patients packed in blankets, and did not allow them to move a finger. This was going to the other extreme.

There are certain cases in which purgatives are alleged to be of use, viz., those in which the bowels are constipated, and there is a bitter taste in the mouth. I have never seen such cases except in habitual drunkards, and in their case a purgative does more harm than allowing the effete matter to remain in the system.

Opium was once vaunted as a specific, and it was claimed that it diminished the complications of the disease. Dr. Corrigan, of Dublin said that large doses of opium were well borne—say from four to twelve grains in the course of the twenty-four hours, or sometimes he advised giving as much as one grain every hour. Opium so employed does not produce narcotism, and does not constipate the bowels. More recent experience has shown that opium, of all remedies, is the most likely to cause complications in the heart.

Some have recommended colchicum, arguing that because it does good in gout, it must therefore do good in rheumatism But colchicum is not a remedy for rheumatism.

Many years ago it was very much the custom to administer large doses of powdered Peruvian bark. The rationale of these large doses was founded upon their sedative effect. Haygarth, Morton, Heberden, and Fothergill were the first to employ this method. Later still, a number of noted French physicians, among them Briquet, Andral, Moneret, and Legroux, renewed the use of this medicine in the form of quinia, but gave it in smaller doses, seeking only its tonic effect, from five to fifteen grains being administered in the course of twenty-four hours, and then it was continued in smaller doses.

Still more recently, quinia has taken the place of Peruvian bark and the old plan of administering large doses has been resumed. From thirty to one hundred grains have been administered in the course of twenty-four hours. Never was there a more profligate waste of a precious medicine. Even the physicians who so used it, were obliged to acknowledge that it only did good in subacute and mild cases.

I believe that it has also been fashionable in the so-called cases of *hyperpyrexia*, to immerse the patient in a bath varying in temperature from sixty to ninety-eight degrees Fahr. Although patients thus treated sometimes recovered, they also sometimes perished from congestion of the lungs and brain.

Among cardiac and nervous sedatives, digitalis, veratrum album and viride, veratria and aconite, have at one time or another been employed indiscriminately. Such treatment, of course, has only proven itself to be a monument of rashness to those who employed it. Such sedatives may reduce the pulse, but do not shorten the disease. Indeed, if it is possible to prove the absurdity of anything more clearly by mere enumeration of these medicines as cures for rheumatism, I do not know of it, Do digitalis and aconite act in the same manner? This is just one expression of the folly which has surrounded the use of digitalis at its first discovery. Every affection of the heart was treated by digitalis.

Within the last few years new remedies have been proclaimed in salicylic acid and its sodium salt. I confess that I possess no personal knowledge of their use in this disease, for I was at first dissuaded from employing them by a prejudice against the grounds on which they were recommended, and more recently by the contradictory judgments respecting them, and the unquestionable mischief they have sometimes caused. According to the eulogists, the arrest of the disease is, secured by them within four or five days, whether the attack be febrile or not; its mortality is diminished; relapses do not occur if the medicine is used until full convalescence; it is without influence on heart complications already existing, but it tends to prevent them as well as other serious inflammations. One of these gentlemen assures us, that to say it far excels any other method of treatment would be to give it but scanty praise. But, upon the other hand, it is accused of producing disorders, and even grave accidents, in almost all the functions of the economy In some cases it has caused ringing in the ears, or deafness, or a rapid pulse, or an excessively high temperature, panting respiration, profuse perspiration, albuminuria, delirium, and imminent collapse. In one published case, this antipyretic did not lower, but, on the contrary, seemed actually to raise the temperature so high that immediately after death it stood at 111° F. Many, very many, analogous cases have been published. I repeat, therefore, that I am personally unacquainted with the effects of this medicine in acute articular rheumatism, and that I have not, thus far, been tempted to employ it.

BLISTERS AND ALKALIES THE MOST RELIABLE REMEDIES.

It may be difficult to see the connection between these two classes of remedies in their power to influence the course of acute articular rheumatism, and yet it is certain that they do so influence it, and in the same way, *i.e.* by altering the condition of the blood from acid to alkaline. If you ask me to explain to you how blisters act in this way, I am obliged to confess my ignorance. To produce this effect, they must be applied over all the affected joints. Experience, if not science, has decided conclusively in their favor. They do produce a cessation of the local symptoms, render the urine alkaline, and diminish the fibrin in the blood.

This brings us to a consideration of the use of