ON THE BLISTER TREATMENT OF ACUTE RHEUMATISM.

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THE subject of the treatment of acute rheumatism is of such importance as to justify, I trust, my making a few observations upon the "Remarks on the Natural History of Rheumatic Fever," presented to the Royal Medical and Chirurgical Society, by Drs. Gull and Sutton, on Jan. 12th, 1869. In THE LANCET report of this communication I find the following statements:—"With regard to Dr. Herbert Davies' blister treatment, they remark that it very much relieves the pain and sufferings of the patients *in some cases*, but it does not appear to curtail the rheumatic process." And further: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart becoming diseased."

In contrast with these statements, I would beg to draw attention to the following passages from the "Clinical Histories" by Dr. Day, physician to the County Stafford Infirmary. "Although," he says, "so many especial remedies have been proposed for the treatment of acute rheumatism, and although without doubt they may each of them prove of service in properly selected cases, yet there is one that in my hands has never disappointed me in affording marked and almost immediate relief from those agonising articular pains which, with very few exceptions, are found to be present in acute rheumatic fever; and that remedy is the blistering method of Dr. Herbert Davies. Furthermore, I can fully endorse his opinion that where the remedy is made use of sufficiently early, and before any pericardial or endocardial symptoms are apparent, immunity from cardiac complications will be obtained. In every case in which I have adopted it the relief from rheumatic pain has been beyond all doubt immediate, and for the most part permanent; and in no case have I seen supervention of pericardial or endocardial inflammation after the application of the blisters; so that, as far as I can judge, it seems to endue the patient with a sort of immunity from these complications." And lastly: "The effect upon the urine is very decided; for, however acid this secretion may have been before the blisters have been applied, it very speedily becomes after their application either neutral or alkaline, and this too in cases treated without the administration of any alkalies whatever." Again, in the Hospital Reports on the Treatment of Acute Rheumatism published in the *British Medical Journal* for Jan. 9th, 1869, it is stated that "at St. Thomas's Hospital Dr. Peacock has latterly employed blisters freely in such cases as admitted of their use; and provided several joints are affected, so that four, five, or six blisters can be applied at the same time, the beneficial effect is most striking; the local symptoms are very markedly and rapidly relieved, the constitutional disturbance is lessened, and the disease *cut short*; so that cardiac symptoms are prevented, or arrested if in process of development. He has not, except in very exceptional cases, relied wholly on the local treatment, but has added it to the constitutional measures which were previously in use, and the additional benefit gained is often most striking. It is applicable especially to the more intense cases of rheumatic fever, but is also very useful in those cases which are of such common occurrence where the disease develops itself in persons previously most reduced in health, and more particularly in persons who have previously had the disease, and often with cardiac complication. At the Westminster Hospital, Dr. Fincham has employed the treatment by blisters for some time, and he is satisfied that by this plan the relief produced is very great, and the duration of the malady shortened. He is in the habit, however, as a rule, of combining it with alkalies in full doses."

I might readily refer to many other members of the medical profession who have given their testimony to the value of the blister treatment in acute rheumatism; and those who have had no experience of this method I would take the liberty of referring to my communication on this

subject contained in the London Hospital Reports for 1864. I believe that the details of the cases there given *in extenso* will convince them that this plan of treatment not only rapidly and permanently removes the agonising pain of the affection, but, when employed early, greatly diminishes the risk of the supervention of cardiac complications. It will be observed, from the tables published, that a fall of temperature in the axilla rapidly follows upon the establishment of a full discharge of serum from the close proximity of the inflamed joints; and that on the reduction of the temperature of the blood ensue a corresponding diminution in the force and frequency of the pulse, the return of sleep, and speedy convalescence of the patient. To secure this result, the plan recommended must be carried out in its full integrity—*every joint inflamed* must be treated in the manner proposed. And I can truly assert, after an experience in the use of this method during a period of four years, that I have had no patients who have complained to me of the severity of the blister treatment. On the contrary, they have stated that their agonising pains commenced to disappear *as soon as the effects of the blisters were established*; and many, while expressing themselves grateful for the rapid relief obtained, have added that they would rather suffer the pain of forty blisters than undergo the terrible agony of a severe attack of acute rheumatism. It is evident, therefore, that my conclusions, founded upon practical experience, differ *toto cælo* from those of Drs. Gull and Sutton. I believe that well-marked, undoubted cases of rheumatic fever are under the control of medical art; and having learnt the value of the blister treatment in this affection, I feel that I should be acting unjustly to my patients in adopting the expectant plan which the authors of the "Remarks" are disposed to advocate.

