac affection
sometimes produces an aggravation
of the latter, but frequently also does
not affect in any way. Among other
parts, which are sometimes the seats of
affections following Rheumatism,
we may mention the Pleura, Diaphragm,
Peritonaeum, Sclerotic coats of the Eye,
and Iris. Affections also of the sexual
organs often follow, or accompany
Rheumatism, and are manifested in
females by dysmenorrhoë and leukorrhoë. Some Authors mention a kind
Of Rheumatism. While they term Gonorrhoea, affecting especially the knees, and ankles with pain, slight swelling, and tenderness of the joints, which symptoms are in general accompanied by more or less pyrexia.

It occurs most commonly towards the termination, or on the suppression of an attack of Gonorrhoea, especially in young men of weak constitution, and of the athymous diathesis. It has been attributed by some to the use of tincture of opium, but although these may perhaps predispose to this affection, yet we know of cases in which Gonorrhoea has been cured without the employment of either of those remedies, and a Rheumatic attack has followed.

Subacute Rheumatism.

We shall now lay a few words concerning the stage of Rheumatism, intermediate between the Acute and Chronic, namely, the Subacute. This form of the disease may occur either as a primary, or as a secondary affection following the Acute.
The causes of primary subacute Rheumatism are the same as those of acute. This form of the complaint is not so severe in its symptoms as acute, and more severe than chronic Rheumatism. In it there are not generally preceding rigors, nor that feeling of coldness, which characterizes the acute form; and the fever is not capable to such an extent. The exacer-

bation, however of all the symptoms, as in acute, occurs towards night, and disappears towards morning. The pains may occur in all parts of the body, but especially in the lower extremities, in the knee, and ankle joints. They sometimes remain in one locality, and sometimes shift in an extraordinary manner. They are peculiarly apt to shift suddenly, if the patient be exposed to cold, of which he is remarkably susceptible. With regard to the Constitutional symptoms, the Bowels are often in a natural condition: being neither loose, nor constipated: The urine is clear, and generally very acid, of high specific gravity,
And deposits a catarrhous sediment, as in
the convulsive stage of the acute, it is also
high-coloured. The secretion of the muco-
gland is generally slow, and the bile when secreted
remains in the ducts, and gall bladder.
The tongue is white, and occasionally fissured
and the patient complains of thirst.
The pulse ranges between 75 and 85, being
fuller at night. The respiration is
short.
The acute is catarrhous, and is increased in the
morning. If blood be drawn, it will present
the buffy coat, and be effused. The joints, or
parts affected are generally swollen, without
much heat, or redness. Metastasis is not
so liable to occur in this form of Rheumatism
as in the former. In it the Amendment
in the constitutional symptoms generally
precedes the commencement of convalescence;
while in the acute the latter generally occurs
first, the constitutional symptoms diminish-
ing as it advances. Subacute Rheumatism
seems to a greater extent in Eastern countries
than with us. This is very common in India.
According to Hawkins, the General Influenza
Attending Acute and Subacute Rheumatism is always more severe when the disease occurs in tendinous and ligamentous structures, than in any other. Subacute Rheumatism is apt to be followed by most of the affections lurking on Acute and Chronic. Head symptoms would appear to be most apt to follow this form of the complaint, especially when it has gone on for some time, and been situated in joints. On the appearance of these affections the Rheumatism, for the most part, either partially, or entirely subsides. It is generally believed, however, that these symptoms in the head are not caused by the subsidence of the original disease, but by some impression made on the Brain during the continuance of it; the depressed state of the nervous system predisposing to such affections. Sometimes in extreme cases the inflammation thus induced in the Brain, even goes so far as to produce effusion of serum into the ventricles. Such symptoms following Rheumatism, generally occur in persons of
be deprived and cachectic constitution, in whom there exists a sort of predisposition to be attacked by the particular form of Rheumatism (Cæsural), which is most generally followed by them. The rest of the complications of Subacute Rheumatism will come better under the head of those of Chronic, of which we shall now treat.

Chronic Rheumatism!

