TREATMENT OF RHEUMATIC FEVER BY CYNARA.

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As long ago as March, 1833, I published in the *Medical Gazette* (vol. xi, p. 844) some cases of rheumatism treated with the common artichoke in the form of tincture and extract. I was at that time the resident medical officer of the Norfolk and Norwich Hospital, and the physicians gave over to me their cases of rheumatism, that I might put fairly to the test the value of the remedy I had introduced to their notice. The result was so encouraging that I have ever since employed the tincture and extract of cynara in my own practice for the cure of rheumatism, and have been perfectly satisfied with the results. My reason for again addressing the profession on the subject has arisen from the fact of my having had recently some cases of rheumatic fever, which have been more speedily relieved and cured by this medicine than by any other treatment that I have witnessed; and my object is to induce others to give it a trial and to report the results in our widely circulating JOURNAL. This will be carrying out, as far as it goes, the idea I wished to impress upon those present at our annual meeting at Norwich—that it might do much good if all who believe they have facts in physic to rely upon, would communicate them to others through the JOURNAL, and court replies from such as will put them to the test of their own experience.

I will describe briefly one or two of the cases of rheumatic fever to which I have alluded as of recent occurrence. The hospital porter, twenty-four years of age, tall and not robust, had suffered from several severe attacks of rheumatic fever. The first attack he had was in 1870, when he was laid up for seven weeks. In the following year, he had a slighter attack, and was only confined for about ten days. At the end of the same year (1871), he was appointed to the London police, only doing night duty occasionally. At the commencement of 1872, he was in Guy's Hospital for ten weeks with a severe attack, which affected all his limbs and the pericardium also. On March 29th in the present year, whilst in his office as porter at our hospital, he was suddenly seized with acute rheumatism, affecting most of his joints, and preventing almost entirely all voluntary movements. He had also a good deal of fever, with rapid pulse, and the peculiar sweating belonging to the disease. He was placed in one of the wards under my care; and, according to my usual plan, I immediately treated him with cynara, and gave it in the following form, viz.: R Potassæ bicarb. ʒj; aquæ camph. ad ʒvii; tincturæ cynaræ ʒj; syrapi papaveris alb. ʒss. M. Two table-spoonfuls were ordered to be taken every four hours, with as much of the extract of cynara as would make two moderately sized pills. Lemonade was given him to drink. He very soon got relief; and I find in my notes that on April 24th he had had no pain for a fortnight, and that the swelling left the joints very soon after commencing the treatment. From past experience, the man expected a much more prolonged illness, and was astonished at the speedy relief afforded by the medicine. He has been performing his usual duties ever since his recovery, and up to the present date (November 19th, 1874) he had no return whatever of this disease.

A girl, aged 19, living in the country, was admitted into the hospital on June 20th, 1874, with rheumatic fever. Her lower limbs were more affected than the upper, and she was quite unable to stand, or bear the ankles to be moved; she was attacked only a day or two before, and both her feet were beginning to swell. She had all the usual symptoms of acute rheumatism, and the urine was albuminous—specific gravity, 1025. I gave her the same pills and mixture as before described, with lemonade to quench her thirst; and in four days she had lost all pain. On the 29th, she was able to walk, and was allowed to leave her bed; on July 6th, she was discharged cured.

Three other cases occurred about the same time, and were soon relieved by the same treatment.

No other medicine has in my experience appeared to be so efficacious as cynara in rheumatism, acute or chronic, but I have frequently heard of its having failed in other hands; and I suspect the reason is that it is often prepared from leaves gathered at an improper time, when there is no medicinal virtue in the plant. The leaves should be gathered just before the top of the vegetable is fit for food, and whilst they are full of juice; if left until the top is cut off for cooking purposes and the plant begins to wither, no good will be derived from it, and, if given, it would be condemned as useless and inert.

Now, as rheumatic fever is a disease of frequent occurrence in almost all localities, though in some more than others, there would be no difficulty in accumulating facts, *pro* and *con.*, if only practitioners could be

persuaded to give the treatment I have mentioned a full trial. I am perfectly convinced that no harm would arise to the patients from trusting to it for a time; and I feel, moreover, certain that a very large number would be materially benefited by adopting it. I repeat that it is absolutely necessary to pay attention to the time the leaves are gathered, and to be careful in the preparation of the medicine; and it would be perfectly safe to increase the dose of the tincture gradually from one to four drachms should the case prove obstinate. I know little or nothing about the physiological action of the drug; but Mr. Sutton, a chemist in Norwich, takes an interest in the subject, and will endeavour to ascertain, if possible, the active principle contained in it.

CASE OF AGGRAVATED SYMPTOMS OF RENAL CALCULUS CURED BY AN EXPLORATORY INCISION.

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J. S., aged 36, was admitted into the medical wards of the Royal Infirmary, under the care of Dr. George Balfour, on April 30th, 1874. About two years before her admission, she was seized with a pain in the left lumbar region, and at the same time blood was passed in the urine. These symptoms had continued more or less since, but had become much aggravated during the last five months. On admission, the patient was somewhat emaciated, and she complained of pain over the region of the left kidney, and shooting down in the direction of the ureter. There was frequent micturition, with pain in the act; and an examination of the urine showed the presence of blood, pus, and crystals of the triple phosphate in it. Her temperature was 100.4. There was well marked tenderness on pressure over the left kidney, but no fluctuation or enlargement could be detected. The patient's other internal organs were apparently healthy, but she suffered from attacks of vomiting. Internal sedatives, hypodermic injections, and soothing external applications were carefully tried, but without affording any relief; and she was, therefore, transferred to my surgical wards on May 27th.

As a careful study of the case pointed very markedly to an irritation of the left kidney, caused, most probably, by the presence of a calculus, and, as the patient's health was decidedly failing, I suggested that an exploratory incision should be made in order that the organ might be examined, and the calculus, if found, removed. The patient willingly consenting, I, on May 29th, made an incision in the left lumbar region. The incision, about seven inches in length, was carried along the outer border of the erector spinæ muscle, and the layers of the lumbar fascia having been divided, and the fascia transversalis scratched through, the kidney and upper portion of the ureter were freely exposed. A most searching examination of the kidney and greater part of the ureter was made by myself and others who assisted at the operation, but no abnormal condition of the organ could be discovered, and no calculus could be felt. The operation was performed under the antiseptic spray, and the edges of the wound having been brought together with antiseptic silk stitches and a drainage-tube inserted, carbolised muslin was applied in the usual way. For the first three days after the operation, the patient suffered severely from sickness, but this was relieved by small quantities of opium, and iced champagne and brandy. On June 1st, she was entirely free from her old pain and other symptoms. Micturition was natural, and there was none of the old tenderness over the kidney. On June 27th, it was noted that her progress had been satisfactory since last date, with the exception of an attack of bronchitis, from which, however, she had now recovered. There had been a copious discharge of pus from the wound, but the pus had always been perfectly sweet and free from any putrefaction. This discharge had now ceased, and, the wound having become superficial, the drainage-tube was removed. On July 23rd, the patient left the infirmary for the Convalescent Hospital, from which she returned at the end of three weeks, perfectly cured, and her health completely established. Up to November 24th, the patient remained in good health, and perfectly free from her old renal symptoms.

REMARKS.—An account of this case is important, and interesting for two reasons.

First, it proves that the kidney and ureter can be freely exposed and handled without serious results following the operation, and it confirms the opinion which I expressed in the following words, in a paper published in the *Edinburgh Medical Journal* for July, 1869. "I should have no hesitation in cutting down through the loin and exposing the kidney,