THE SALICYLATE TREATMENT OF ACUTE AND SUBACUTE RHEUMATISM.¹

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DR. ISAMBARD OWEN presented the statistics of 210 cases of acute and subacute rheumatism treated in St. George's Hospital in 1877 and 1878, showing in tabular form the comparative results of treatment. The cases fell into six sections, according to the treatment adopted in the primary attack:—A, in 85 cases, salicylate of soda or ammonia, in initial doses equivalent to 3 drachms or upwards per diem; B, in 52, salicylate, in initial doses equivalent to 2 drachms per diem; C, in 19, salicylate, in doses not exceeding $1\frac{1}{2}$ drachms per diem; D, in 29, full doses of alkali, with or without quinine; E, in 6, iodide of potassium; F, in the remaining 19, the mode of treatment was changed before the end of the primary attack. Sections A, B, and C were further subdivided according as the salicylate was combined with full doses of alkali or not. The cases in the first four sections were also classified according to their range of temperature, and the presence or absence of marked redness and swelling about the joints.

Table I. showed the number of cases falling into each of the groups of this classification. The average duration of the attack previous to treatment, calculated for all the groups, was given, for the sake of clearness, only for the leading divisions, where it uniformly amounted to between 7 and $8\frac{1}{2}$ days.

Table II. showed the average duration of pain, Table III. that of pyrexia, after the commencement of treatment, for all the groups. It appeared: (1) that the results bore no relation to the previous duration of the cases; (2) that the results were not affected by the character of the cases; (3) that practically similar numerical results were obtained from the use of salicylate, whether it were given at the outset in large, medium, or small doses; whether it were combined with alkali or prescribed alone; (4) that the results of salicylate treatment were in marked contrast to those of the alkaline treatment: $3\frac{1}{2}$, 4, $4\frac{1}{2}$ being the general averages of pain, $3\frac{1}{2}$, 4, $3\frac{1}{2}$ those of pyrexia, for Sections A, B, and C; while 8 was the average of pain, and $6\frac{1}{2}$ that of pyrexia for Section D.

It must be borne in mind that these numerical results give no account of the marked initial effects observed in many of the salicylate cases, especially those of Section A, as compared with the more uniform descent of pain and pyrexia in the cases treated with alkali; and also that in 23½ per cent. of Section A, 13½ per cent. of Section B, and 10½ per cent. of Section C, the administration of the drug was embarrassed by toxic symptoms, a probably avoidable element in the future.

Table IV. showed the average residence in hospital, after the commencement of treatment for each group. The results under this head were practically uniform for every system of treatment; the general averages for Sections A, B, C, and D being 25, 21, 23, and 26 days respectively.

Tables VI. and VII. showed details of the cases between the end of the primary attack and the time of discharge. It appeared that *chronic rheumatism* persisted in 2 cases of Section A, with an aggregate of 6 days, in 2 of Section C, with an aggregate of 14 days, and in 2 of Section D, with an aggregate of 51 days; that *relapses* occurred in 27 per cent. of Section A, 26·9 per cent. of Section B, 36·8 per cent. of Section C, and 27·6 per cent. of Section D, with average durations of $3\frac{1}{2}$, $4\frac{1}{2}$, 6, and 2 days respectively; that *relapses of a chronic character* occurred in 2 cases of Section A, and in one case of Section C, with aggregate durations of 58 and 2 days respectively; and *relapses of a purely pyrexial character* in 7 cases of Section A with an average of 7 days, and in one case in Section C with a duration of 5 days.

By adding the aggregates of Tables VI. and VII. to those representing the duration of the primary attack (Table II.) the following results were obtained:—

Table VIII. *Average days of illness*, from the commencement of treatment, Section A, 6 days; Section B, 6 days; Section C, 7 days; Section D, $10\frac{1}{2}$ days.

Section E comprised only cases possessing a special character.

Section F comprised: (1) one case not amenable to any

form of treatment; (2) five cases in which salicylate was superseded on account of toxic symptoms; (3) four in which salicylate was superseded for apparent failure, after five, six, two, and one day's trial respectively (no evident success attended the substituted treatment in any but the last of these); (4) one in which symptoms of diaphragmatic pleurisy appeared under salicylate, but rapidly lessened on substitution of alkali and quinine; (5) three cases in which salicylate was superseded while pain and fever were lessening; (6) three in which alkali was superseded by salicylate without apparent result; and (7) one in which bark was substituted for alkali before pain had ceased.

Pericardial friction appeared after admission in four cases of Section A, and in two of Section D. In all but one of these it was probable that cardiac complication existed before the commencement of treatment. The one excepted case was under treatment by full doses of salicylate of ammonia, without alkali.

Permanent cardiac murmurs appeared after admission in three cases under treatment A (in all but one with full doses of alkali), in one case under treatment C (with alkali), and in one under treatment D; *temporary murmurs* in two cases under treatment A (alkali given in one).

The urine in all cases was examined for albumen daily, if procurable, throughout the primary attack.

Permanent albuminuria was observed in four cases of Section A, in one of Section B, and in one of Section C; but in none did it appear that it had originated after treatment.

Temporary albuminuria occurred in 78 per cent. of the remaining cases of Section A, as against 43 per cent. of those in Section D; or, excluding mere traces, in 52 per cent., against 25 per cent.

Suppression of urine for two days occurred in one case of Section A, and in one of Section F under alkali and quinine.

Among the toxic effects rashes are noticed in two cases, shivering in one. In one case (an alcoholic patient) the delirium took the form of delirium tremens.

No cases of hyperpyrexia occurred, and none ended fatally.

THE SALICYLATE TREATMENT OF ACUTE RHEUMATISM.¹

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MY statistics are based upon 55 cases of acute rheumatism admitted into the Westminster Hospital during the year 1880, including 3 remaining over from 1879.² In one of these 55 cases, the notes of the treatment are so scanty that I have been obliged to discard it; with this exception my statistics refer to all the cases of acute rheumatism admitted within the period I have mentioned. Of the 54 cases, 38 were treated by the salicylate of soda at some period of their course, the remaining 16 without it.

	Salicylate treatment.	Without salicylate.
Days in hospital ...	(nearly) 34	33
Days of fever* ...	7	9
or excluding Case 45 ...	—	$6\frac{1}{2}$
Days of pain ...	$7\frac{1}{4}$	12
or excluding Case 45 ...	—	10

* By days of fever are meant days in which the temperature was above 99° F.

Of the salicylate cases, in the one (No. 5) longest in hospital (ninety-one days), the duration of stay was due to phlebitis, which followed the rheumatism. The shortest stay was twelve days.

Of the cases not treated by salicylate, sixty-eight days (No. 42) was the longest period in the hospital. This case was complicated by acute pneumonia in a heavy drinker. The shortest stay was six days. There was only one fatal case among the 55 (No. 44). This was the case of a woman, aged eighteen, who died with pneumonia, endo- and pericarditis, with extensive myocarditis. She had the salicylate for a short time. In 33 of the salicylic cases the temperature charts show that in 19 the temperature was above 102°, and in 3 below 101°. In 15 non-salicylic cases, 3 above 102°, and 4 below 101°.

There were cardiac complications in 29 of the cases; in 19

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² For these statistics I am indebted to Dr. Gristock, the medical registrar.

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