

tal for chronic rheumatism. She slowly convalesced, and was about to return home partially relieved. In the next bed was a severe case of typhus, and the rheumatic patient became alarmed, the tongue became dry and brown, the pulse small and very compressible; there were no maculae, and the temperature was not much increased. It was feared that she might sink from exhaustion; stimulants were given freely; she rallied in a few days, and left the hospital. It was doubtful whether the symptoms arose from nervous alarm, or whether the contagion of typhus had anything to do with the sudden prostration. If, then, there be such complications, and others that might be mentioned, statistics, unless compiled with more than ordinary care, must be exceedingly deceptive and of comparatively little value.

Again, whilst there are many characteristics of true rheumatic disease, few maladies are more easily mistaken, and there is no sign which is uniformly present. Pain is, perhaps, the most constant indication, with stiffness of one or other joint; but rheumatic pericarditis may, and often does exist, without any pain whatever. The same may be said in reference to febrile symptoms, to increase of temperature and to changes in the urine; none of these signs are pathognomonic.

Many maladies are designated rheumatic which have no connection with that disease.

1. *Diseases of the spine* are often said to commence with an attack of rheumatism; but 't will generally be found that the pain in the course of the nerves or in the fibrous tissues arises from direct implication of the nerves or of their centres.

2. The same remark applies to pain produced by the pressure of *cancerous, aneurismal,* or other tumours. Thus cancerous disease of the lumbar glands is often mistaken for lumbago; so also the pain from aneurismal disease of the thoracic and abdominal aorta, when no pulsating tumour can be detected, is referred to rheumatism.

3. During the course of *renal disease*, abnormal irritation arises not only in the serous membranes, producing pericarditis, pleurisy, peritonitis, &c., but a similar change happens with the synovial membranes, and a form of disease is induced which simulates rheumatism.

4. In chronic poisoning by *lead*, vague pains in the fascia, as well as in the joints, have been designated "saturnine arthralgia."

5. We have already referred to *periosteal disease* as a source of fallacy in the diagnosis of rheumatism.

6. *Shingles or herpes zoster* may be found in the course both of the cerebral and spinal

nerves; and the severe pain which precedes the eruption of the vesicles, and which also follows their disappearance, closely simulates local rheumatism.

7. A more important disease, and one which is attended with fatal issue, is *pyæmia*. It closely resembles rheumatism; for, with rigor and febrile symptoms, there is fixed pain and swelling in the joints—first one, then another, being affected, though without subsidence of those parts first attacked. But, whilst there may be some similarity in the symptoms, the prognosis is widely different. The one is generally a curable disease; the other, a fatal one.

We might also refer to the severe pains in the back which precede some of the exanthems, as small pox; and to the general *malaise* of fever; but these could scarcely be mistaken for rheumatism. And, lastly, the symptoms described as arising from acute *trichinous disease* have some resemblance to rheumatism in the pain in the limbs. I have never seen an instance of a patient dying in consequence of this affection, although in numerous cases I have witnessed the *trichina spiralis* in the muscles after death.

It is an excellent rule, whenever there is local pain, to examine for a local cause; but it is often surprising to notice the strange maladies which are designated as rheumatic, at one part or other of their course, from the character of the pain; and, even when the disease is truly rheumatism, we attach but little value to statistics drawn up without reference to individual peculiarity. The natural result of this disregard of constitutional difference is to follow a routine plan in the remedies employed; in fact, treating the disease rather than the patient. We believe that rheumatism may be greatly relieved, or shortened in its course, by the proper use of means; and we strongly deprecate the treating of mere symptoms, as both injurious and unphysiological. But we would urge that each case be estimated in all its relations; and that a patient having severe rheumatism should not be at once dosed with calomel and opium, or with a certain number of drachms of saline medicine, irrespective of every other consideration.—*British Medical Journ.*, June 20, 1868.

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