This form of the Disease may follow either of the two preceding, or it may exist from the commencement as a separate Disease. Chronic Rheumatism has also been termed Pulpive. The causes which produce this form of the disease are the same as in the two preceding. Cold and damp being the principal. In Chronic Rheumatism the pain is less intense than in the acute form. It is not aggravated, but rather relieved by pressure. Motion at first rather aggraves it, but by degrees the pain diminishes; whereas in the acute form it becomes more intense. It is also not increased by heat, but on the contrary, in many cases
seems to be mitigated; whereas the reverse occurs in acute. Cold often increases it.
There is little or no heat of the skin, little fever, and no great tendency to diarrhoea, and no marked change in the urine.
As we observe the acute disease attacking principally the young and plethoric, so we generally find the chronic, when it occurs as a primary affection, attacking chiefly those of a weakly frame of body. Allowing to this circumstance, according to Baygar the Chronic Rheumatism occurs more frequently among females than males, in elderly and debilitated persons, and in parts which have been previously weakened by external injuries, as blows, strains &c. It occurs most frequently, combined with a disordered state of the digestive organs; this seeming to predispose to its attack. In fact, very slight exposure to cold, and damp, with disordered bowels, may give rise to it, in those of a debauched habit of body. It generally continues in the part or parts first attacked by it. It may however shift, as we have been the acute
Form does, leaving one joint, and seizing another; but it does not appear to be probable to change to internal organs, as the two preceding forms. Acute Rheumatism, we have already seen, may become Chronic, and in some cases the one form may resemble the other. There exists a great variety of forms of Chronic Rheumatism. When it follows either of the two foregoing forms of the disease, it is, when the greater part of the pain, and superficial has subsided; and when the patient has become more fixed to one locality, and not as apt to recur, or only departs in the morning to return again in the evening. The character also of the pain is changed, being more of a sharp, achy nature, but not so severe as before, and we often see, as stated above, that the warmth of the bed clothes at night, alleviates it. The heat, redness, and swelling attending the acute form, (especially the twoformer) have, by this time, subsided entirely, or nearly so. The return of the alveolar exudation to their natural state, is among the last.
Symptoms of the chronic stage having intervened. The tongue becomes continuous, foul and pururated. The Biliary secretion also may remain disordered, which has been observed materially to influence the duration, and severity of the plains. The urine by this time, having been depositing the bilirubin sediment, characteristic of the abatement of the acute stage, is beginning to appear more healthy. The disease advancing, the plains sometimes become intermittent, often being observed to return with changes in the loci, temperature &c. When continuous they are of the same acting nature as before. Warmth has the effect of alleviating them, and热水 also is found beneficial. There is scarcely any heat, swelling, or redness. When the patient attempts to use the affected part, he at first complains of stiffness, and pain; but if the attempt be persevered in, these symptoms disappear.

Dioscorea has the effect of allaying the plains. So, after the disease has abated, unless the patient take regular exercise, so as to keep up a moderate amount of perspiration, the affection...
is very apt to return.

The Blood in Chronic Rheumatism does not
present so great a departure from the healthy
state, as in the acute and subacute forms:
And, when the Chronic State follows either
of these two, the Fibria is often found to
diminish almost to the healthy standard,
on its suppresion: In this form of the disease
occurring as a primary affection, the urine
generally remains natural. It is generally
acid. If the disease however has lasted
for a considerable time, it often presents
a turbid appearance, from the presence of
phosphates in it.

The joints, especially the larger ones, are frequent-
ly the seat of Chronic Rheumatism, which is apt
to continue long in them, and, if not treated in
time, is apt to cause the Cartilages to be converted
into a peculiar hard substance, known as
the porcellaneous deposit. The synovial mem-
branes also frequently become much thick-
ened, from effusion into their cavities.
The extremities of the bones also composing the
joints are enlarged, and frequently small
particles of caseous, or cartilaginous matter, form in the cavity of the joints, which sometimes attach themselves to the articulating surfaces. When the disease attacks the hands, the bones constituting it, especially the metacarpals, are much thickened, which is apparent at the knuckles. The fingers also appear dislocated, and some of them are placed. This form is very common in delicate females between the age of forty and fifty, when the menses cease, and if occurring before that period, it is often found to be accompanied by irregular menstruation. The knee joint is the most common seat of Chronic Rheumatism, followed by the parcelliraceous deposit, above mentioned. The cotyloid cavity becomes deeper than natural, and the head of the femur becomes larger. When the deposit takes place the small mass of fat, which naturally exists in the cotyloid cavity, disappears. Changes take place in the neck of the femur, so as to shorten it; and it has often the appearance, as if a fracture had occurred, which has subsequently united. This form of the disease...
is most frequent in males. The foot often becomes
demulated, and the patient in walking drags
the affected limb after him as in paralysis.

