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by James Begbie.**

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ON

ERYTHEMA NODOSUM,

AND ITS

CONNECTION WITH THE RHEUMATIC DIATHESIS.

BY

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EDINBURGH:

SUTHERLAND AND KNOX, GEORGE STREET.

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M D C C C L.

ERYTHEMA NODOSUM

CONNECTION WITH THE RHEUMATIC DIATHESIS

[FROM THE MONTHLY JOURNAL OF MEDICAL SCIENCE, FOR JUNE 1850.]



EDINBURGH:  
SUTHERLAND AND KNOX, GEORGE STREET.

## ERYTHEMA NODOSUM.

(Read to the Medico-Chirurgical Society of Edinburgh, 3d April 1850.)

IT is wisely remarked by Dr Gooch, in his admirable essay "On some symptoms in children erroneously attributed to congestion of the Brain," that "in observing disease, two sets of symptoms may be noticed, which are mixed together in the case, but which require to be discriminated to form a correct opinion of it. The one consists of the striking symptoms which form what may be called the physiognomy of the disease; the other consists of those symptoms which indicate the morbid state of organisation on which the disease depends. The former only are noticed by the common observer, but the latter are the most important, and the skilful physician takes them for his guides in the treatment." "He notices not only where the hour hand of nature's clock points, but also the run of its minute and second hands."<sup>1</sup>

These judicious reflections apply with marked propriety to many diseases of the skin, and perhaps to none more, than to that singular affection, a short notice of which I now offer to the Society.

The variety of *erythema*, to which the term *nodosum* has been applied by systematic writers, is characterised by red elevated patches, of an oval form, varying in size from an inch to an inch and a-half in length, by half an inch or more in breadth, their long diameter being uniformly parallel to the axis of the limb on which the eruption appears; and this part is generally the anterior of the legs, or shin as it is called, over which, I have observed, that the patches are distributed with symmetrical regularity; occasionally, also, but more rarely, they appear on the forearms. I have never seen them on any other part of the body. The affection occurs most commonly in young women; but it is not limited to them, as some authors sup-

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<sup>1</sup> Gooch's Account of some of the most Important Diseases of Females. 2d Edit. P. 344.

pose, but is observed in young men, and in children of both sexes. The eruption is preceded and accompanied by more or less febrile disturbance, by moist furred tongue, deranged bowels, and scanty high-coloured urine; often by pains in the joints and muscles, and always, when severe, by feelings of depression and great disorder. The patches continue for some days to rise above the level of the surrounding skin, becoming more elevated towards the centre, and forming painful bumps or protuberances, which appear, when pressed on by the finger, to offer a fluctuation, and promise a suppuration, which never, however, takes place. With the resolution, the red colour fades, and is succeeded by a bluish or dusky hue, resembling somewhat the appearance of a bruise; the tumefactions soften and disappear, the general indisposition subsides, and the case usually runs its course in ten or fifteen days. In some instances, however, the protuberances have continued hard and painful for a longer time; and the blue discolorations have lasted several weeks. The disease is apt to recur, and its premature retrocession, or natural decline, have been noticed as the period of the invasion of serious internal disease.

Such is a general description (as given by authors, and verified by observation) of a malady, which by many is considered more curious and rare than interesting and instructive; to whose history little or no importance has been attached by most of the recognised authorities on cutaneous diseases; whose associations with marked disordered function and morbid action have been nearly overlooked, and a knowledge of whose real character is only beginning to be developed, by the steady advance of an enlightened humoral pathology.

In illustration of the form in which the disease occurs in practice, I offer a passing notice of two cases, the last which have come under my observation. One of these was a boy, aged 13, said to belong to a healthy family, and to be free from any predisposition to disease, who had been living hitherto in the country, and had only lately come to town, to pursue his education at the New Academy. He was tall and strong for his age; but his friends had remarked that, for some time past, his countenance was pallid, and his appearance cachectic, and that he had evinced much disinclination for mental or bodily exertion. I saw him on the second or third day of a febrile attack, and in the early stage of the eruption of the nodose erythema; the patches were large and numerous, tender, painful, and hot, distributed over the fore part of the legs, and also over the forearms, with symmetrical regularity, accompanied by headach, languor, and lassitude, and by deep-seated pains in the joints and muscles of the extremities. The pulse was frequent, full, and compressible; the tongue loaded with a creamy fur; the skin hot, soft, and moist; the bowels inactive, and the dejections dark and offensive; the urine scanty and high coloured, and gradually depositing more and more of the lateritious sediment. The disease pursued its course, appar-

