

On the treatment of acute and chronic rheumatism of the joints, lumbago, &c.;

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ON THE
TREATMENT
OF
ACUTE AND CHRONIC RHEUMATISM OF THE
JOINTS, LUMBAGO, &c.

Having, in another work, published about a year ago, given a brief account of the remedial use of a very low temperature in erysipelas, headache, and other cutaneous and neuralgic affections, as well as of its applicability in many surgical operations in lieu of the inhalation of ether or chloroform, I proceed, on the present occasion, to lay before the profession some details respecting another important employment of the same valuable agent in the treatment of one of the most common, painful, and dangerous diseases of this country. I shall shew, by reports of cases of rheumatism in which this remedy has been used, that it is capable of immediately relieving the suffering from this disease; and by much abridging its duration, while it obviates local injury of the joints, of preventing its frequent deplorable effect of breaking up the general health and producing permanent lameness. The cases in which it has as yet been employed are too few to justify the assertion, that with these great advantages it combines that of preventing the extension (or metastasis, as it has been usually, though improperly termed) of rheumatic inflammation from the extremities to internal parts; but as such

an extension has never once occurred during its employment, (although under ordinary treatment it occurs in nearly one half of the cases of rheumatic fever), if the presumption may not be allowed that it has such a power, it is at least evident from these cases, that it has not, as has been alleged of several other plans of treatment, the contrary tendency. Experience in this respect confirms what reasoning on the nature of the remedy and its operation in analogous morbid conditions, would lead us to expect.

As the present tract will probably fall into the hands of some to whom the subject is entirely new, it may be proper to mention, that this very low temperature, which in its local application to inflamed or painful parts constitutes so important an addition to our remedial agents, is produced by what are termed frigorific mixtures, which reduce the temperature from 30 to 50 degrees of Fahrenheit's thermometer below the usual temperature of ice, or any degree that has hitherto been employed in medicine. And it will be advisable also, to remove at once two objections which, from their being founded on common but erroneous opinions, will probably immediately occur to such readers; the one connected with the physiological action of the agent treated of; the other with its effects in certain diseases in which the local application of cold has been employed.

The first objection arises from the fact that intense cold has hitherto been only known as a cause, not as a remedy of disease; although, in this respect, its history only accords with that of the greater number of the most powerful and useful substances or agents now used in medicine, which were known as poisons or as being otherwise noxious, long before they were employed as remedies. When a limb has been exposed for a considerable period to severe cold, it becomes frost-bitten, and the part which has been long so affected is often deprived of its vitality; and it has been universally the opinion (an opinion formed without the aid of observation or experience) that even the shortest con-

gelation of the animal tissues would be a state of considerable hazard.

This opinion is altogether erroneous: the short and limited congelations used remedially have never in the slightest degree proved injurious to the animal textures, whether in a healthy or morbid condition, though nearly two thousand of such applications have now been employed. No approach to loss of vitality has ever occurred; and instead of reaction following remedial congelation, as has also been objected on theoretical grounds, there is the very opposite condition; insomuch that parts cut in operations after anæsthesia and congelation have been produced by a low temperature, have invariably healed more rapidly than under ordinary circumstances. The vessels of the part appear to be rendered incapable for a long period of assuming such a degree of morbid excitement as would materially interfere with the healing process.

The other objection to a very low temperature will arise from the reader's knowledge, or supposed knowledge, of the bad consequences of the use of ice or very cold water in certain diseases. But he must make a great distinction between the temperature of these applications and a temperature forty degrees lower. Their respective physiological effects are very different; and so are their remedial agencies. There is also great difference between their respective effects on sensation. The first is a very *cold* application, but the other is not so; it either completely benumbs the part, or produces a slight tingling or smarting, more allied to the sensation of heat than of cold; and in several instances, the remedial action of extreme cold approximates that of the opposite extreme of temperature. To call, therefore, a very low temperature so produced and employed, a *cold* application, is, perhaps, incorrect, as this term implies a certain effect on sensation.

Notwithstanding the attention which has been directed to every-

thing connected with so frequent and dangerous a disease as rheumatism, no satisfactory explanation of its nature or proximate cause has yet been given. I advert to the subject, not for the purpose of attempting to supply the deficiency, (for I conceive that our knowledge of the functions and morbid conditions of the human body is as yet much too limited for this,) but to point out as briefly as possible some of the weak parts in the theory at present most in fashion, with a view of preventing, in some degree, the influence it may exert in opposing the reception of truths indicated by observation or experience.

This theory supposes that, in rheumatism, a poison exists in the blood, causing the local inflammations and other morbid conditions ; and an attempt has even been made (though the subject is obviously far beyond our reach) to explain how this poison causes the local derangements.

The extension of the humoral pathology to rheumatism, although plausible in some, fails in other points. In the first place, the diseases, which, as there is every reason to think, really do arise from *poison* in the blood, are, as would naturally be expected, of a contagious nature ; such are typhus and typhoid fevers, and the exanthemata : it is not pretended, that rheumatism, or the kindred disease, gout, is contagious. Again, it would be difficult on this supposition, to explain how rheumatism of the ordinary character could arise from urethritis ; and why both gout and rheumatism should often immediately succeed some local injury or other cause little calculated to generate a poison. That lithic acid is to be found in the blood of persons suffering from gout, in every case, and in gout exclusively, may be true ; but granting all this, we are by no means justified in at once inferring that lithic acid is the *materies morbi*, or cause of the disease. Its presence may be a mere effect of disordered function and of little importance ; and there are, probably, numerous other co-existing derangements as respects the materials of the blood or secretions. It is well known that at the crisis of other fevers, as well as the rheumatic, the urine is usu-