

confirmatory symptoms. The condition had then lasted apparently for six weeks, and a week later when he returned, his digestion was in much better condition; there were still pains about the left shoulder, with stiffness of that joint, and his temperature was  $100.1_0^{\circ}$ . A week later, he returned relieved of the pains, with his digestion in good condition, but still with a temperature of  $100.5_0^{\circ}$ . The circulation throughout had been excited, and during my examination the pulse was quick and irritable, and from 124 to 130 to the minute; the radials felt somewhat hard; the first sound of the heart was somewhat blurred, but without distinct murmur. The result of a careful examination of all other parts of the body was negative, as throwing light on the cause of fever. It seems highly probable that in this case an irritative action which may possibly be called rheumatoid in type, has been affecting the fibrous tissues, but I suspect especially involving the walls of the vessels, that a diffuse endarteritis is threatened. We know how frequently arterial changes develop gradually in those subjected to such causes as this man has been, and we constantly recognize the lesions when they have advanced to a high degree, and when of course they are irremediable. But there is an incipient-forming stage, when the vascular changes are neither extensive nor profound. They are not yet associated with those secondary degenerative changes of sclerotic type which we later recognize, not only in the vessels, but equally in the cardiac walls and in the kidneys. It is true that the diagnosis is based chiefly upon exclusion and upon presumptive evidence. When, however, there are such symptoms as were present in this case—slight continuous elevation of temperature, disproportionate excitement of the circulation; alteration in vascular tension; fugitive and radiating pains; weakness; dyspnoea on effort; occurring in a patient of gouty diathesis, or in one who has been much exposed, or addicted to alcoholic excess; and when critical search fails to reveal any adequate local lesion, it is justifiable to suspect an early stage of diffuse endarteritis. I have much pleasure in this connection in referring to a highly valuable and suggestive paper upon this subject by Dr. Arthur F. Meigs.

I have long been in the habit of looking out for the existence of this condition in cases analogous to the one here reported; and not only have I often been led to suspect its presence, but I believe that by the institution of prompt, rigid, and long-continued treatment, the development and course of the disease have been powerfully modified. If I could gain control of this man I should confine him strictly to bed until all fever had been absent continuously for some time, in the hope that if this were attained, the excitement of the circulation would subside, and that his impaired general health would be improved, if not

restored to its former tone. If complete rest in bed were not attainable, the most rigid and minute enforcement of hygienic rules should be insisted upon. I should advise the application of repeated small blisters over the præcordia, the aortic area, and the course of the large arteries. When practicable, the use of hot sulphur baths is of service, or interrupted courses of mercurial inunctions may be prescribed. Internally the most useful remedies are:

R.—Sodii salicylatis, . . . . .  $\frac{3}{4}$  ss.  
 Potassii iodidi, . . . . .  $\frac{3}{4}$  ij.  
 Tr. aconiti radidis, . . . . . gtt. lxxij.  
 Aquæ cinnamomi, . . q.s. ad f  $\frac{3}{4}$  vj.—M.

Sig.—From one to two teaspoonfuls in water three times daily.

or else a prolonged course of small doses of Donovan's solution (liq. arsenici et hydragyri iodidi, gtt. ij.—v. t. d., p. c. in water) with aconite or veratrum; or after the process has lasted some time and the vascular tension is lessened, with digitalis.

In cases marked by anæmia or atony, a combination of small doses of iodoform (gr.  $\frac{1}{2}$  to gr. i), with pil. ferri barb. (gr.  $\frac{1}{2}$  to gr. ij.) has proved very valuable in allaying excitement of circulation, and as an alterative tonic. The urine should be closely watched, not only to detect incipient renal change, but in order that its character may guide the direction of the diet, which in such cases always demands careful attention. It seems impossible to lay down fixed rules, since in each case the state of primary digestion and ultimate assimilation must be considered. It must be understood that in order to counteract the progress of endarteritis, a very prolonged course of treatment, general and medicinal, will be needed.

These remarks upon slight fever of a continued type, are offered in the hope of directing attention more closely to the frequency of its occurrence in chronic conditions, and to its great importance as an aid in diagnosis, and as a guide in treatment.

—Wm. Pepper, M.D., in *Univ. Med. Mag.*

## THE DOCTOR AT HOME.

Query: Is the Doctor sufficiently at home? Does he arrange his affairs in a manner to permit him to properly perform the duties connected with his home? Is he not apt to be overcome by the responsibilities of his life; to become so devoted to the performance of his duties to his patients, that he neglects his duties to those who in the mind of every good citizen, should be first—the members of his own family? Is there any other class of persons in the community which so completely ignores the demands of home as the doctors?

The habits of life of the physician naturally make him unsystematic; his duties as he advances