ently unmoved by antiphlogistic treatment; the tongue continued foul, the bowels disordered, and the urine defective and deranged; the febrile state had somewhat subsided, and the bright red discoloration had faded into a bluish or livid tint, when, about the seventh day of the eruption, the sulphate of quina, as recommended by Dr Watson, was prescribed, and its exhibition appeared to produce a marked impression on the features and progress of the case. The tongue, which had yielded nothing to calomel and jalap, now rapidly divested itself of its thick coating; the bowels assumed a more healthy action, and the evacuations a more natural appearance; the urine became copious and clear; the protuberances of the eruption softened and disappeared, the bruised marks vanished, and after a week of convalescence, the patient returned to his books and his play.

We have in this case a well-marked instance of the erythema nodosum in a boy of 13, previously healthy, but manifesting before its occurrence the characteristic signs of a peculiar diathesis, as exhibited in the pallid and cachectic look, the defective excretions, and the deep-seated pains in the limbs and joints. We remark also, the beneficial effects of quina in the treatment, as corresponding with the experience of Dr Watson in this disease.

The other case, to which I shall at present allude, occurred in the person of a domestic servant, a young woman of 20 years of age, of pallid complexion and delicate appearance, and subject to irregular and defective menstruation. When seized with an attack of a febrile character, followed by copious patches of the nodose erythema, distributed over the fore part of the legs, and accompanied by the usual tenderness, heat, and pain of the eruption, she had requested the attendance of a respectable practitioner in the neighbourhood of her master's residence, who had prescribed rest, diaphoretics, and laxatives, under which the disease appeared to yield. On the eighth or tenth day of her illness, however, I was requested to see her, in consequence of an attack of acute pain in the lower part of the left side, with impeded breathing, rapid pulse, and increase of fever. The bright blush of erythema had at this time sunk into the dusky blue; the protuberances had softened and declined; but the general derangement of health, manifested by the pale sickly look, the loaded tongue, and disordered excretions, had not given way; and to these were now added the symptoms of thoracic inflammation,—the general and physical signs of acute pleurisy. By means of moderate bleeding, the employment of calomel and opium, and counter-irritation, these latter were overcome, and after a short attendance the patient was dismissed, with instructions to persevere in rules of diet and regimen, and in means calculated to improve digestion and nutrition, and to regulate the menstrual discharge.

We remark, in this case, the occurrence of the erythema nodosum in conjunction with amenorrhœa and other signs of cachexia, and the supervention of acute pleurisy. In connection with this, we may note a case, related by Mr Wilson, of a young woman, aged 22,

who enjoyed good health until nine months before, when she obtained service in London as housemaid. From that period she suffered constant illness; sometimes her bowels were constipated, sometimes she had nausea, at other times cough; menstruation was disturbed, becoming scanty and light coloured; she had leucorrhœa, and copious deposits in her urine, with difficulty in passing it. Associated with these symptoms, she had a constant feeling of languor, loss of appetite, and indisposition to make any exertion. While in this state, she was seized with a dry hard cough, accompanied with headach, and the usual train of febrile symptoms, and a copious eruption of erythema tuberosum<sup>1</sup> made its appearance on the forearms, knees, and legs. The majority of the spots were of the size of a shilling piece, they were distributed irregularly over the skin, and were very tender to the touch. On their first appearance they were vividly red, but soon became purplish and yellowish, and by the third or fourth day were on the decline. This patient recovered at the end of three weeks.<sup>2</sup>

In this case we remark also the evidences of a cachectic state of constitution, accompanied by defective menstruation, and other symptoms, such as are frequently observed in females resorting to large towns, and indulging in modes of living contrary to their previous habits in the country.

