readily controlled by towels soaked in very hot water—almost scalding hot. We used to use cold water for this purpose, but I derive quicker results from the use of very hot water.

Progress of Science.

ON THE TREATMENT OF ACUTE RHEUMATISM.

Dr. W. R. Thomas spoke thus before the British Medical Association :

"Our knowledge of the treatment of acute rheumatism is making rapid strides day by day; but still we frequently meet with cases which are most unsatisfactory to treat, because, I believe, our knowledge is in its infancy. In medicine, we are all apt naturally to follow fashion. Certain remedies are recommended highly, and we are inclined to take it that all cases of rheumatism can be cured by the same remedy. Given a case of acute rheumatism, all we have to do is to give salicylic acid, or bicarbonate of potash, or nitrate of potash, or a certain other remedy at the time recommended, and attend to the ordinary directions given as to diet and hygiene, and the patient gradually, or often rapidly, is sure to improve. That is what we expect. Now I have tried each of the remedies recommended on a large scale in both hospital and in private practice, and have come to the conclusion, after noticing carefully, and I think without prejudice, the effect of each one, that there is no one grand remedy for the disease we call acute rheumatism. The bicarbonate of potash, which has always been a favorite remedy of mine, I have seen act like a charm; so also have I the nitrate of potash; and then again, other cases I have met with where the remedy has entirely failed to have any effect whatever upon the disease. During recent years I have given, time after time, salicylic acid in large and in small doses, and have been delighted at the immediate good effect, thinking that, at last, we had met with a certain remedy; then again, other cases have occurred where the salicylate of soda has had no appreciable good effect whatever, even when given in large doses, until certain symptoms were produced by the medicine.

"I do not think the remedies in these cases are at all at fault. When we prescribe a certain medicine in a certain case, we find that the patient derives immediate and surprising benefit; and then we give the same remedy in another case, which to us appears to be similar, and are surprised at the patient not receiving any benefit whatever. Now, why should this occur? Simply, I believe, because we have separate and distinct varieties of rheumatism, each one of which requires a treatment of its own. In one case, the salicylate will act well; in another, it will not have any effect at all.

"In hospital practice, we naturally attribute all the improvement that take place after admission to the medicine which has been prescribed. A patient is admitted; his temperature may be very high, his pulse very frequent, and the joint-signs may be severe; in two days he is in a comparative state of comfort. In many of these cases, no doubt the removal of a patient from a miserable hovel in a back lane, where the surroundings are of the worst kind, to a comfortable bed in a well ventilated ward, where cleanliness is predominant, where warmth, proper food, and constant nursing are supplied, may have much to do with the rapid improvement which has taken place; and I do not think that we are justified in attributing all the improvement which takes place—at all events, during the first few days—to the medicines prescribed.

"In practice I generally find that we have at least three distinct varieties of rheumatism :

"1. The sthenic.

"2. The asthenic.

"3. That variety caused and preceded by other diseases, as gonorrhœa, scarlet fever, etc.

"The first kind I have generally found among the well-to do classes; sometimes among the poorer. The patient, perhaps a commercial traveller or merchant, has always been exceedingly well, and until lately has enjoyed very good health. For some months he has suffered from dyspeptic and hepatic derangements; his urine has generally been very high colored, and a large amount of sediment has been noticed daily in it. He has complained of frequent headache, backache, and aching of limbs. He is florid, and probably very stout, and has found that he has not been able to go through the same amount of work as he formerly could. Evidently he has eaten and drunk more than his body has been able to use and burn up daily; and the several excreting organs, having had too much work thrown on them for a considerable time, are not now able to perform their functions properly.

"I shall not deal with the pathology of rheumatism at all; but in this patient there is a tendency to inflammation of certain tissues, and to the accompanying fever. He now sleeps in a damp bed, or catches cold in some way, and now comes on the attack. These are the cases where salicylic acid, salicylate of soda, and the bicarbonate of potash are beneficial. Of the two, I am inclined to think that I have seen more benefit derived from the salicylate than from the bicarbonate; but I frequently begin by giving the salicylates, and then go on with the potash. Attention to little details we all find in rheumatism, as in all other complaints, of great importance; for instance, covering the whole of the front of the chest with a layer of cotton wadding has often, I am sure, prevented an attack of pericarditis from coming on, and I found a night-shirt of very thin wool very useful, as these patients, perspiring much, are very apt to catch cold; in fact, I now recommend all