

coming to that conclusion." I may safely add, that acting thus, should we have been subsequently found to have erred, the mistake shall be on the right side. I emphatically assert, and I have had opportunities of forming an opinion, that no harm at least can result in thus acting; that much life will be saved, and much suffering spared to parturient women.

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ART. XII.—*Observations on the Treatment of Rheumatic Fever.*

By R. W. O'DONOVAN, M. D., K. & Q. C. P., Belturbet.

IN my former Paper on the treatment of acute rheumatism, I advocated the use of opium, in large and often repeated doses, as the "modus curandi" best calculated to relieve this distressing malady, not as a therapeutic agent of theretofore unknown or unproved power. Having slightly referred to the history of the use of opium in this disease, so far as my means of reference permitted me, which in a country residence are necessarily limited, and mentioned the names of Corrigan and Cazenave, I received an interesting letter from Dr. Thompson, of London, which, in justice to him, I take the liberty of inserting, premising that I have not had an opportunity of reading the article to which he has referred me.

"MY DEAR SIR,—A paper written by you, in the last number of the 'Dublin Quarterly,' lately came under my observation, and I read it with much pleasure. The subject appears to me of great practical importance, and I am glad to see it attracting the attention of the active minds of Ireland. I read a paper on the value of opium in rheumatism, and the circumstances which should regulate its employment, to the Medical Section of the British Association for the Advancement of Science, at Plymouth, in the year 1841: an abstract of the paper was published in the Report on Transactions of Sections, p. 79 of the volume for that year. I take the liberty of referring you to that paper, because I think you will be interested by my notice of the views of Heberden, the practice of De la Roche, recorded in the 'Edinburgh Medical and Surgical Journal,' at the commencement of this century, and the subsequent disuse of the practice until revived, although as yet very partially, by the instructive remarks of Dr. Corrigan, and, I may add, by my own experiments. I hope you will persevere in your therapeutical investigations, and in publishing the results.

"I am, dear Sir,

"Faithfully yours,

"THEOPHILUS THOMPSON."

Some instructive cases of rheumatic fever have come under my care since the publication of my first paper in the pages of the "*Quarterly*," which have forced me to reconsider the question of the paramount value I attached to the treatment there advocated, and to ask myself whether opium is a safe medicine in all cases—whether, from constitutional causes or complications, its use may not be absolutely injudicious or hurtful; and, if so, to consider the more difficult subject of diagnosis.

The first case I shall quote, Mrs. F., suffering from muscular rheumatism for some time, was suddenly attacked with rheumatic ophthalmia on the 25th June, 1858. She consulted me on the 27th. The affection was confined to the right eye, which presented a perfect specimen of the disease. She suffered intense pain, increased at night, in the eye, orbit, temple, and eyebrow; the blood-vessels running in pink lines from the circumference to the iris, which was cloudy. Ordered compound powder of jalap, to free the alimentary canal; a grain of opium every third hour; opiate fomentations to the eye (1 drachm of opium infused in 16 oz. of boiling water).

28th. All symptoms relieved.

29th. Quite well; had no relapse.

Here the almost magic influence of the opiate treatment was very apparent.

About this time I read an interesting case recorded by Dr. Campbell in the "*Dublin Hospital Gazette*," where the iodide of potassium, in unusually large doses, was administered successfully in a case of well-marked rheumatic fever. I had an opportunity of testing its value in the following case:—

Denis Fitzpatrick, aged 50, ill six days; right shoulder, elbow, and wrist red, swollen, and excessively painful; left wrist and back of hand swollen and painful, but not red; great dejection of spirits, believing he was attacked with paralysis; some cough and dyspnoea of old standing; sounds of heart normal; dry, bronchial râles over both sides of the chest; profuse perspiration; skin hot; urine scanty and loaded; bowels confined; pulse 100; starts in his sleep. Ordered a mercurial aperient, blister to his chest, and a diuretic mixture of the acetate of potash and nitrate of potash.

16th June, 1858. Copious offensive motions; urine more abundant; no improvement in general state.

18th. Pains and other rheumatic symptoms continue very severe. Ordered 10 grains of the iodide of potassium three times a day.