Keeping in mind the leading features of these cases, let us turn to the writings of some recent authors, with the view of discovering whether any uniformity of observation, or correspondence in views, in regard to the nature of this affection, are found to prevail.

Mr Plumbe informs us that a high degree of derangement of the secretions, and disordered state of those organs in which the process of chylication is carried on, has been noticed constantly when the disease has come under his observation.<sup>3</sup>

Dr Joy says he has known it return frequently in the same individual, attended with considerable œdema, and often terminating in desquamation, succeeded by severe pains in the limbs, which demanded the employment of pediluvia, bandages, &c.<sup>4</sup>

Dr Todd says, "I am not aware that any cutaneous disease occurs in connection with this (rheumatic) diathesis;" but subsequently he notices that an eruption, resembling erythema nodosum, and occurring chiefly or exclusively on the lower limbs, is occasionally witnessed in rheumatic fever.<sup>5</sup>

<sup>1</sup> "I consider erythema papulatum, tuberosum, and nodosum (says Mr Wilson) so closely allied to each other, that were it not for the fear of creating confusion, I should include them under the same name. The two former are commonly associated in the same patient, and I have more than once seen erythema papulatum on the face and hands, while erythema nodosum existed on the legs."—Wilson on Diseases of the Skin, p. 144.

<sup>2</sup> Wilson on Diseases of the Skin. 2d Edit., p. 169.

<sup>3</sup> Plumbe on Diseases of the Skin. 4th Edit., p. 503.

<sup>4</sup> Cyclopædia of Practical Medicine, Art. Erythema. Vol. ii., p. 120.

<sup>5</sup> Todd on Gout and Rheumatic Fever, pp. 110 and 123.

Rayer has seen the skin affection in connection with acute rheumatism.<sup>1</sup>

Dr Watson connects it with disturbance of the menstrual functions, and has seen it occur in connection with acute rheumatism; and mentions, that a patient of his in the hospital was attacked with the affection of the joints immediately on the cessation of the erythema nodosum; and that in another this order was reversed.<sup>2</sup>

Dr Copland notices that it is sometimes connected with the approach of the catamenia; and that its premature disappearance is sometimes followed by dangerous internal disease. Mr Dendy saw pneumonia suddenly supervene on its retrocession.<sup>3</sup>

Mr Wilson mentions that the erythema papulatum is usually associated with irritation of the gastro-pulmonary mucous membrane, and sometimes with rheumatism; the erythema tuberosum with disordered menstrual function; and that the erythema nodosum (all nearly allied) is observed also in connection with rheumatism.<sup>4</sup>

Willan, Bateman, Thomson, and Bielt are nearly silent on the subject of the complications of erythema nodosum, and little can be gathered from writers of an earlier date,<sup>5</sup> but enough has been culled of available materials, to demonstrate the connection of this form of erythema with a marked diathesis; and opportunity sufficient is afforded for a reasonable conjecture, that this is the rheumatic constitution, and that the skin affection is symptomatic of the blood disease. These conclusions may fairly be arrived at, for the following reasons:—

1st. The skin affection is most prevalent in, if not confined to, the young, and those under thirty—the chief subjects of the rheumatic diathesis and rheumatic fever.

2dly. It occurs very frequently in females suffering from menstrual derangement, confirming the views of Drs Todd, Rigby, and Locock, as to the intimate connection of disorder of the uterus with rheumatic affections.

3dly. It occurs in connection with disorder of the general health, characterised by pallor, cachexia, and defective excretion; and subsequently developed in febrile excitement, pains in the joints and muscles, and the copious deposition of lithates in the urine—a state of matters analogous to what takes place in rheumatism.

<sup>1</sup> Rayer, *Traité des Malad. de la Peau*. Tom. i., p. 123.

<sup>2</sup> *Lectures on the Practice of Physic*. Vol. ii., p. 336.

<sup>3</sup> *Dictionary of Practical Medicine*. Art. Erythema.

<sup>4</sup> *Wilson on Diseases of the Skin*, p. 162–4.

