TREATMENT OF RHEUMATIC FEVER BY CYNARA.

By E. COPEMAN, M.D., F.R.C.P.,

Senior Physician to the Norfolk and Norwich Hospital; President of the British Medical Association.

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.

By THOMAS ANNANDALE, F.R.S.E.,

Surgeon to the Edinburgh Royal Infirmary, and Lecturer on Clinical Surgery.

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,

providing the symptoms of a calculus were well marked, of some standing, and had resisted other treatment." The failure of other means to afford relief, and the serious condition of the patient's health, justified, in my opinion, an exploratory operation in the case related.

Second, the complete cure which followed the operation is a curious but encouraging fact. The absence of any discoverable condition which could have caused the symptoms, makes it impossible to decide in what way the operation acted as a curative measure, but that it did so is indisputable. The difficulty of making a certain diagnosis of the presence of a renal calculus in all cases, by a study of the symptoms, and by external examination, is well illustrated in the present instance.

The good result in the case points to the employment of a free exploratory incision, or to some powerful counterirritant in the treatment of renal symptoms such as existed in this patient, should ordinary means fail to relieve.

CASES OF RUPTURE OF THE UTERUS AND VAGINA.*

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

Physician to St. Joseph's Hospital, Dublin; lately Examiner in Midwifery, etc., Queen's University, Ireland; Ex-Assistant Physician Rotunda Lying-in Hospital; Corresponding Fellow of the Edinburgh Obstetrical Society, and of the Gynecological Society of Boston, U.S.; etc.

THOUGH many years have elapsed since the opinion that rupture of the uterus is an occurrence from which recovery is impossible, was disproved by the remarkable cases published by my distinguished friend Dr. McKeever of Dublin, still this remains the most fatal, though, fortunately, the least frequent, of all the complications of labour. The relative frequency as well as the general fatality of this accident may be seen by the following table, which I have compiled from all the available statistics of the great Maternity Hospital with which I have been connected.

Table of Cases of Rupture of the Uterus in the Rotunda Hospital.

Date.	Authority.	Total Confinements.	Cases of Rupture of the Uterus.	Primiparæ.	Multiparæ.	Recovered.	Died.	Sex of Children.	
								Male.	F.
1868 1873	Dr. Clarke	10,387	8	1	7	1	7		
	Dr. McKeever	8,600	20	2	18	2	18	15	5
	Dr. Collins	16,654	34	None.	34	2	32	23	11
	Dr. McClintock	6,634	9	None.	9	None.	9	8	1
	Dr. Hardy								
	Dr. Johnston	13,748	17	1	16	1	16	10	7
	Dr. Sinclair								
	Dr. Johnston	5,791	4	1	3	None.	4	3	1
		61,814	92	5	87	6	86	59	25

Four cases of this accident have come within my own observation. Of these, two occurred in the Lying-in Hospital, one in an external maternity case to which I was summoned, and the fourth I saw in consultation. Of these, three died and one recovered. And, as this complication is, as has been just shown, comparatively rare and generally fatal, I think that the particulars of the latter case may be of some interest to the Association.

CASE I.—May 31st, 1874. I was called at 6 A.M. to see a case in consultation with Dr. Dudley White. The patient was a large plethoric woman, in labour of her eleventh child. It was an arm-presentation, and the hand had come down beyond the external parts. She had been in labour since the previous evening under the care of a midwife, who appears not to have made out the presentation; at least no assistance was sent for, although the pains were very violent and unremitting till about 4.30 A.M., when, as she herself stated, after a very severe pain she felt something give way, and from that moment the pains ceased. About 5 A.M., Dr. Dudley White was summoned, and immediately after his arrival kindly afforded me an opportunity of seeing the case with him. The arm was now protruding from the vulva; the hand was swollen and discoloured. The woman was in an extremely weak and exhausted condition; and, having first given her a stimulant, we moved her to the edge of the bed (not very easily, indeed, as she was a woman of enormous size), and at once proceeded to effect delivery by version. I found some difficulty in turning, as the body of the child was firmly wedged in the pelvis. The child was a boy weighing about ten pounds, and of course was still-born. After a short interval, Dr. Dudley White