Finsbury-square, Jan. 30th, 1869.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

HOSPITAL FOR CONSUMPTION, BROMPTON.

CASE OF PHTHISIS, WITH DICROTOUS PULSE;
SUDDEN DEATH.

(Under the care of Dr. POWELL.)

THE practical interest of the following case lies in the relation shown to exist between the circulatory condition indicated by the dicrotous pulse and the sudden death of the patient.

James B—, aged forty-one, an assistant in a wine business, was admitted an out-patient on Feb. 5th, 1868. He was a tall, spare man, with a very nervous manner and anxious countenance. The pulse was quick, but regular.

History.—The patient had suffered from cough for one year, and from hoarseness for four months; but had been feeling decidedly ill for three weeks only. He had never had hæmoptysis. He complained of weakness, night sweats, some pain in the throat. Had led a rackety life, but had never had syphilis.

Physical signs.—On the right side dulness, with dry cavernous respiration; tonsils large; throat congested, with much mucous secretion and salivation.

He was treated with mineral acid and tincture of bark, and an astringent gargle.

Feb. 12th.—The patient's general condition much the same. He complained much of sleeplessness. Nervous manner, almost amounting to agitation, with much confusion and forgetfulness. Pulse rather quick, regular, dicrotous. There was no cardiac murmur. He was recommended to keep quiet, and some chlorodyne ordered at night.

19th.—Patient felt better in the morning before dressing, and went down-stairs to get some water. On returning he felt faint, and went to bed again, but almost immediately got up to go to the closet. He came back directly to his room, looking extremely ill, and died almost instantly.

Autopsy.—There was found excavation at the apex of the right lung, with tubercular deposit, and some congestion below. The left lung was consolidated at the apex. The heart was flabby; its right cavities distended with dark fluid blood; all the valves were healthy; there was slight atheromatous deposit in the aorta. The walls of the heart were thin and soft in texture, and proved on microscopical examination to be fatty.

Dr. Powell remarks: The dicrotous pulse shows (at least this is one of the inferences to be derived from it) that the relation between heart-force and systemic resistance is nearly one of balance, the onward current being very feeble, so that in any sudden effort the heart may fail, and fatal syncope ensue. The warning to the patient to keep at rest was not in this case given with sufficient emphasis, being rather intended to diminish the mental excitement than to give rest to the circulation. The extreme nervous agitation of manner was no doubt due to the precarious condition of the circulation in the brain, being analogous to that agitation which follows profuse loss of blood.

The case was of additional importance from the patient having insured his life.

LONDON HOSPITAL.

FRACTURE WITH DISPLACEMENT OF THE SPINE; REDUCTION BY PULLEYS.

(Under the care of Mr. MAUNDER.)

WE published in THE LANCET of January 23rd a case of dislocation of the spine with displacement, in which reduction was accomplished by means of pulleys. The case was treated in the Liverpool Southern Hospital, under the care of Dr. Wollaston. The following notes, which we have had by us for some time, and which were kindly supplied by Mr. McCarthy, illustrate a case in which the same mode of treatment was adopted, but the issue of the case was not so satisfactory.

G. H—, aged twenty-one years, on Sept. 11th, 1865, was struck, while in a stooping posture, upon the loins, by a heavy block of wood, and was picked up paralysed below the hips. On examination, he had lost sensation and motion in his lower extremities; the upper part of the body was bathed in cold perspiration; his aspect anxious; manner excited; pulse 90, weak; the muscles of the arms twitching involuntarily. He complained chiefly of severe pains across the loins, shooting upwards thence. Opposite the first lumbar vertebra was a great prominence, the skin being stretched over it like the strings of a violin over its bridge. The patient being in great agony, Mr. Maunder determined to endeavour to relieve the extreme tension of parts and diminish pain by extension and reduction, as, if the cord had been torn across, the patient would be in no worse condition, and if it had not, the removal of the pressure would be a very considerable advantage gained. Chloroform having been given, the pulleys were applied to the lower extremities, and the shoulders held by a roller-towel to a post fixed in the ground. While extension was cautiously made, the hand of the surgeon pressed upon the projection, and presently, with a crepitating sensation, this disappeared almost completely, leaving only a small nodule displaced. After the operation the patient was entirely relieved from the severe lumbar pains, and in the course of a few hours he had recovered sensibility in the femoral region for about two inches below Poupart's ligament. Pulse stronger; there was retention of urine; restless towards night. Ordered forty minims of tincture of opium.