20th. Rheumatic pains much relieved, but he spent a bad night, from severe abdominal and epigastric pains, with tenesmus and bloody stools; an eruption resembling measles, but rather more elevated, has appeared over the entire body and extremities; tongue red at tip and edges, with a tendency to brown in the centre; pulse 120, very feeble. Omit the iodide of potassium. To get 4 oz. castor-oil, and 40 minims tincture of opium; a mustard poultice to epigastrium; beef-tea, weak brandy and water, arrow-root.

21st. Much better in every respect. To repeat the oil and tincture of opium draught.

22nd. The joints became again red, painful, and swollen during the night, but all abdominal pain and uneasiness is gone; to get a grain of opium every second hour, and opiate fomentations to the parts affected.

25th. All pain and swelling is gone; to get quina, a grain of opium at night, and a mild castor-oil draught; did not relapse.

May 11th, 1859. Was called in to visit Mrs. M'M., a young married woman, without family, of dark bilious countenance; for the previous two days complained of general febrile pain, headache and lassitude, with cough and pain in the chest; ordered compound powder of jalap, a diaphoretic mixture, and blister to her chest.

17th. Profuse perspiration set in during the night, but without affording her relief; on the contrary, her right knee, elbow, and wrist have become red, swollen, and painful; in fact, acute rheumatic fever has developed itself; her bowels have been but slightly acted on, and urine scanty; ordered opium and camomile fomentations; powder to be repeated, and to continue her mixture, with sweet spirits of nitre.

18th. Same report, but medicine freed the bowels well; ordered two grains of opium every third hour.

19th. Sent for three times this day; Mrs. M'M. spent a bad night; delirious, in great suffering from the affected joints; towards morning her stomach became affected, frequent vomiting, with pain at epigastrium, extending over hepatic region; bathed in profuse perspiration; tongue dry, with yellow fur; countenance sunken and muddy; eyes blood-shot, partial stupor; omit opium; to get blue pill, followed by a seidlitz powder, seltzer water to drink, and to blister epigastrium.

20th. Looks much better, and says she feels so; she voided in large quantity dark offensive bilious stools; urine much increased in quantity; skin cooler, and perspiration not so severe; repeat blue pill and draught; continue fomentations.

21st. General state much improved, including alvine excretions, but the rheumatic pains continue severe; she has had little or no sleep, but does not start when she sleeps; ordered the opium pills again.

22nd. Train of symptoms present on the 19th again present themselves; sunken countenance, delirium, nausea, and small pulse; ordered the same treatment, and to omit the opium; to get a small quantity of wine in her effervescing draught.

23rd. Is much improved this morning, but is very weak; to get beef-tea, arrow-root, and wine; prescribed iodide of potassium in four-grain doses, three times a day; the joints to be rubbed with a stimulating liniment, and bandaged with flannel saturated with sulphur. The remainder of the case is not sufficiently interesting to be quoted in detail; Mrs. M'M. improved slowly, and was convalescent about the 1st of June. I was called to see her again on the 10th. My patient, having most imprudently sat at an open window for a considerable time, was attacked with shivering on going to bed, and a second invasion of acute rheumatism was ushered in with the local symptoms, attacking the right knee and shoulder; I ordered her blue pill, followed by an aperient draught; and when the bowels were well moved, to take two grains of opium every third hour.

11th. At nine o'clock on the previous night she took her opium pills; at midnight they were repeated, but the administration of the drug was followed by the same bad effects, stupor, nausea, mental depression, and a peculiar expression of fatigue in her countenance; opium omitted; saline effervescing draught; ordered opiate fomentations to the affected parts. It is unnecessary to follow in detail the treatment of this case; it was very tedious; the medicine chiefly employed was the iodide of potassium, and, towards the close of the case, sulphate of quina; my patient was able to walk about with the assistance of a stick about the middle of July; she has since enjoyed good health.

