

endocarditis except in connection with these cases of articular rheumatism. We come now to ask the question, what are the indications in the treatment of acute articular rheumatism? In the first place we would like to cut it completely short if possible, but we cannot do this often, if ever. Next, we would like to abridge its duration, and there is reason to believe that this may be done to a certain extent. The great object, however, is to prevent these cardiac complications, pericarditis and endocarditis, for if a patient passes through this disease, and escapes these complications, he is exceedingly fortunate.

Just here, however, a knowledge of the natural history of the disease, based upon the observation of cases which have been permitted to run their course without the influence of therapeutical interference, is of value in making up our estimate of the value of treatment. In the year 1862 I conceived a plan of observing cases of articular rheumatism, without the use of medicine. The reason for so doing was because almost all the cases reported as having been under the influence of any special plan of treatment, such as mercurialization, colchicum, bleeding, blistering, &c., were reported as cured, and hence each plan of treatment was reported as being attended with the greatest success. I therefore reasoned that the probability was, inasmuch as all the different modes of treatment tended to success, that the disease itself tended towards getting well. I accordingly treated 13 cases in this hospital, and they got no remedy at all, except one which was intended for a moral effect upon the patients, and that, for the sake of giving it a name, was called the placeboic remedy. The only treatment which these patients received, aside from this placeboic remedy, was a little anodyne and local applications to the joints of a palliative character. I resolved to continue the plan of treatment until something occurred to render it improper to continue it longer, and in only one of the 13 cases treated after this method did any complication occur, and that patient had the complication when she came into the hospital. The average duration of the disease in those cases was 26 days, and no important complications took place. I reported these cases in an article entitled, "A Contribution toward the Natural History of Articular Rheumatism," which was published in the *American Journal of the Medical Sciences*, July, 1863. I hope I shall not be thought egotistical in referring to these observations. They were made in this hospital, and my object in making them was stated to the class then in attendance. So far as I know, a series of similar observations had never before been made. I am led to assert my claim to whatever credit may belong to precedence in this line of investigation, because shortly after my observations a similar plan for the same object was pursued by others. Guy's Hospital Reports, volume for 1865, contains a report of a considerable number of cases treated by Dr. Gull chiefly with mint water; and another report of additional cases was made in an article by Dr. Gull and Dr. Sutton, contained in the "Transactions of the Royal Medical and Chirurgical Society of

London," in 1869. I should not thus expose myself to the charge of egotism in asserting my claim to priority in the study of the natural history of articular rheumatism, had these observers made any reference to my article in the *American Journal of the Medical Sciences*. I feel bound to make this claim, not alone for myself, but for this hospital and for American clinical medicine.

Dr. Fuller, who is the author of the so-called "Alkaline treatment," states that cardiac complications will not arise after the alkalescence of the urine is once established, but I think this author is too ardent in his statements, for I have seen cases in which endocarditis has been developed while the patients were fully under the effect of the alkaline treatment. Statistics, however, show that there is a diminished liability to these complications, and therefore we are not warranted in repeating observations without remedies. The method of treatment to be pursued in a case of acute articular rheumatism, is the adoption of what is called the alkaline treatment. The prime object in this treatment is, to produce alkalinity of the urine, regarding that as the criterion that the system is sufficiently affected, in as short time as possible, for we cannot tell at what instant the complications may appear. To accomplish this the bi-carbonate of soda or potassa may be given in half-drachm or drachm doses every two hours, and by these doses you can render the urine alkaline within twenty-four hours at the farthest, with a good deal of certainty. After the urine has been rendered alkaline, the remedy is to be continued in varying doses sufficient to maintain the urine in an alkaline condition during the continuance of the disease. In this case before us, the disease has continued only ten days, and the patient is apparently convalescent.

Quinia in full doses also forms a good adjuvant in the treatment, as the patient is becoming convalescent. It contributes very much to the welfare of the patient. The joints are to be treated by palliating applications. Frequently you will find that shampooing the joints, be they never so tender, is very beneficial, commencing with gentle frictions, and gradually increasing the force as the patient can bear. Fomentations which contain alkalies and anodynes may be used also as local applications. As a rule, it is one of the great objects of medical treatment to relieve pain, for pain interferes with sleep and wears out the vital forces of the patient. Those patients afflicted with articular rheumatism may have opium sufficient to allay all irritation from pain, and give them quiet and rest. A more minute detail of the pathology of this disease must be considered at another time.

NOTE.—At a subsequent clinical lecture Dr. Flint presented a case of acute articular rheumatism during the course of which peri-endocarditis (developed when the urine was alkaline), chorea, and right hemiplegia from embolism occurred. Coincident with the occurrence of the hemiplegia, a basic systolic heart-murmur, which had previously existed, disappeared.