

will often happen that a more irregular proceeding will be adopted.

The trapezium, pisiform, and the unciform process should be left alone unless they are diseased.

The after-treatment is that recommended by Mr. Lister; and the parts divided are the same as in his operation.

Wigan.

ON THE ASSOCIATION OF AFFECTIONS OF THE THROAT WITH ACUTE RHEUMATISM,

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I HAVE for some time past made it a rule in all cases of acute rheumatism which come before me to inquire carefully for any history of tonsillitis or catarrh of the pharynx having preceded the attack. I was led to do this by a remark from Dr. Garrod, F.R.S., when he was attending me for a severe attack of rheumatic fever in the winter of 1874.

A month before my illness I had a sharp attack of acute tonsillitis, and Dr. Garrod told me he had noticed that the two affections were not uncommonly associated. I have lately kept notes of all cases of acute and subacute rheumatism, and find that in a very large proportion the attack has been preceded at an interval varying from nearly a month to a few days by some affection of the throat. It may be a simple catarrh, but in many cases it takes the form of acute inflammation of the tonsils. Without at present being able to give an exact percentage of cases presenting this premonitory symptom, I think I should not exaggerate if I were to put it at 80 per cent. Dr. Garrod tells me that further experience has confirmed his first impression, and he is disposed to put the figure quite as high as I have stated above. Trousseau¹ has described a "rheumatic sore-throat," evanescent in character, and preceding by a few hours the articular manifestations, but he does not mention tonsillitis among the premonitory symptoms, and his observations have apparently been overlooked by the authors of our text-books on medicine.

In some cases the throat and joints are affected simultaneously; and I have also met with cases of relapse from acute rheumatism where the primary attack and the relapse have both been preceded by throat symptoms. I believe this sequence of events is of too frequent occurrence to be explained on the hypothesis of a merely casual connexion—i.e., that a person having, through a chill, or some other cause, had a "sore-throat," further exposure has brought on an attack of rheumatic fever. Tonsillitis is a very common affection, and in many cases is not followed by rheumatic symptoms. Nevertheless I believe that not unfrequently it is an early manifestation of the rheumatic diathesis, and that by so regarding it we may prevent the further development of that tendency. This sympathy is not limited to rheumatism, for it is a matter of common experience that scarlet fever and measles, diseases which are almost invariably ushered in by severe affections of the throat, are frequently followed by the so-called "rheumatic" affections of the joints; by acute arthritis; and even occasionally by pyæmia.

Mr. Hilton² was of opinion that in these cases some antecedent injury or over-fatigue of the joint had deteriorated its vitality, and that the depressing influence of the disease led to inflammation of the joint, which appeared after the fever had subsided. I think, however, that these affections of the joints following acute fevers are of too common occurrence to be thus accounted for. Bearing in mind the extreme prevalence of valvular affections of the heart, which, as is well known, can in the young be generally traced to fibrinous vegetations having formed on the valves during an attack of rheumatism, it must be admitted that any means which enable us to foresee and possibly ward off a disease causing agonising pain, and often leaving behind it an irreparably damaged heart, are of great value. Sir William Jenner has shown the importance of early treatment in enteric fever, and it is not less important in acute rheumatism. The

cardiac complications usually appear early in the case, and when once the patient has been got to bed the danger from that source is much lessened. I am now so firmly convinced of the truth of these facts that I think far more seriously of seemingly trivial throat affections, and in all such cases advise my patients to be on their guard against the slightest subsequent exposure to cold, and to seek medical advice on the first appearance of pain in the limbs or joints. I believe that in this way I have in two or three cases, by a timely administration of anti-rheumatic remedies, such as the salicylates, succeeded in warding off what might have proved a severe attack of acute rheumatism. One can only speak with great reserve on such a point, as it is impossible to say whether or no an attack was imminent. Hospital out-patient cases are so soon lost sight of, and it is a matter of such difficulty to follow them up, that the opportunities for prophylactic treatment are far fewer than in private practice.

The following are very brief notes of twenty cases of acute rheumatism which have quite recently come under my observation. The first six cases were under the care of Dr. Cayley at the Middlesex Hospital:—

CASE 1.—Thomas C—, aged thirty. Aug. 21st, 1880: Had a sore-throat, so severe that he could scarcely speak.—Sept. 6th: Admitted for acute rheumatism. Tonsils enlarged and mucous membrane of pharynx injected.

CASE 2.—Frederick S—, aged twenty-one. Sept. 24th, 1880: Had sore-throat, pain in swallowing, and coughing. Admitted Oct. 9th for acute rheumatism. Tonsils enlarged, uvula and pharynx injected.

CASE 3.—Eliza J—, aged twenty-four. On August 28th, 1880, had sore-throat and difficulty in swallowing. Admitted September 11th for acute rheumatism.

CASE 4.—Kate L—, aged twenty-one. Had sore-throat, not severe, when pains appeared. Admitted for acute rheumatism on September 20th. During convalescence she had an attack of tonsillitis; no return of rheumatic symptoms before discharge.