March 6th, 1861. I was called to see a young girl, aged 20, a bonnet-maker, of sedentary habits, pale, phlegmatic countenance, with very dark "areolæ" about the eyes. She was suffering from a very violent attack of acute rheumatism, and was ill five days previous to my visit, and was so helpless that both herself and her friends (as in Fitzpatrick's case) were under the impression she was paralysed; all the large joints of the upper and lower extremities were swollen and exquisitely painful, but not very red; she could neither turn in the bed,

nor assist herself in any manner, and her screams, when any person approached her, could be heard in the streets; her bowels have been moved, discharges offensive, urine scanty, perspiration excessive; tongue soft, moist, and nearly clean; ordered a mercurial purgative; a warm opiate liniment to be rubbed to the affected parts.

17th. Alvine discharges less offensive; there is no change in her general symptoms; she has not slept for several days and nights; pulse 110, and small; to get two grains of opium every third hour; continue fomentations.

18th. Had some trifling disturbed sleep during the night; had taken eight grains of opium; feels weary, and complains of headach, with some slight stupor; tongue dry, and slightly furred; local symptoms unchanged; omit opium; to have a mixture of nitrate and acetate of potash; no alteration in her diet, which consists of arrow-root, toast and tea, and any mild drink she calls for; to get blue pill, and senna draught.

19th. Had some trifling sleep; bowels freely moved; to recommence opium, and continue mixture.

20th. Was called at 4 o'clock in the morning; took six grains of opium, and fell into a troubled sleep in the early part of the night, but about one o'clock she was attacked with pericarditis, great difficulty of breathing, with violent heaving of the chest, tumultuous action of the heart, loud bellows' murmur; pulse 130; steaming in perspiration; haggard expression of countenance; abdomen swollen, tympanitic, and painful; great depression of spirits, being firmly convinced she was dying; swelling and pain in joints persistent; ordered blister to cardiac region; sinapism over abdomen, aromatic spirit of ammonia; omit opium; to get 8 grains of iodide of potassium every fourth hour.

10 o'clock, A.M. Got 16 grains of the iodide; all the dangerous symptoms are relieved.

21st. Had some refreshing sleep last night, and says she feels better; breathing quieter; palpitations less distressing; perspiration decreased; urine considerably increased in quantity; local pain much relieved.

22nd. Continue.

23d. Improving steadily; increased desire for food; the patient continued to improve; she was gradually allowed more nutritious diet, with some bottled porter, which agreed very well with her; and on the 30th she was able to walk about the room; but she continued to take the iodide of potassium in 4 grain doses for four or five months; had repeated small blisters put over the heart. I examined this patient a few weeks past

(March, 1861); she suffers from palpitation on running upstairs, or when excited, and the "Bruit de soufflet" is audible, but with much less force.

April 20th, 1860. I visited Mr. L. A few days previous he was attacked with pain in his right knee, when walking in his farm, complaining, at the same time, of having caught cold. Mr. L. is a gentleman of extreme scorbutic diathesis, and of excitable, weak habit. The pain in the knee increasing, and the right wrist becoming swollen and painful, with muscular pains in the shoulder, he consulted me; I found his pulse weak, 100; tongue furred; skin hot and clammy; bowels extremely fetid; urine very scanty, not more than 4 ounces in the twenty-four hours, with dark brown deposit; ordered grey powder and rhubarb, with bitartrate of potash; camomile fomentation, and, as he had not slept, one grain of opium at night.

21st. Alvine discharges dark, but not so fetid; no change in urine; had a bad night, no sleep; complains of headach, and says he had troubled dreams all night; joints rather more swelled, but little increased in colour; pain very great; to get a mixture of acetate and nitrate of potash; repeat aperient powder; to have two grains of opium at night.

22nd. No sleep, but complains of headach and nausea; tongue furred and dry; a sanious mucus about the gums and corners of the mouth; perspirations distressing; alvine discharges very offensive and dark; urine as before, with a heavier deposit, when stirred up it looks like dirty porter, with an offensive odour; he drew my attention to some spots on his limbs, and I found a large crop of "purpura" on both lower extremities, particularly on the inside of the left thigh, where they were exceedingly numerous, scattered sparsely over the abdomen and back; pulse very weak, and great dejection of mind; ordered lemonade *ad libitum*, a desert-spoonful of lemon-juice every third hour; continue his potash mixture, and omit opium; to get some beef-tea, jellied with arrowroot and port-wine, which he prefers.