introduced his hand to remove the placenta, and found that it passed into the peritoneal cavity. On examination, we discovered a large rent extending obliquely upwards and forwards across the anterior wall of the vagina and posterior wall of the cervix to the body of the uterus. It was completely involving all the coats of the injured parts, and was so wide that my hand slipped at once into the abdominal cavity amongst the coils of the intestines; nor could the child have escaped passing through this vast laceration were it not for the manner in which it had been wedged down into the pelvis before the rupture occurred. As soon as the placenta was removed, I grasped the fundus uteri until I felt it pretty firmly contracted beneath my hand. There was little external hæmorrhage, but a considerable effusion of blood was going on into the peritoneal cavity from the open uterine vessels. The patient was now pale and collapsed, and it was evident that any further loss of blood must be fatal; therefore, with Dr. White's sanction, I saturated a sponge in the strong solution of perchloride of iron, and applied it freely to every part of the rent. The effects were instantaneous. The woman complained of intense pain, but the hæmorrhage ceased completely, and the lacerated gaping wound in the vagina and uterus contracted sensibly under the stimulus. The woman was still cold, pulseless, and apparently moribund. Brandy and forty drops of Battley's liquor opii were thrown up by the rectum, and sinapisms were applied over the heart, etc. I left her, firmly expecting to hear of her death that afternoon. To my surprise, however, Dr. White told me she was still alive, and I again saw her with him. We then agreed to give her opium and calomel in grain-doses of each every fourth hour. The same treatment was continued during the following day; and the intervals between the medicine were gradually lengthened on the subsequent day.

It would be needless to dwell on the progress of the case, further than to say that she recovered perfectly, although the convalescence was interrupted by a severe attack of metropéritonitis. She was able to sit up on the tenth day after the accident, under the most judicious care of Dr. White, to whose unremitting attention and skill this patient in no small degree owes her recovery from the most serious complication of parturition.

In the foregoing case, all the usual premonitory and actual symptoms of the accident occurred in their ordinary sequence. In the one I am about to relate they did not, nor was the accident discovered until after the patient's death. The rupture in the first case was promoted by violent, unremitting, but ineffectual uterine action, the head being so firmly wedged into the pelvis that advance without assistance was impossible; then came fixed suprapubic pain; next, after a violent expulsive effort, the patient screamed out that something had given way; the pains ceased, and the presenting foetus somewhat receded. The pulse, which had been hard, quick, and full, now suddenly fell in volume, but increased in frequency; the abdomen became swollen and tender, the tongue dry, the skin cold, and the vaginal discharge sanious. In the following case none of these symptoms presented themselves.

CASE II. *Complete Separation of the Uterus from the Vagina.*—Ellen Deegan, from Lower Mecklenburgh Street, was admitted to No. 3 Ward March 12th. Her age was 33; it was her first pregnancy. She was delivered the same night a 11.45 of a healthy female child weighing six pounds. She was eighteen hours in labour, five hours in the second stage, and the third stage was immediate. She had a very long first stage, and when admitted had been nearly eight hours in it. The os was about the size of a shilling, and the head low down in the pelvis, pressing on the cervix uteri. Two warm baths were given, which had the effect of gradually relaxing the os uteri. The pains in the second stage were weak, and there was considerable delay from inertia. A stimulating enema, and afterwards a dose of ergot, having been first tried without effect, she was put under chloroform, and I delivered her by the forceps. I had no difficulty whatever in this operation; all that was necessary was to make the turn, and no force was required or used. The child was born alive, and the operation did not occupy two minutes. On the following day (13th), in the morning, there was tenderness on pressure over the abdomen, and her pulse was 100. She was ordered turpentine stupes and poultices, and draughts containing one drachm of turpentine with fifteen minims of acetum opii every third hour. Wine and beef-tea were administered. On the 14th, there were less tenderness and tympanites. The treatment was continued. On the 16th, at 4.30 P.M., she suddenly became collapsed, and died at 9 P.M.

A *post mortem* examination was made March 17th. On opening the abdominal cavity, the peritoneum was found in an advanced stage of inflammation. That portion of it covering the uterus was slightly ulcerated, and the lower part of the peritoneum was black and discoloured; but the peritonitis was not general, the upper half of this membrane being nearly normal in appearance. The left ovary was healthy; the right congested and enlarged. The uterus was intensely inflamed in the cervical portion, which was actually in a state of sphacelus. The ulcer-

* Read before the Obstetric Medicine Section at the Annual Meeting of the British Medical Association in Norwich, August 1874.