Chronic Rheumatism also, as before stated,
occurs as a primary affection, as an instance
of which we may state Lumbago. The pain
here is increased when the inner muscles are
put on the stretch, and is less when they
are relaxed. Hence we see patients affected
with Lumbago continually bending the body
forwards. This affection may be mistaken
for Lumbar abscess, and vice versa.

The former is relieved by presence, heat, and
strict attention to keeping the bowels in a
proper state, which do not relieve the latter.

It may also be mistaken for disease of the
Kidney, especially nephritis. In Lumbago
the pain exists on both sides of the spine,
while in Nephritis only on the affected side.

The pain in it (nephritis) is also increased on pressing
and follows the course of the anterior renal
nerve. There is also dysuria, and frequent
urination. The severity of the constitutional
symptoms alone, is sufficient to show that
The disease is not uncommon.

Another form of chronic Rheumatism is Torticollis, or歪neck. This generally follows the application of cold, such as sitting in a draught of cold air. The pain is generally felt at the back of the neck, and the patient is unable to turn the head to either side. When the pain occurs at the side of the neck, the patient bends his head to the affected side, as to relieve it. The affection is seated in the Aponeurotic expansion of the Cervical Nerves. Pleurodynia is another form of it, and is important on account of its being apt to be confounded with pneumonia and pleurisy. The principal mode for the diagnosis of Rheumatism of the intercostal muscles is the occasionalising of pain on pressing, which we do not find in pneumonia or pleurisy. Neither in Pleurodynia have we the general Constitutional Arrangements, as in the other two diseases.

When Rheumatism attacks heroes, it exists along their course, as in the more common seats of it, as in the dietic nerves, and those
which supply the head, and face.
When it attacks the latter nerves, it frequently
appears in intermittent form, occurring
with great severity at intervals, and afterwards
entirely subsiding. It generally also assumes
this form, when aponeuroses are the seat of it.
The pain generally comes on in the evening,
when the patient is exhausted, and continues
violent for some hours. The pain is locally
of a darting nature, and confined to parts,
while the sense of palsy is increased. The branches of the
fifth nerve are often the seat of it; and
frequently there is sometimes had recourse
to with success. It is often accompanied with
Rheumatic affections in other parts of the
body, as stiffness, &c. In the commencement
of this form there is not generally much
sensation, though sometimes it has been
observed to be attended with enlargement
of some of the lymphatics, and secretions (par-
ticularly the dilated) and foul tongue.
When it attacks the head, it is generally confined
to one side, and is situated in the aponeuroses.
Heat relieves, and cold aggravates it.
The most frequent form however of Neuralgic Rheumatism is located. The affection is in general confined to one side, and commences at the Lumbar region, subsequently extending down the limb to the foot. As it follows the course of the Sacral Nerve, it is confined to the posterior part of the limb. It is not so intermittent in its attacks as the former affection, nor does it come on so suddenly.

Concerning the pathology of Neuralgic, not much is ascertained, but the prevalent belief is, that the Rheumatism is confined to the Nerve sheaths.

When treating of Acute Rheumatism, we shall say a few words about that form of the disease following Gonorrheal, we shall now dwell at more length on it, as it more properly comes under the head of Chronic.

The abnormal state of the system consequent on repeated attacks of Renewal Disease, particularly predisposes to Rheumatic Attacks. The period of time that elapses between the commencement of the Gonorrheal, and the Rheumatic Attacks, varies between one and
Four weeks. Sometimes the gonorrheal discharge has entirely ceased, before the rheumatic attack supervenes; and occasionally they alternate with one another.

The first symptoms are generally pains in the joints, which are soon followed by effusion into their cavities. Any movement of the limb is intolerable, and the patient experiences most relief by keeping it in a half bent position. The external half of the joint presents an unnatural appearance. There is generally more or less synovia, and disorder of the alimentary canal, especially if the affection has an acute form.

The urine presents also a watery deposit.

The cause of Rheumatic following Gonorrhea is not ascertained. All that can be said on the subject is, that the debilitated condition of the system predisposes in a great measure to its occurrence, especially if combined with an hereditary predisposition. We sometimes meet with it combined, or alternating with gonorrhœal rheumatism.