Sept. 12th.—Slept well; some pain in hypogastric region; countenance cheerful; recovered sensibility along the front and inner part of thigh to within three inches of knee-joint. At this point improvement in cutaneous sensibility ceased, and the bladder was gradually and seriously involved, becoming the seat of acute inflammation and of pain to the patient, of which he died on Sept. 26th.

At a post-mortem examination, the body of the first

lumbar vertebra was found much broken, and a large piece of it, all but detached, had originally caused the protuberance in the back; the ligaments were greatly torn, and all the nerves, excepting one small one, were severed. The walls of the bladder were thickened and softened, readily breaking down when touched, and containing here and there small abscesses. All the other viscera healthy.

Provincial Hospital Reports.

SHEFFIELD PUBLIC HOSPITAL.

INCISED WOUND OF KNEE-JOINT; APPLICATION OF TOURNIQUET TO FEMORAL ARTERY; RECOVERY.

(Under the care of Mr. ARTHUR JACKSON.)

MR. A. BRIETZCKE, house-surgeon, has obliged us with a report of the following case:—

Joseph I—, aged thirty-two. At 3 p.m. on the day of admission, while engaged in grinding a large mincing knife, of a half-moon shape, the instrument suddenly slipped from his hand, and inflicted a severe incised wound about two inches long, into the left knee-joint, in a vertical direction, close to the inner side of the patella. He was brought to the hospital in a cab, but walked into the surgery, not being aware of the dangerous character of the injury. On close examination, a small quantity of oily matter, mixed with blood, could be seen escaping from the wound, which was gaping considerably. A single wire suture was used to bring the cut edges into apposition, and a small piece of lint, soaked in collodion, applied to prevent the entrance of air; the limb was then placed in a McIntyre splint, and the patient removed to bed. At 5 p.m., a horseshoe tourniquet was arranged, in order to diminish the flow of blood through the femoral artery. He was put upon milk diet, and a sedative solution of opium was given for the next two days.

August 6th (six days after admission).—Lint removed; wound looks almost the same as when the collodion was first applied, with the exception of some slight superficial purulent discharge at lower third. Tissues around slightly swollen, but there appears to be no fluid in the joint. Dr. Richardson's styptic colloid applied. Tourniquet slackened a little.

24th.—Slight blush around tourniquet, near the seat of pressure; smarting pain. Solution of nitrate of silver applied. Meat daily.

26th.—Erythematous blush decreasing; slight suppuration around wound. Water dressing applied; tourniquet removed. Slight abrasion over the seat of pressure.

On the 31st, there was a rigor lasting for two hours. Skin hot and dry. Temperature in axilla, 103.1° F. Pulse 140; dry tongue.

Sept. 1st.—Wound sloughy, gaping. No repetition of the rigor. No suppuration in the joint. After this the pulse and temperature gradually decreased, whilst he was taking plenty of beef-tea and stimulants.

6th.—Pus collecting in considerable quantity, probably in the joint.

13th.—Wound gradually healing. A clear yellowish fluid escapes on pressing above the joint.

20th.—Water-dressing to the wound. Patient much improved in health.

27th.—Splint removed. Patient feels well; wound cicatrising; joint a little enlarged, but movable to a certain extent without pain.

Oct. 3rd.—Allowed to get up and walk a little with the help of crutches.

6th.—Joint swollen and painful. To return to bed.

8th.—There was a sudden attack of diarrhoea. Ordered an aromatic mixture, with tincture of opium, after each liquid stool.

9th.—Patient in a low, weak, nervous state; white, tremulous tongue; apthæ. A small circumscribed abscess has formed on the inner side of the joint, appearing like a simple bleb, quite superficial. On opening it a small quantity of pus was removed. Iron-and-quinine was now ordered.