

Acute Rheumatic Fever.

S. SOLIS-COHEN, Philadelphia (*Journal A. M. A.*, December 21), recognizes acute rheumatism as an infectious disease, due it is probable, to any one of a group of organisms, possibly cocci, allied to the organisms of scarlatina and erysipelas. He also admits a certain constitutional susceptibility or diathesis, intimately related to nervous function, and especially with the vasomotor apparatus and perhaps also with the tissues of the organs of circulation. He reviews the medicinal treatment, largely empirical, that has been found useful—the precordial blisters, the use of alkalies, which has a sort of clinico-pathologic indication in the abnormally acid condition of the body fluids, the use of the tincture of the chlorid of iron and the salicylates. The use of the latter, together with the alkalies, is not contraindicated, and he generally uses them in combination. Ferrie medication can also be associated in the “mistura ferro-salicylata,” introduced by him twenty-two years ago, the revised formula of which is given in a footnote. Special care should be given to the condition of the mouth, nose and throat and avoidance of exposure to drafts for susceptible individuals. The resistance of the vasomotor system can be increased by such measures as massage, electric light baths and hydrotherapy. Regular and sufficient elimination is a necessary prophylactic measure and a regulated nutritious diet yielding a minimum of nitrogenous waste. The carbohydrates should be reduced and oils and fats substituted so far as possible. The diet, however, should be individualized to suit the case. The management of the attack is described in detail; the diet should be milk exclusively for at least two weeks and longer if necessary, the bowels should be kept open and the urine alkaline, but the most important measure is complete rest, and it depends on the case whether this be enforced for six weeks, which is Solis-Cohen’s minimum, or whether it be continued to nine or ten weeks more. The great majority of subsequent chronic cardiac lesions are, he says, beyond question due to the neglect of the rest. Local treatment must be guided by the general condition and the patient’s special needs; there are many applications and most of them are useful unless the patient has some idiosyncrasy. If the heart becomes involved during the attack the blisters and alkaline treatment can be kept up, but unless the articular symptoms are still severe, it is usually best to discontinue the salicylates. He speaks highly of the value of rectal, and, in severe cases, of intravenous injections of colloidal silver in cardiac complications, although he can not say they are always.