<sup>5</sup> In that curious store-house of medical facts, furnished by Dr Parry, under the head of “*Relation of Diseases by Conversion*,” it is recorded that rheumatism often alternates with cutaneous eruptions; and in speaking of this relation, after giving many examples of a similar kind, he says, “In all these instances, which have been derived solely from my own observation, and to which many others might be added from medical writings, the several forms of disorder appear to be vicarious affections, consisting of different modifications of one common action, directed from unknown and spontaneous causes to different parts.”—*Elements of Pathology*, p. 392.



4thly. It is associated frequently with rheumatic fever,—co-existing or alternating with it.

5thly. It is often complicated with those internal disorders with which rheumatism is allied, particularly with pleurisy and pneumonia. I have not hitherto noticed it in connection with cardiac disease.

Lastly. Erythema nodosum yields to a plan of treatment (I mean the use of bark<sup>1</sup>) which was long extensively and successfully employed in the treatment of rheumatism, and still has its advocates among the best informed physicians of the day.<sup>2</sup>

But the question will, no doubt, occur,—Of what value is the knowledge of this relation existing between the affection of the skin and the rheumatic diathesis, admitting that the connection were satisfactorily established? I answer,—Of great practical value. Let it be understood that the cutaneous disease is generally found associated with evidences of defective assimilation and cachectic condition of the system, such as precede or accompany an attack of rheumatism; that it not unfrequently co-exists or alternates with a paroxysm of that disease; and that, during the course of the erythematous eruption, or on its decline, or by its sudden retrocession, some of those acute affections with which rheumatism is allied—such as pneumonia and pleurisy—are apt to supervene; and where is the practitioner who will not watch with jealous eye the origin and progress and termination of every such case? while, at the same time, from possessing correct views of the pathology of the disease, he will be in a position to treat, not those symptoms which constitute the physiognomy of the case, but that morbid action which is its essence, which is so productive of extensive mischief, and so often followed by disastrous consequences. He will look upon the skin affection as a symptom only of a great constitutional disorder in which many vital organs are apt to suffer, remembering that the disturbance consequent on their serious lesion is often the first circumstance which arrests the attention of the patient or his friends, and will be ready to avail himself of every appliance for the discovery of obscure or insidious disease, and of every means of treatment by which

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<sup>1</sup> “ I once had a housemaid (says Dr Watson) in whom the disorder (erythema nodosum) appeared, and was attended with unusually high fever and much indisposition. I treated her, therefore, antiphlogistically; *i. e.*, I kept her on low diet and gave purgatives; but the disease went on. Fresh knots came out as the old ones faded. At length, I do not remember why, I prescribed some quina for her, and the improvement was immediate and very striking. She relapsed, however, once or twice, upon leaving off the bark, but by persisting subsequently in its use for some days after she appeared to be well, a permanent cure was effected. Since that time—now twelve or fourteen years ago—I have seen a good many examples of erythema nodosum, and I have treated them all alike,—*viz.* first with an aperient and then with the sulphate of quina and they have all rapidly got well.”—Lectures on the Practice of Physic, Vol. ii., p. 836.

<sup>2</sup> Copland's Dictionary of Practical Medicine. Vol. iii., p. 630.

the morbid element may be eliminated from the blood, and the peculiar diathesis to which it has given rise entirely overcome.

It is an important fact, which cannot be too much kept in mind, that all the phenomena which constitute the characteristics of rheumatism may be present in a case, with the exception, at one time, of fever, and, at another, of the affection of the joints, or of both these together; and that all the danger, and all the damage, which a paroxysm of rheumatic fever is capable of producing, may be equally, though much more silently and stealthily, brought about, when the *materies morbi* circulating through the blood has as yet, from unknown causes, failed to induce the febrile action; or, in raising it, to superadd the affection of the joints. It is in this way that we can account for the occurrence (in those of the rheumatic diathesis) of chorea and diseased heart, conjointly or separately, so often met with in young people;<sup>1</sup> and, again, of copious effusion into the sac of the pleura in others, of which I have seen many instances, particularly in boys, who, though somewhat ailing, have been able to continue their attendance at school, and engage in play, till some symptoms of impeded breathing have arrested the attention of friends, when exploration has discovered the lower half of one side of the chest dull, on percussion sound, and exhibiting the other signs of pleuritic effusion;—an effusion which appears to have taken place in a manner somewhat analogous to, or identical with that, which often, in the same character of constitution, rapidly and unexpectedly fills and distends the synovial capsule of the knee-joint.

