

ACUTE RHEUMATISM : HYPERPYREXIA : RECOVERY.

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Mr. W., aged about 25, was attacked in August last with acute rheumatism. The disease pursued a favourable course, without heart complication. Salicylate of soda was administered on Friday, August 10th. During apparent improvement, the perspiration suddenly ceased : a phenomenon which caused some anxiety to his medical attendant, Mr. Oxley, of Pontefract. On Saturday, Mr. Oxley was still more uneasy on finding that all pain had entirely vanished, the limbs being thrown easily about in bed. The temperature also was found to be two degrees higher than the day before. Salicylate of soda was recommended in considerable and frequent doses ; but the temperature continued to rise all that day and during Sunday. On Sunday night, there was much delirium ; and early on Monday morning a message was despatched to me. On my arrival at about 9.30 A.M., the patient was lying on his back ; his face was deeply flushed ; and he tossed his head uneasily from side to side in delirium, or sank into stupor. The delirium and stupor alternated every few minutes. The temperature was now found to be about 107 deg., and was increasing every hour. Unconsciousness was complete, or nearly so. The pulse was very rapid, and the respirations also, though no accurate note of these symptoms was preserved. There was no visible swelling or redness of any part.

It was at once decided to place the patient in a cold bath. Unfortunately, the house, a large country residence, had been built before bath-rooms were in fashion, and a row of morning tubs could only be offered. Pontefract was some miles away, and time was pressing. An express was sent off for a full length bath, and meanwhile an active housemaid discovered an old-fashioned slipper-bath, or rather boot-bath, in a garret. This was brought to the bedside, and a row of servants was placed upon the staircase to pass pails of hot and cold water. The bath was filled with water at 80 deg. ; and the patient, a heavy man, was lifted from bed and his legs with difficulty thrust into the foot of the boot,

so that he rested in a sitting posture upon a shelf within the heel. The rim of the bath reached the patient's waist. Regardless of floors and ceilings, very cold water was now poured upon the patient's head, who was held up in the bath, and whose temperature was now exceeding 107 deg. The difficulties of bathing and attention to the temperature of the water diverted the skilled observers from the patient, except so far as observation of the pulse was concerned. In five or six minutes, however, it was seen that he was quite conscious, and he had repeatedly expressed the intense relief afforded to him by the bath. In ten minutes, he was joking with his friends, and enjoying himself thoroughly. The water in the bath was so continuously heated by the body of the patient, that it was with difficulty lowered to 70 deg. and to 60 deg. by constant bailing out. With the recovery of the patient's consciousness, the use of the thermometer in the mouth became possible, and it was found that the upward movement of the temperature had been arrested. In this bath, cold affusions being poured continuously over the head and shoulders, the patient remained for forty-five minutes, when the thermometer had fallen slowly to 101.5 deg. He was still very comfortable and had no chill. He was now removed to bed, placed in a warm dry blanket, and a bottle put to his feet. His aspect and manner had for some time been perfectly natural, and his pulse and respirations were scarcely excessive. During the few hours which followed the bath, the temperature slowly fell to the normal. From this time forward, recovery was steady, and may have been aided by a few liberal doses of quinine, given with a view of preventing any renewal of the fever. It is but fair to add that the efforts of the medical men were admirably seconded by a nurse from the Bradford Institution, upon whom much necessarily devolved, and who carefully watched and recorded the temperatures throughout.—*British Med. Journal.*

DEODORIZED IODOFORM.—Dissolve in ether and apply to the diseased parts. On evaporation an odorless coating of iodoform is left.—*L'Union Medicale.*