

one might at first imagine, reduce patients suffering, from rheumatism very much, nor do they, as a rule, object to it. I remember one case in particular where a female patient having been relieved in a very few days by this plan, thought there could be no harm in having something substantial to eat, notwithstanding her physician's positive orders to the contrary. A good meal of beef-steak, vegetables, and ale was soon prepared and as quickly disposed of; but I shall never forget the expression of sincere repentance that passed over her pain-stricken countenance as she promised her doctor next day that she would not transgress again, and offered to do without food for an indefinite period, if necessary, rather than suffer such another exacerbation as her indiscretion had brought upon her.

Upon the *modus operandi* of starvation in this disease I have very little to offer. Ignorant as we are of the true nature of rheumatism and of the way its peculiar poison works in the system we are without the most valuable aid to reason out the probable *modus operandi* of any remedy. Why somewhat prolonged abstinence from food should have any influence over inflammation seated in the widely-distributed fibrous structures of the body it is difficult to say. The metastatic character of the disease, and the little good that local treatment does, are among the indications of its systemic character, but whether the real seat of the disease is in the blood or whether it is some important organ of the body that is principally affected it is not the intention of this paper to discuss. From the quick and almost invariably good results to be obtained by simple abstinence from food, I am inclined to the idea that rheumatism is, after all, only a phase of indigestion, and that, by giving complete and continued rest to all the viscera that take any part in the process of digestion the disease is attacked *in ipso radice*.

In most of the cases that I have been able to investigate I have found considerable digestive irritation to exist before the attack set in. Given a number of persons exposed to wet or cold in any shape, some of them will escape altogether, some will have simple coryza, others bronchitis, or perhaps pneumonia, but the malady that concerns us most is almost certain to be reserved for the one who is suffering from indigestion; the congestion that the cold or damp has caused, in each instance seems to search out the individual's weak spot, and, in the case of those seized by rheumatism, my observation, and the good results which rest to the digestive organs gives in the disease lead me to the same conclusion, viz., that the real trouble lies in the irritated or irritable viscera.

In addition to the essentials of the treatment which I have spoken of in the seven cases given, there might be added that *locally* wrapping the joints in cotton wool, and sponging the whole body twice a day with lukewarm water, will be found very soothing to the patient and will help recovery.

An emetic should be administered in almost every case, but it should not be given indiscriminately, and never when the patient cannot readily stand it. If given at all it should be an active one and antimonial, which, though somewhat depressing, is without equal for the relief that follows.

No food whatever should be taken after the emetic has operated, for at least three days (longer if necessary) or until the pain in the joints has considerably subsided. Water or (if the patient prefer it) lemonade is allowed in small and repeated quantities, but starvation is to be regarded as a *sine qua non*. The return to the usual amount of food should be very gradual, and everything eaten during this time should be very digestible. Opium and colchicum are given for the temporary relief of pain and should be discontinued when the desired effect is accomplished. The mixture of acetate of potash will be found useful, but it is not an essential part of the treatment. A pleasing feature of this method will be found in the rare occurrence of cardiac trouble. The treatment by starvation, if followed according to the rules laid down, will be found to realize all that has been claimed for it—a simple reliable remedy for a disease that has long baffled the physician's skill, and the frequency with which rheumatism occurs will give everyone a chance of trying its efficacy.

In making these statements it must not be forgotten that they apply to the acute form only, experience having proved that, when used in the chronic form of the disease, it exercises no marked remedial powers, and has no advantage over the remedies usually employed in such cases.

OTTAWA, June 9th, 1877.

Correspondence.

THE NEW MEDICAL ACT.

To the Editor of the Canada Medical Record.

SIR,—Can you inform me through your valuable columns how the new act relating to the profession of medicine and surgery affects medical men who have been in practice for some years, and are already registered in the books of the College of Physicians and Surgeons of Lower Canada.

Clause xxii. of the new act says: "No person