In all the boys alluded to, the evidences of a cachectic state had been previously noticed, and I believe the same condition is observable in those affected with effusion into the joints. For instance, some days ago, after prescribing for a lady in town, my attention was called to a domestic in the family, who had been complaining for several weeks. She was pallid and sickly; suffered from dyspeptic symptoms, from obstinacy of bowels at one time, and, at another, from relaxation; was feeble, and readily fatigued; and felt unable to continue her duties. On examining her urine, it was highly acid, and loaded with urate of ammonia. She had formerly had rheumatic pains. I ventured to predict an attack of this cha-

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<sup>1</sup> On the subject of the connection of rheumatism and chorea, I am happy to acknowledge that, in the views I entertain, and which I laid before the Society ("Monthly Journal" for April 1847), I have been in some measure anticipated by Dr Todd, of London,<sup>1</sup> whose notice of the relation I had not seen when that communication was read, and subsequently published. It is gratifying to me to find that I have independently arrived at the same opinions as those held by that able physician, from whose writings I have derived much valuable information, and in whose views of the nature of rheumatism I entirely concur.

racter, and, to ward it off, prescribed a simple and limited, but nutritious, diet, with alterative medicine, and full doses of the nitrate and carbonate of potash. I was requested to visit her this evening (April 2, 1850), when I found the synovial capsule of the left knee distended with fluid, and the joint affected with pain and stiffness,—symptoms which had all come on in the course of twenty-four hours.

In regard to rheumatic fever existing without any articular affection,<sup>1</sup> a case is passing under my observation while I now write, which powerfully illustrates the fact, and a short notice of which may not be uninteresting to the Society.

On the 16th of January last, during the prevalence of keen frosty weather, which called many of the admirers of the art of skating and curling to the pond, a gentleman of the legal profession, approaching the age of thirty-five, of stout make, and full habit of body, and, by hereditary right, strongly disposed to rheumatism,<sup>2</sup> repaired to Duddingstone, to enjoy his favourite amusement. He spent the early part of the day in keenly contested games of curling, in which he was alternately chilled and heated; and left the ice, complaining of an aching pain in his right side, which he at once attributed to the free and unwonted use of his arm, in pursuing his athletic exercise. Before he reached home, however, the pain amounted to a severe stitch, and towards the hour of dinner, he waited on me for advice. On examination, I considered him labouring under pleurodynia, and dismissed him with instructions to re-

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<sup>1</sup> Dr Graves (see *Clinical Lectures*, vol. ii., p. 159) was the first, I believe, to direct the attention of the profession to this interesting point, and, though the correctness of his views has been doubted, and men of large experience have not observed such cases, I am confident that they are by no means uncommon, and that the following extract from the work of the eminent physician referred to, contains truths of great practical value:—"In truth," says he, "in rheumatic fever, the quickness of the pulse, heat of the skin, tendency to profuse sweating, debility, restlessness, and thirst, may all exist without any inflammation of the joints, and may be resolved without such inflammation ever occurring, as I have witnessed in several well-marked cases of individuals liable to rheumatic fever, and who had previously suffered from attacks of fever with arthritis in the usual form, and subsequently, on exposure to cold, were seized with symptoms of pyrexia, which, in intensity, duration, and every other particular, were identical with their former fevers, save and except that, from beginning to end, not a single joint was inflamed."