CASE 5.—Clara H—, aged seventeen. On September 25th, 1880, had a bad sore-throat, with pain in swallowing. Was admitted for acute rheumatism on October 16th. Tonsils enlarged, and mucous membrane of fauces injected.

CASE 6.—Thomas L—, aged twenty-seven. On October 12th, 1880, had a sore-throat.—Oct. 19th: Admitted for acute rheumatism. Tonsils enlarged, uvula elongated, mucous membrane of pharynx injected.

The four following cases were under the care of Dr. Coupland, in the Middlesex Hospital:—

CASE 7.—August M—, aged thirteen. August 11th, 1880: Attended as out-patient under my care at the Middlesex Hospital for acute tonsillitis.—August 26th: Was admitted for acute rheumatism and endocarditis.

CASE 8.—George S—, aged twenty. Four years ago had acute rheumatism preceded by sore-throat.—Sept. 16th, 1880: Had severe sore-throat.—Sept. 28th: Rheumatic pains with effusion into knees, ankles, and nearly all joints of left hand.—Oct. 2nd: Admitted for acute rheumatism and endocarditis.

CASE 9.—Louisa A—, aged eighteen. Out-patient under my care for some weeks for enlargement of cervical lymphatic glands.—Aug. 28th, 1880: Had an attack of acute tonsillitis.—Sept. 11th: Complained of pains in knees.—Sept. 25th: Admitted for acute rheumatism and endocarditis. Relapse on Oct. 10th, accompanied by fresh attack of tonsillitis.

The following cases have been under my care in the out-patient department:—

CASE 10.—Henry F—, aged thirty-three. Five years ago had acute rheumatism; laid up for a month. Had severe sore-throat a week preceding the attack.—Oct. 9th, 1880: Slight pains in limbs.—Oct. 16th: Had acute tonsillitis, followed in a few days by return of pain.—Oct. 23rd: Complained of severe pain in all his joints.

CASE 11.—George L—, aged fourteen. Whilst out-patient, suffering from bronchitis, had on Oct. 23rd, 1880, a severe attack of acute tonsillitis, followed in three days by pain in nearly all joints.

CASE 12.—Elizabeth A—, aged nineteen. Oct. 7th, 1880: Had acute tonsillitis, with enlargement of glands at angles of jaw on both sides.—Oct. 28th: Came as out-patient. Tonsils enlarged, right shoulder fixed and very painful, pain in limbs and back.

CASE 13.—Walter T—, aged eight. Sept. 7th, 1880: Had a bad sore-throat with pain and difficulty in swallowing.—

¹ Clinical Medicine. Sydenham Soc. Trans., vol. ii., p. 466.

² Lectures on Rest and Pain.

Oct. 2nd: Complains of pains in nearly all joints. Temperature 101° 8'. Tonsils enlarged.

CASE 14.—Harriet E——, aged twenty-seven. Oct. 27th, 1880: Had acute tonsillitis, followed in a few days by pains in nearly all her joints.

CASE 15.—Margaret M——, aged fourteen. Aug. 24th, 1880: Had sore-throat and pain in swallowing.—Aug. 28th: Pain in nearly all joints; tonsils inflamed and enlarged.

CASE 16.—Selina C——, aged twenty-eight. Oct. 7th, 1880: Had acute tonsillitis, followed on Oct. 16th by pain in the left shoulder.—Oct. 21st: Complained of severe rheumatic pains in joints. Tonsils enlarged; uvula adherent to left tonsil.

CASE 17.—Dorothy A——, aged twenty-eight. Oct. 17th, 1880: Throat-sore; pain and difficulty in swallowing.—Oct. 22nd: Had acute rheumatism; metacarpo-phalangeal joint of left hand enlarged and painful; left shoulder also painful.

CASE 18.—Bertha N——, aged four. Mother states that she had a sore-throat last summer, followed in one month by pains in her limbs.—Oct. 14th, 1880: Complained of sore-throat.—Oct. 16th: Pain in both arms and in knee-joints.

CASE 19.—Eliz. B——, aged twenty-eight. Had a rigor on Oct. 11th, 1880; on the following day acute inflammation of the tonsils commenced; a few days subsequently pains appeared in the limbs and joints.

CASE 20.—Jane M——, aged forty-two. Sept. 20th, 1880: Had sore-throat, which was better in a few days.—Oct. 14th: Had bad sore-throat.—Oct. 21st: Severe pains in right shoulder and arm. Laid up for ten days subsequently with acute rheumatism.

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THE CURE AND CARE OF THE INSANE.

