

Until these views of the nature of rheumatism are disproven *alkalies* must form the basis of its treatment. Other remedies may prove more or less useful, and occasionally successful, but never very reliable. The alkaline treatment, which was originally suggested by Brocklesby in 1764, has always had its advocates, and never more than at the present time. When alkalies are wisely and freely given, rheumatic patients soon lose their pains and proceed rapidly towards convalescence; the pulse is generally tranquillized in forty-eight hours, and the pains are lulled in twenty-four more, especially if the excess of acid has been so thoroughly neutralized that the urine becomes alkaline.

In the earlier stages of the disease, before the patient becomes utterly helpless, the bowels should be freely moved and the liver well acted upon. All refuse of food should be purged away, and every gross contamination of the stomach and bowels should be obviated. When the disease is at its height, purging is cruel, if not injurious; for then the patient presents a pitiable spectacle of helpless suffering. He lies on his back often, unable to raise a hand or move a foot without excessive suffering, he is generally obliged to be fed and assisted in every operation of nature. The best preliminary  $\frac{1}{2}$  purge is one or several of White's pills, composed each of hydrarg. submur., gr.j; ext. colchici, gr.ss-j; ext. aloes, gr.j; pulv. ipecac, gr.ss; to be taken at night, and followed by several drachms of Rochelle salts in solution. Then Rochelle salts, which are made by adding cream of tartar to a solution of carbonate of soda, should be given in drachm or half drachm doses, night and day until the urine becomes alkaline. When thus given they rarely purge, but merely neutralize the excess of acid in the system and act upon the kidneys. At first they may be given in simple solution in water; if they become distasteful, and cause flatulence or debility, some aromatic water or alkaline stimulant may be added, thus:

Sodæ potassio tartratis, oz.j, aquæ menthæ viridis, *vel* cinnamoni, oz.viii. Dose: 1 or two tablespoonfuls every four hours.

Sodæ potassio tartratis, oz.j; aquæ, oz.vi-vij; syrupi zinziberis, oz.ij. Dose: as above.

Sodæ potassio tartratis, oz.j; aquæ, oz.vj-vij; liquor ammoniæ anisatæ, *vel* spiritus ammon. art. dat., oz.j-ij. Dose: as above.

Sodæ potassio tartratis, oz.j; sodæ sesquicarb., *vel* magnesiæ carb., oz.j; aquæ, oz.vj; tinct. lupulini, oz.ij. Dose: as above.

The *phosphate of soda* is almost as useful as the potassio-tartrate, and perhaps more so in debilitated and scrofulous subjects. It has very little taste, and is one of the best solvents of *lithic acid*, and may be given to rheumatic patients whenever there is an evident excess of lithates. The