which must undoubtedly be regarded as its immediate cause.

The author speaks of the peculiar appearances noticed during the efforts of the patient to flex and extend his legs while they were affected by muscular spasm, as the "pen-knife phenomenon" (Taschenmesserphänomen); its explanation is difficult, but the cessation of the spasm when the limb reaches a certain position may be due to mechanical pressure or tension being exercised in that position upon some nerve. The fact that the spasm could always be checked by pressing upon the crural nerve below Poupart's ligament, favours this view.— London Med. Record.

## CHRONIC ARTICULAR RHEUMATISM AND RHEUMATOID ARTHRITIS.

A lecture delivered before the Medical Class of the University of Pennsylvania.

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Chronic articular rheumatism may follow the acute form of the disease if it is not treated promptly and effectually, or it may occur as a distinct disease occurring in damp weather and characterized by stiffness and pain in the joints.

If the disease appears originally in its chronic form the joints do not usually undergo any change, but the chronic stage follows an acute attack the joints are quite stiff. The pain in these cases often extends to the muscles, fasciæ, and long bones, and in syphilitic rheumatism the bones of the sternum and cranium are affected and covered with nodules. In this condition the moral conduct of the patient is, of course, not involved as in hereditary and acquired syphilis.

To go somewhat more into details the symptoms may be divided into the habitual symptoms and those which may arise during the exacerbations. (The chronic form of rheumatism is sometimes called "cold" rheumatism.) In these cases the sensibility to cold and dampness is rendered morbidly acute. When exacerbations occur the disease assumes a subacute type and all the joints become red,

swollen, and warm. The pain is aggravated by heat. These exacerbations are of indefinite duration.

If the joints have not become positively deformed you may be moderately sure of a cure, at least, a cure may be hoped for. If a cure is not established the functions of the joints will never be re-established. These deformities of the joints are, of reality, lesions of the soft parts.

The treatment of the febrile or sub-acute form of chronic articular rheumatism demands the same internal remedies as in the acute form —the local application of heat, the use of the alkalies, moisture, local stimulants, narcotics, and sudorifics. In the chronic form, local stimulus and alteratives are especially indicated. Among the best of the local stimulants may be mentioned camphor, turpentine, ammonia, and chloroform and the more active stimulants, or counter irritants—iodine, cantharides, mustard, croton oil, moxas, and blisters.

In the treatment of chronic rheumatism of the more superficial joints blisters are the best application; for the deeper joints, such as the hip, I prefer moxas.

In the case of the elbow, knee, and anklejoints a very excellent form of local alterative is sulphur in fine powder laid between the folds of linen and applied to the joints. Other remedies of value for the protection of the part from the air, and the maintenance at the same time of a gentle stimulating action, are the burgundy pitch plaster and the ammoniacal plaster with mercury. Croton oil and tartar emetic are but very rarely used. Where the shoulder is the joint affected a series of local blisters should be employed.

In all cases of rheumatism of the joints passive motions should be practised to prevent permanent stiffness of the parts, and the induced current of electricity should be frequently passed through the affected parts.

In passing, I must not forget to dwell upon the great efficacy of local hot baths. This I consider a most important therapeutical agent in chronic articular rheumatism. These baths may consist of hot, or warm water, air, or steam; and in this connection some of the saline, alkaline, or sulphuretted mineral waters