Periostal Rheumatism may also be incidental.
Under the head of chronic, although it sometimes appears in an acute form, persons of the phlegmatic diathesis, and those whose constitutions are of the naturally weak, or have been rendered so by disease, are its most common victims. When it appears in the acute form there is in general more or less pyrexia, which is absent in the chronic form of it. The pulse is more frequent; the tongue is pale, and the alimentary canal is disordered. The pains are referred to the bone, and are often aggravated at night; they are also increased on pressure. The peristalsis becomes thickened when the disease continues long, which is generally the case. The locale most commonly attached to it are those most exposed, as the anterior border of the scapula, the nasal bones, and the clavicles. This form of phrenation is apt to be confounded with three pains, which are often seen following the abuse of mercury in syphilis, and which is called phrenation by some. These pains however are more shifting, or wandering in their nature; if nodus however
exist, they are frequently stationary. The swelling of the periosteum also is more marked. The chief reliance however in the diagnosis must be placed on the previous history of the patient, and his general appearance at the time, whether or not there are any appearances of secondary symptoms.

We shall now say a few words on the complications of Pneumonic. The most frequent of these are affections of the Cardio-Cardiacum, and peri-Cardiacum, of which we have said some thing while treating of the acute form of the Disease. These affections may occur primarily, or may follow the Pneumonic attack. Some are of opinion that they may even precede it: The pericardium may also be the seat of the secondary affection; the cause of which are the hearts principally affected. The peritoneum is also, though rarely, affected simultaneously with it. This affection occurs most generally in the periseral condition. Affections of the Pleura are rare; but when they occur it is generally after Pneumonic in the intercostal muscles. The uterus, ovaries, and testicles are
also sometimes affected. The membranes of the spinal cord are occasionally found diseased after an attack of Rheumatism, producing swelling, and often when it occurs, terminating in Paralysis. One of the most common complications of Rheumatism is Cataract, which is often induced at the same time, and by the same causes as Rheumatism. viz. cold, damp.

Concerning the state of the blood and ulcerations, we shall say a few words. The saline contents of the former are increased, which by some is supposed to be the immediate cause of the disease. The blood also contains more fibrin than usual. The fatty matters are also increased. The corpuscles are diminished in proportion to the quantity of fibrin.

The clot, especially in the early stage of an attack, is bulky: the thickness of it depending much on the vessel, in which it is received. The serum presents a yellowish appearance than in the healthy state; and increases in quantity according to the frequency with which bloodletting is practiced. The perspiration is characterized principally by the presence of an abnormal amount of saltie
Acid, and occasionally nitric acid. It has often an offensive smell, and occurs in minute vesicles. The maintenance of the respiration, as already stated, is of great consequence in preventing the recurrence of an attack often chronic form, after it has once subsided. The urine often remains acrid in chronic Rheumatism, but in acute it is most commonly highly acid in its properties, and deep in colour. A crystalline deposit is also observed on its cooling, which consists of urate of ammonium, with occasionally oxalate of lime.

Rheumatism is very apt to be mistaken for other complaints, and vice versa. This very liable to be confounded with gout. This disease however generally attacks the smaller joints, while Rheumatism attacks the larger ones. Gout also is more apt to seize internal organs than Rheumatism: and an attack of it is generally preceded by a derangement of the Kidneys or Liver. It is not usually ushered in by Chills, and rigors as is Rheumatism. This often the easy matter to distinguish between the latter disease, and affections of the joints depending on
Towards the former affection, however, it is seldom confined for any length of time to individual joints, but shifts from one to another, and often rises much at the same time: it also attacks the chthonomeres simultaneously.

With regard to the prognosis of this affection, time does not allow of our saying much. As long as the affection continues in external parts, such as joints, there is not much to be dreaded, but the chief risk lies in its liability to attack internal organs, as the heart.

We often find an attack of this disease occurring in early life, giving rise to some internal affection, which cuts off the patient after he is considerably advanced in years; the symptoms of which at first were hardly discernible. When the disease is situated in the joints, anuria may ensue. With regard to other

- mining the termination of the attacks of this affection, we cannot with certainty depend on the disease having entirely disappeared, till we observe the expectoration and expectorations restored to a healthy condition.

