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Original Contributions.

RHEUMATISM.*

BY J. C. MEAKINS, M.D.

Resident Pathologist, Presbyterian Hospital, New York City.

[NOTE.—These experiments, begun in the laboratory of the medical clinic of Prof. Barker, of Johns Hopkins University, were completed in the Presbyterian Hospital, New York City.]

ONE feels rather appalled when he considers what the diagnosis of rheumatism may mean at the present time. The word has been applied to nearly every joint and muscular pain that is met with in the practice of medicine. We have acute rheumatism, chronic rheumatism, gonorrhoeal rheumatism, muscular rheumatism and so on until "rheumatism" seems but a bye-word in our medical nomenclature. The time is too short to deal with all these so-called rheumatic lesions; so at the present I shall confine myself entirely to that disease which was first called such, namely: Acute articular rheumatism, or rather acute rheumatic fever.

The latter is the better name, when we consider that it is not simply a joint affection, but involves many parts far distant from each other. We can only properly grasp the significance of its many manifestations when we consider it a systemic disease. We first hear of acute articular rheumatism as a distinct entity early in the 17th century, when it was differentiated from gout. The next step in the proper conception of this disease was the recognition of its close relation to chorea. Then, in the early part of the last century, several observers called attention to the frequency of cardiac complications, which were soon looked upon as manifestations of

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