<sup>2</sup> His family experience had been signally painful and disastrous. He had lost his mother in consequence of inflammation attacking the heart, previously damaged by rheumatic carditis; he had also lost a brother and sister, in early life, by carditis accompanying rheumatic fever; a paternal uncle, by diseased heart; and a cousin (a daughter of this last), by acute pericarditis, unconnected with articular affection, but with all the other evidences of rheumatic fever; and lastly, he had seen his only remaining brother, from time to time, afflicted with the malady which had been permitted to prove so great a scourge to his family.

tire early to bed, to apply a large sinapism, and take a full dose of Dover's powder. His pulse at this time was 72, full and soft; his skin was cool and moist; and his tongue somewhat loaded. An aperient draught was also prescribed for the morning. Late in the evening of the same day, however, I was summoned to his bedside, and found him much indisposed; his pulse had risen to 96, it was still full and compressible; his skin was hot and moist; the pain, which was seated in the lower part of the side, and inclining towards the back, was severe, and greatly increased by motion, by full inspiration, or the effort of coughing. The physical signs at this time gave no clear indication of pleurisy; but judging, from general symptoms, that the costal pleura, at least, was affected, I ordered him to be cupped, and added to the Dover's powder five grains of calomel, with instructions to repeat the dose early in the morning, before taking the aperient. On the 17th he was not relieved, the pain was unsubdued, and more extended towards the base of the scapula; the friction sound was audible over a limited space; the pulse was 100, full and soft; the tongue moist, and loaded; the skin bedewed with sour-smelling perspiration; and the urine, small in quantity, depositing a brick-dust sediment. The bowels had been freely moved; the evacuations were dark, and highly offensive. A second abstraction of blood by cupping was prescribed, to be followed by calomel and opium in the usual form, and the free use of nitre in solution, as a drink. On the 18th there was dulness on percussion over the inferior and lateral portion of the chest, with distant respiratory murmur, and imperfect ægophony; the general symptoms of rheumatic fever continued; but no joint was affected. During the three following days, there was little change in the symptoms; the pain had in a great measure subsided, and the signs of effusion were quite distinct,—limited, however, to the lower half of the right side of the chest; the pulse continued to range from 100 to 108; the urine and perspiration, the tongue and bowels, still manifesting the same high degree of rheumatic character. The calomel and opium were continued till slight ptyalism was induced; and large and increasing doses of the carbonate and nitrate of potass, together with colchicum, were prescribed, in order to favour elimination by the kidney. Towards the 25th, ten days from the date of seizure, considerable absorption of the effused fluid had taken place, the kidneys acting vigorously, and the excretion depositing, day after day, large and increasing quantities of the lithate of ammonia. Convalescence advanced, and for some days before the 31st he was able to leave his bed, and spend some hours on the sofa. On that day, however, by imprudent exposure near an ill-fitted window, he sustained a chill, and all his symptoms quickly revived. The disease now lighted on the opposite side of the chest, and pursued there a course corresponding with that followed on the right. It was rheumatic fever, with inflammation of, and effusion into, the left sac of the pleura. The same practice was

renewed; the same results followed; and on the 14th of February, a fortnight from the relapse, and one month from the original seizure, he was again convalescent. On the 18th, while still confined to bed, and exercising the most exemplary care and caution, as regarded the *juvantia et lædentia*, he was seized with acute pain in the præcordial region, followed by anxious hurried breathing, rapid, feeble, and irregular pulse, cold, clammy perspiration, and inability to maintain the recumbent posture. His expression of countenance was singularly distressing, and he indicated by his looks, more than by words, that this second relapse could not fail of a fatal result. I feared the worst in a constitution so strongly rheumatic, and with the morbid element now fixed on the pericardium. The to and fro sound was audible over the præcordial region, and the impulse there was unnatural and extended. Blood was immediately taken from the region of the heart, and calomel and opium given every alternate hour, till salivation should take effect. A second abstraction of blood followed, after six or seven hours: the pulse improved in strength; the pale, anxious, distressed countenance revived; the præcordial pain, and catch in the breathing, subsided; the physical signs gave way, and disappeared; and in three days the patient seemed rescued from his impending doom. It was only, however, to be subjected to another, but a less severe and threatening trial. On that day, there occurred renewed pain, of a deep-seated kind, in the region of the first pleuritic effusion, which had remained dull on percussion, and free from respiratory murmur, up to this period. To the pain, now succeeded cough, for the first time, followed by bloody expectoration, and some hurry in breathing; but exploration discovered no abnormal signs beyond the limits of the original pleuritic effusion; and, the symptoms not becoming aggravated, the hope was entertained that only a small portion of the lung was implicated in this pneumonic attack. Those hopes have been realised. The pulmonary symptoms have gradually disappeared; and now, at the close of ten weeks from the date of the original attack, the patient is again—and more than ever—a promising convalescent. He carries about with him, no doubt, a partially adherent pericardium, and a doubly adhering pleura, as well as a partially condensed lung; but his life has been spared; his infirmities, we know, are compatible with existence—even long extended; and his age will, ere long, grant him immunity from future attacks of the malady which has proved so disastrous to his family.