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Different opinions have been held at different times concerning the nature of these
manifestations. In early times it was attributed to a certain principle, existing in the blood,
to which the term "Materia Medica" has given
another view was that it depended on a
peculiar state of some of the vessels. While a third view was that it was confined
entirely to the muscular fibres, and also
nerves. The latter view approximates most
nearly the one now generally entertained
concerning the nature of the complaint,
that it is confined to the ligaments, tendons,
and aponeuroses. This reasonable however
to suppose from the state of the secretions,
especially the urine, and sweat, which contain
an abnormal quantity of acid, especially
the urine, and sweat, that some abnormal
material exists in the blood, which is more
immediately connected with the disease,
and must be got rid of. This would seem
also to be strengthened by the following fact:
The in general find the Rheumatic phlegm
alleviated by a copious inspiration, and it is
Very apt to occur by incursions exposure to cold, so as suddenly to arrest the perspiration. The state of the body also before an attack of diarrhœa is more or less disordered. We find frequently, coldness, palsy, and diarrhea in an unnatural state. We also see the stomach, kidneys, and bladder, and sometimes the uterus in an unhealthy condition. Constipation is often present, from the time being tardy in its action, and retention after evacuation in the stools, and gall bladder being thus pressed, preventing the food from being properly prepared for absorption.

All these circumstances must lead to the retention in the blood of substances intended for excretion.

The causes of diarrhœa are various. Some have ascribed it to a particular constitution, or constitution, which is hereditary. This may act as a predisposing cause, but we can in general trace the disease to some more direct, or exciting causes. Among other predisposing causes are those...
just mentioned above. Any diseases of the alimentary canal, and lacertian organs age, and they do not seem to have much influence in predisposing to it; perhaps we meet with a greater number, and more acute cases, between the ages of 20 and 35, but this can be accounted for by the fact that people at that period of life are more exposed to exciting causes, than at any other. When the disease occurs before that period, it is very often complicated with other diseases, as heart disease, and affections of the envelope of the spinal cord. A debilitated state of the nervous system, especially when induced by excessive cerebral indulgence, or self-pollution, is one of the principal predisposing causes. Among the exciting causes we have already mentioned at the commencement of this treatise, the principal ones by cold and alarming currents of air, and exhilarations from degenerating animal or vegetable matter. Scanty food and clothing, if combined with excessive sleeping in a disagreeable situation, are almost certain to be followed by an
An attack of Rheumatism. We often find that in this country, Rheumatism is characterized by the prevalence of east winds, and much rain. Rheumatism occurs as an epidemic.

Treatment:

Various methods of treatment have been advocated by their different authors, according to the stars they entertained of the nature of this complaint. The treatment must depend in some measure on the age of our patient, the class of society to which he belongs, the locality in which he resides, and the mode of life which he has been leading previous to the attack.

We shall now proceed to the treatment of the acute, and chronic, forms. The patient is of course put on a moderate, and cooling regimen, and antiphlogistics are to be employed, rubes contra indicated. Blood-letting is of considerable service, and is to be regulated according to the appearance of the patient. If the lee stout, robust, and middle-aged, then bleeding may be practiced with advantage. But if young, and ill fed, or previously
tism of the disease, it will prove detrimental.

It must also be regulated by the amount of
inflammation, and pain present. According to Dr.
Coriné’s, bloodletting, in order to be beneficial, must
be performed in the early part of the disease,
and should be carried to a considerable
extent. If carried too far, however, it may
prove very injurious. The pain is not removed,
but merely relieved by bleeding. And that
must be followed by other remedies, which are
much affected in their action by the previous
loss of blood, if previously combined.

Elliotson says: Resection is not always required.

‘Free local bleeding generally answers better.’

