

The pain is often terrible. The patient can not sleep; he is tormented by pains both day and night. In consequence of the high fever, the loss of sleep and appetite, and impaired digestion, and constant suffering, there is rapid loss of flesh.

The remedies for rheumatism are as numerous as those employed for hooping-cough.

First of all, you want to relieve pain; secondly, you want to shorten the disease; and, third, to prevent complications.

How shall you relieve pain? There are two ways of doing it; one is by internal remedies, the other by external applications. For the relief of pain the internal use of opium in some form is necessary, and the proper thing to do is to administer an opiate without delay if the pain is at all severe; certainly you ought to give it at bedtime so as to secure rest and sleep. A hypodermic injection is perhaps the speediest and surest way to accomplish that result. A quarter of a grain of morphine at bedtime will often give the patient a comfortable night's sleep and will allay the pain. I think it decidedly preferable to the administration of opium by mouth. Secondly, combine with the morphine, atropia. By so doing you prevent some of the unpleasant effects of the morphine, and obtain all its good effects. If the perspirations are very copious and debilitating, I am sure it is an object to relieve them. That can be done by atropia, which has a powerful influence in diminishing and controlling the action of the skin.

I am in the habit of treating the local trouble. It may be done in several ways.

First, if there is not very severe pain, or if inflammation is not very violent, I simply wrap the joint in cotton batting. If the pain is very severe and the distention of the joint very distressing, I use alkaline fermentations. Take a sufficient number of short and broad bandages, also a quarter of a yard of quite soft rubber cloth or oiled silk. Then make a solution of carbonate of potash in hot water, one dram to the pint, and after dipping the flannel cloths in it wring them out and apply them around the joint, last of all putting on the oiled silk. You will find that this dressing affords rapid and marked relief. Sometimes I add laudanum, about two ounces to the pint of the alkaline solution. Sometimes relief is obtained by applying to the joint an ointment of extract belladonna, one dram to one ounce; or the affected joint may be surrounded with a succession of small blisters. This will sometimes greatly mitigate the pain and reduce the local inflammation.

What ought to be the treatment directed against the disease itself? How shall we shorten the disease? Can it be done? I think it can be very materially shortened. I believe the average duration of acute rheumatism at the present time is about nine days—a good deal better than six weeks. While a good many cases must have lasted longer than that, it is evident that a good many must have run a much shorter course.

At the present day the fashion is to give salicylic

acid, and it is given not only in acute rheumatism but also in the chronic form indiscriminately. It is doubtless true that a great many cases of acute rheumatism are benefited by it; that the duration is shortened, and the intensity lessened by the administration of this remedy; yet I am satisfied that in many other cases little good is done by it. What cases are to be treated by it and what cases are not, and how are those not amenable to salicylic acid to be treated? The more violent the case the higher the fever, and the earlier in the case you begin its administration the greater the likelihood that you will do good with salicylic acid. This is a good practical rule. When you meet with a case that has lasted for several weeks, I don't think salicylic acid the best remedy. When you find a patient that is very anemic, one in whom the fever does not run high, where the disease tends to assume a subacute form, salicylic acid is not so likely to do good. In a case like the one before us I would not use salicylic acid.

If you have, then, a moderately well-nourished patient with violent symptoms give salicylic acid, and give it in full doses. How shall you give it? Salicylic acid is not only a powerful antipyretic but it is also powerful antiseptic. When it is given pure, uncombined, it is perhaps as powerful an antiseptic as we have. It deserves to stand side by side with quinine. But when we give it in combination, as the salicylate of soda, it no longer acts as an antiseptic, but merely as an antipyretic. Then, so far as rheumatism is concerned, it is as well to give the salicylate of soda, because only the antipyretic effect is wanted. As a rule the salicylate of soda is better, because not so irritating. About twenty grains in some syrup, and repeated every two hours until the fever falls, and with the fall of the fever there is usually a subsidence of the articular symptoms. If the fever rises again begin with the acid again. There is no doubt that this remedy is absolutely curative in a considerable proportion of cases. If you were to ask me with what remedy my best results have been obtained I would answer, "veratrum viride." If you have a patient in the early stage of the disease, the fever running high, the pulse bounding and full, in whom there is no evidence of anemia nor cardiac asthenia, I would put him upon veratrum viride; and I would expect to do a great deal of good with it. I would give immediately three or four drops, repeated every two hours, and increasing the dose each time by one drop till a decided impression is produced, until the fever had fallen, the pulse becomes slower, and the respirations less hurried, and the skin, from being hot and dry, had become cool and moist. When these violent symptoms pass away the joint symptoms abate, the tenderness and swelling subside. While it rapidly removes the most important symptoms, it tends to shorten the disease.

Some friends of mine are partial to the use of aconite; but while I admit I have seen it do good in their hands, it is a remedy I have not desired to