It is worthy of remark, that, during this long illness, the manifestations of the rheumatic habit never entirely left the system, nor appeared to yield to treatment, until the close of the tenth week, when they may be said to have declined, and disappeared. The tongue continued thus long foul, the bowels disordered, and the quantity of the lithates and purpurates in the urine was greatly beyond what I ever witnessed in any case of rheumatic fever, however lengthened in duration or severe in character; while the acid

sweats annoyed, not only the patient himself, but even the bystanders, by their constancy and the pungency of their odour.

It also deserves notice, that this gentleman, who had hitherto enjoyed uninterrupted health, and suffered no obstruction in the discharge of professional duty, or in the practice of daily exercise, for a long series of years, had been observed, for some weeks before the seizure just described, as pallid in looks, and somewhat languid in spirit, and indisposed for mental or bodily exertion; and I have ascertained that, during this time, his digestion was imperfect, and his urine constantly loaded with the lateritious deposit—an assemblage of symptoms which is too much overlooked in cases of this class, and which I refer to the more, that it has been attempted to establish a diagnosis between rheumatism and gout, on the ground that the latter frequently presents premonitory symptoms affecting the digestive organs, which is not the case in the former;—a statement which I believe to be contrary to fact, and involving the risk of serious evil. The premonitory symptoms of rheumatism may possibly be slight—so slight as to fail in attracting the notice of the ordinary observer; but I apprehend that they will always be discovered, if sought after; for no attack of rheumatism can take place without evidences of previous imperfect digestion and defective assimilation.

This disorder of the digestive and assimilating functions is often, indeed, the only departure from health which the physician is called upon to treat for days—it may be for weeks—before a paroxysm of rheumatic fever occurs. I cannot forget my own want of due attention to this class of symptoms in a case which, not many years ago, proved fatal under my care. The subject of it was a young lady, of twenty-one, who had been ailing for some time before I was called to see her. She was then pallid in countenance, and depressed in spirits. She owned no illness beyond a feeling of loss of strength, an occasional aching head, a want of appetite, and unrefreshing sleep. Her tongue was foul, her bowels disordered, and her urine scanty, and greatly loaded. The catamenia were suppressed. These symptoms went on from day to day; no local pain, no febrile movement, threw light upon their real nature, and no family predisposition pointed to their true character. By and by, a degree of fever was lighted up; and then a degree—a slight degree—of redness, pain, and swelling of the right ankle-joint, proclaimed itself, and revealed the latent disorder which lurked within, and which was now developed in great intensity. The fever, however, exceeded far the amount of articular complication; the endocardium by and by declared its participation in the general derangement by the distinctive *murmur*; and ere long the pericardium also, through the *to and fro* sound. No remedy availed to save life, though suffering was protracted—painfully protracted—for many weeks; when tumultuous palpitation and laborious breathing, and dropsical swelling, closed the scene. No examination of the body was permitted, but the records of many

such cases can declare the havoc that was wrought. The retrospect has often filled me with unavailing regret, that I had not sooner attended to premonitory signs.

But it is not my purpose to enlarge on the importance, the extent, or the dangers of the consequences which flow from the rheumatic diathesis. The subject is becoming every day more appreciated, and so, in proportion, is human suffering diminished, and the boundaries of science advanced. But much remains to be discovered; and it is well to accumulate facts, however trivial in appearance, which go to improve our knowledge of the subject.

The hurried and imperfect remarks which have now been made, may, perhaps, add a connecting link to our lengthening chain of knowledge: at all events, they will have served their purpose, if they lead any to "notice, not only where the hour-hand of nature's clock points, but also the run of its minute and second hands."