But there is no objection to general bloodletting,

‘if the strength will allow it; and if several
large joints be affected, it will be better than
local bleeding.’ Some recommend cold local
applications in acute rheumatism. Among
whom is Dr. Elliotson, who asserts that they
may safely be employed as long as the skin
is hotter than it ought to be, and they are ap-
plausible to the patient himself. We ought to be
Cautious however how we employ evaporating
lotions. We are of opinion that they would be
useful to produce metastasis. Mercury has been
preferred by Rome. They may be of service in re-
verting the skin to a healthy condition, and
when combined with opium, lead the ulcer
will also act on the skin, which is of great
importance. Boraxia Sublimata when com-
bined with Cinchona, or Resaeparilla, is often
of much service, when the disease is confined
to the joints. Calomel should not be induced
by Mercury, as it may produce metastasis to
parts more important. The patients are free,
especially when they act on the skin at the
same time. They are of most service in the
early part of the disease. They ought not to
be violent in their action, as metastasis in the
case may also take place. They should be com-
bined with tonic bitters of Rome kind, as
Quapin, or Jutian. Rose's Powder is among
the most frequently employed of all Remedies
in the treatment of acute Rheumatism.
It should be given in doses of ten or fifteen
grains, twice or thrice in the 24 hours. The
Quapin being substituted for the Sulphate of
Potash, in order to have a diuretic, as well as a diaphoretic effect produced. At the beginning of an attack of Rheumatism, Quinine combined with Saffron and Opium, is sometimes alternated with the Face powder preparation, and diaphoretics in general one of service. Before giving them however we should ensure the alimentary canal being clear, in order that the patient may not run the risk of getting cold by rising out of bed to go to stool. Quinine used to be much employed as a diaphoretic. It is either given alone, or with Ammonia. It also acts slightly as a purgative. The different preparations of Antimony are also employed, but their use should be abandoned, if much acid exist in the urine. Colchicinum has been much employed. It may be given as soon as the rigor is moderated, but not till then. Half a drachm or a drachm of the wine may be given daily, though that would be rather a large dose to begin with. This most beneficial when it acts on the Bowels, therefore it is best to combine it with a purgative. The
use must be stopped if it purges excessively.

It sometimes has the effect of causing nausea.

According to Elliston, Prussic Acid makes it remain bitter in the stomach, of which from one to three drops may be given along with a dose of Colchicum. Some prefer the extract of Colchicum; but, as in Gout, so in Rhematism we should avoid giving Acetate in the form of tincture as often given and found beneficial. It is given in the dose of 1-3 drops of Fleming's tincture.

A variety of other remedies have been proposed for Acute, and Subacute Rheumatism;

but these are the most important.

In chronic Rheumatism the treatment differs somewhat. If there exists little or no prejudice, we do not use anti-inflamatory means actively. In many cases an opposite mode of treatment is to be adopted. The system is to be strengthened by such means as wine, and generous diet. Bleeding is injurious.

The first point in the treatment is to attend to the primeval blood. And having got them restored to a proper state, we may then proceed
to administer remedies.

Arsenic will be found very penetrating, especially if combined with sulpheric acid. We may employ acids beneficially in the treatment of chronic diseases, though their use in acute would prove injurious. The help to allay the excessive diarrhoea, which we meet with in this form, if the above remedies do not prove of service, we may try mercuric or colchicum in the acute; and junciun combined with arbutis has been recommended by some writers.

We may also combine it with istride of potassium in the dose of three grains of the salt twice a day. The patient should also partake freely of delusive drinks. Arsenic has been recommended as a cure in obstinate cases, and is occasionally found very beneficial. In giving it we must be careful to watch its effects, and abandon it whenever any injurious symptoms manifest themselves. These are principally heat in the stomach and bowels, pain on pressure of the abdomen, redness of the throat and face, rose eyes, headache, and vertigo. It also occasionally produces absence of the extremities. It is generally given in the form of pellets.
dilution. He may begin with 5 drops twice or thrice a day, and gradually increase it to 10 or 12 drops. Some have recommended it to be combined with iodine, and mercury, in the form of the Tegovii Iodidi Arsenici et Hydargyri.

Turpentine has also been tried with success. It has been found especially serviceable in Rheumatic Gritis, when given in sufficient doses to act on the Bowels during a course of Colonel. Warm, hot, and cold baths, followed by friction have been tried. The latter is a very good means of preventing the return of an attack, after it has subsided.

Medicated baths containing Alkalis, or the extract of potash, followed by friction with liniment are also found beneficial. Diaphans, fomentos, catons, issues, and tincture linement and among the list of remedies recommended by different Authors. Shampooing as practiced in the East has also been found good. There is also Annette Eastern practice highly recommended by some in cases of Chronic Rheumatism, namely, ACU-PUITRE. It was first used by the Chinese.

The needles employed by them are of gold or silver. Those employed in Europe are Commonly of
Steel, and are introduced with a kind of rotary motion, almost to the bone. They are not pro-
ductive of much good however. The mode, in which they act, is not very well known. Electricity, and
Galonism have also been employed.

In all cases of chronic Rheumatism known clotti-
ing is essential. In intermittent, or periodic cases
Arsenic, and Quinine will be found especially
serviceable. These are among the principal
Remedies which are employed at present in the
treatment of chronic Rheumatism; but many
others have been tried, which it would be
tedious, and unnecessary to mention.

George J. Thomson

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