23rd. Improved; he has drank the juice of three lemons since yesterday; tongue and mouth generally cleaner; urine increased in quantity, but the deposit apparently as great, presenting the appearance of broken-down blood-fibre; perspirations much less; pain and swelling of the joints much relieved; wine agrees with him, the best test, *he says he likes it*.

24th. Mr. L. is improving steadily; urine increasing in quantity, and deposit becoming less; blood-spots becoming less perceptible; got some refreshing sleep; appetite improving.

May 1. Mr. L. is able to sit in his chair; rheumatism is gone; and the constitutional affection, though leaving considerable debility, has also disappeared; he takes the muriated tincture of iron, and continues his lemon-juice.

A careful perusal of these cases must, I think, lead to the conclusion, that in one, Mrs. F., the opiate treatment was attended with the best possible results, the speedy and perfect cure of the disease, which should be the legitimate object of the physician, and not the support of the empiric character of a drug "*per fas aut nefas*," as unfortunately often happens; the same careful consideration must bring the conviction that in the other cases opium not only did not produce a beneficial effect, but induced a train of symptoms of a highly aggravated and dangerous character. Are we, then, in a position to say *a priori* when it should be prescribed, and when avoided? are there positive and established diagnostic marks to guide the practitioner in its use? or must we continue to prescribe it at hazard, either as the *chief remedial agent*, or as a *valuable assistant*? That there is no want of valuable medicines to meet every difficulty may be granted, but the grounds for a judicious selection remain as yet unproved. I know not whether the study of cases 3, 4, 5, may produce in the minds of others the same effect which it has produced in mine, viz., the inapplicability of opium as an *unerring medicine* in the curative treatment of acute rheumatism. What are the physiological and diagnostic characters which should make us hesitate in its administration? Can those cases throw any light on them? We observe Nos. 3 and 4 patients were females; and I may draw attention to the case of Mrs. R. in my former paper, where the usual beneficial effects of the medicine were not as striking or well developed as in the remainder. Is there any peculiarity in the female constitution when attacked with rheumatic fever, contra-indicating the use of opium? The practical physician often finds it his sole hope in painful uterine affections, in neuralgia of the spine, uterine hemorrhages, &c., where it is well tolerated in large doses—and only in large doses—such, at least, is my own experience. I think it worthy of observation that each of those three female patients were of that temperament marked by a sallow complexion, dark areolæ about the eyes, bushy brows, and heavy eye-lids, and constipated *habit of body*—a class in which the vital functions appear always to be slowly performed, and where there is a deficiency of red blood, either as a cause or effect; in those patients (one

unmarried) opium was badly borne; and if persisted in would, I feel, lead to a fatal termination; at least, my conviction is so strong that I would not, under similar circumstances again prescribe it. Can we now say there is a class of patients in which opium must not be given,—that its use will be followed by serious disturbances of the function of the liver, of the cerebrum, and heart, unaccompanied by relief to the specific disease. It may indeed be considered too serious a conclusion to arrive at from such premises; but I may presume to say, they offer to a certain extent a starting-point for future and serious observations and reflections. The curative power of lemon-juice in the treatment of Mr. L.'s illness was very marked; with him, also, opium was badly borne. Of lemon-juice as a medicine in rheumatic fever I have no experience further than the individual case reported; but I am disposed to consider it a valuable therapeutic agent, when such a constitutional complication exists, and that it may exist much oftener than is supposed I strongly suspect.

I believe the iodide of potassium in large doses (but not to a poisonous extent) is a powerful and valuable medicine in acute rheumatism; it is one I should be much disposed to rely on when the liver is sluggish, and where the functions of the heart are likely to be impaired by fibrinous deposit. I shall conclude this paper with a remark on the use of stimulants: as a general rule, I do not think brandy or wine is ever required, and it is astonishing how rapidly a patient regains strength on the subsidence of pain and the return of sleep; yet cases unquestionably call for their exhibition, particularly when any constitutional complication of a debilitating tendency co-exists.