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It is stated, on the authority of Pinel, that the greatest number of recoveries from madness take place in the first month of its duration.¹

My experience for several years in the St. Marylebone Infirmary is in accordance with this statement. It arose in this way. The Hanwell Asylum being full, a proposal was made by the guardians of the poor to the Visitors of Hanwell to exchange chronic for recent cases, to which the Visitors refused to accede. In relation to this matter, the following is from the Report of the Metropolitan Commissioner in Lunacy, page 879:—

“In the Lunatic wards of the Marylebone workhouse there were admitted in the years 1842 and 1843, 190 paupers considered as insane. The overseers being able to obtain admission into the Hanwell Asylum for only 27 of these 190 cases, they therefore ceased to apply for more admissions, and left a note at the asylum, requesting to be informed when any vacancy might occur. The overseers also requested permission of the committee of the Hanwell visiting justices to permit some of their old incurable patients at that asylum to be exchanged for recent curable cases from the Marylebone workhouse. This the Justices refused to do, on the ground that the diet was better at Hanwell than at the workhouse, and that the patients enjoyed more comfort at the County Asylum.

“In reference, then, to the populous parish of St. Marylebone, the magistrates of the Hanwell Asylum refused to exchange old incurable for recent and curable cases. But the professed and indeed main object of a county asylum is, or ought to be, the cure of insanity. The patient who has had the benefit of a trial in the asylum where he has become incurable, should, we submit, give way to the afflicted pauper who is in the workhouse or at home, and is probably curable, and equally entitled to be received at the asylum, where by prompt and proper treatment he might be restored to health and to his family, instead of being permitted to become an incurable lunatic, a source of expense to others, and of suffering to himself. A county asylum is erected for the benefit of the whole county, and is to be considered not merely a place of seclusion or safe custody, but a public hos-

pital for cure. A large number of the patients now at Hanwell derive no substantial advantage from the means of exercise and employment furnished in that asylum, and might be provided for in a separate establishment, thus making room for patients who are susceptible of cure.”

Thus the justices of the Middlesex Asylum cause a disastrous result, adverse to the interests of the insane, and, indeed, to the intention of that asylum; and, moreover, needlessly increase the expenses of the county. In short, the greater part of the recent cases are excluded in favour of the vast number that admit of no benefit from treatment, and, in fact, are merely hopeless incurables only requiring safe custody.

“We have called attention to the state of the County Middlesex with respect to its pauper lunatics, because, although the evils which exist there prevail to a very great extent in other counties, they have risen in the County Middlesex with a rapidity which has not been equalled elsewhere, and to a magnitude which appears to us to require the serious attention of the Legislature.

“The disease of lunacy, it should be observed, is essentially different in its character from other maladies. In a certain proportion of cases the patient neither recovers nor dies, but remains an incurable lunatic, requiring little medical skill in respect to his mental disease, and frequently living many years. A patient in this state requires a place of refuge, but his disease being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity, in order to make room for others whose cases have not yet become hopeless. If some plan of this sort be not adopted, the asylums admitting paupers will necessarily continue full of incurable patients, and those whose cases still admit of cure will be unable to obtain admission until they become incurable, and the skill and labour of the physician will thus be wasted upon improper objects. The great expense of a lunatic hospital is unnecessary for incurable patients; the medical staff, the number of attendants, the minute classification, and the other requisites of a hospital for the cure of disease, are not required to the same extent. An establishment, therefore, upon a much less expensive scale would be sufficient.”

The noble chairman of the Commissioners in Lunacy and Mr. Proctor, also Dr. Prichard, the highest British authority on insanity, signed this report.

In my report as to lunatics chargeable to the parish of St. Marylebone in 1844, which was published after the usual annual visits to the County Asylum and licensed houses, where there were patients chargeable to the parish, it is stated that “there were in the Hanwell Asylum 79 cases, 35 males and 44 females, belonging to the parish of St. Marylebone. The whole of the males were incurable, with one exception, and that one doubtful; 3 of the females were considered curable, 3 doubtful; the remainder incurable; of these, 22 were so quiet and harmless that they might have been advantageously exchanged for recent cases as they occurred in the parish. Although this subject was brought before the guardians in 1841, and again in 1842, when the application was made to the Visitors of the asylum to sanction the exchange, nothing was done to remedy this growing evil. There was not a case in Hanwell of less than a year's duration, after which, according to statistics, a continuance of the disease may be expected. There were about 40 cases in licensed houses and in the infirmary, many of them of recent date. Relapses of convalescent patients, by the introduction of recent cases into the same ward, were of frequent occurrence in the parochial infirmary, the result of defective means of separation. This objection is not confined to the infirmary, for in the workhouse the want of separation of the epileptics, idiots, and imbeciles from the other paupers is equally manifest, and nearly led to suicide in an imbecile, who assigned as a cause the constant jeering of others in the workhouse yard. In the first half-year of 1844 the number of recent cases in the infirmary was about 20, and 31 patients had been sent to licensed houses. The cases admitted were mostly in the prime of life, often with families, and generally engaged in some active business or trade, the temporary depression of which had occasioned a sudden attack of the mental disease. It will be quite obvious that such comprise the most curable of all cases. This indicates another urgent reason why the best acknowledged means of recovery should be made available; for the issue of each case not only concerns its own social relation (a subject of serious reflection), but affects also, very materially, the economy of the parish funds. Convinced as I am

¹ Prichard's Treatise on Insanity, p. 129. London, 1835.