

organs; therefore only one strong momentary impression, even in a dream, received by the mother and transmitted by her, is sufficient to produce afterward a run of changes in the development of the foetus.

On my part I am thoroughly convinced that different psychical and physical defects, which till now have been ascribed to inheritance, are in most cases the results of moral impressions derived from the surroundings of the mother. Naturally not every woman bears children with traces of her impressions. If it were so—as Buffon remarked—what strange creatures and strange characters we would see then. Nature did not furnish every man with the same susceptibility of nerves, and therefore the impressions have not the same effect upon everyone. We must, however, admit that strong and lasting impressions must undoubtedly have influence upon the foetus.

It is a well-known fact that with animals the first male decides the influence upon the further offspring, so that the young ones descending from other fathers always show the traces of the first father. Probably the first male produces strong impression on the female that lasts very long. With plants these facts have not been observed, as Mr. Knight asserts. Probably also in the moral impressions of the woman lies the key to the secret why children of the same parents often entirely differ in character, temperament, capacities, appearance, etc. This difference, which can often be met with, stands in contradiction to the generally accepted theory of inheritance.—Dr. J. Drzewieki, Warsaw, Poland, in *Med. Rec.*

CHRONIC RHEUMATISM.

Gentlemen:—I want to show you to-day this young girl, aged sixteen years, with a negative family history, who ten years ago had an attack of rheumatism when she also had an inflammation of the eye, which brought on a cataract. Since then she was free from rheumatism until after she moved from the country to Philadelphia, about one year ago. Not long after removing to Philadelphia, she began again with rheumatism, which was first felt only in the smaller joints of both hands and both feet, all the joints being affected almost simultaneously. At first the joints were tender to the touch, painful, more especially at night, somewhat swollen, and, perhaps, very little reddened. There was little or no fever present, and I may have stated that is one of the distinguishing characteristics of chronic rheumatism, which frequently follows acute rheumatism, though sometimes years later. Now she also tells us that during the last eleven months she has had exacerbations several times, with the symptoms named, and at other times was comparatively

free from them. That is also very characteristic of the course of chronic rheumatism. The disease is very much influenced by weather changes and by locality of residence. She lives, she thinks, in a comparatively dry home; but the fact that she began with rheumatic symptoms as soon as she removed to Philadelphia, and had not had rheumatism for ten years prior, goes to show that, after all, the house to which she removed may not have been so dry as it should have been, and, hence, may have caused rheumatism. For we do know that damp residences are frequently the cause of chronic rheumatism, as well as a leading factor in the causation of acute rheumatism.

It is a very important matter to decide as to whether you have a case of chronic rheumatism or a case of gout to deal with, and, then again, it is important to distinguish chronic rheumatism from so-called rheumatoid arthritis, which is not rheumatism at all, though an affection of the joints.

Rheumatoid arthritis is apt to occur later in life, and is a steadily progressive condition, one joint after another becoming implicated, without any decided subsidence in the local symptoms of a joint once affected. Cases of rheumatoid arthritis also result, by and by, in ankylosis of the joint, and there is greater deformity than we see here. The ends of the bones become enlarged and very much thickened, while the soft structures near the joint waste very much in rheumatoid arthritis; hence, the well-marked deformity that is almost universally present. Later, there is ossification of the soft structures around the joint, with complete ankylosis, and it is by this condition that you will often be obliged to distinguish between cases of rheumatoid arthritis and cases of chronic rheumatism. Partial ankylosis rarely occurs in far advanced cases of chronic rheumatism; they do have impairment of motion. You may find only limited motion in the joint; decided stiffness, with persistent enlargement; but you never have in chronic rheumatism, however far advanced, complete ankylosis.

You have now to distinguish from chronic gout, not always an easy matter. Gout is markedly hereditary; rheumatism is also hereditary, but not quite to the same degree. In rheumatism, you will generally have a history of exposure in a damp residence, as in this girl's case, or exposure out of doors to wet and cold. Not so in cases of gout. You, however, often get a marked history of over-feeding prior to an attack of gout. The attack of gout comes on at night, and, as a rule, affects the toes and smaller joints. No such history was obtained from this patient. These paroxysms last a much shorter time than an attack of rheumatism, either acute or chronic; you have, in gout, deformity and stiffness on account of the deposits of urates in the joints. In