

**Medical Matters.****ACUTE RHEUMATISM.**

EVERY trained nurse has seen the wonderful results which are produced in the treatment of Acute Rheumatism by salicylic acid or its various salts. Only those can fully realize the beneficial nature of these results who remember the methods by which cases of Rheumatic Fever were treated a quarter of a century ago. There was then a most active contest between those who advised that all cases should be treated by the free application of blisters over the affected joints, and those who asserted that patients recovered most rapidly and completely who were given no medicinal treatment at all, but were merely placed on a restricted diet and whose joints were wrapped up in cotton wool. In those days, these cases lasted six weeks or longer, and it was very rare indeed for a patient to pass through an attack without some affection of the valves of the heart. Now, as most nurses know, attacks are cut short in 24 or 36 hours, and heart affections are much more rarely met with. A new method, by the local applications of salicylate of methyl, is now being largely employed, especially on the Continent, and with excellent results. The remedy is poured drop by drop upon the affected part, which has previously been washed and laid upon a rubber sheet. This is wrapped about the limb and covered with a flannel or gauze bandage. The dose is 50 to 120 drops, and its absorption is proved by chemical analysis of the urine within half an hour after the applications. The treatment may be repeated twice within twenty-four hours if the pain be very severe. No ill-effects have ever been noted upon the skin, and disagreeable general symptoms are extremely rare. It is in those sub-acute and chronic cases of rheumatism, which do not yield to the salicylate of sodium, that the local method is particularly applicable, and in these it produces rapid and good results. It is also very easily done. In the acute cases, where several joints are involved at the same time, the doses necessary for the several applications are very large, and the handling of the limbs is very painful. For these reasons the method is scarcely advised in acute cases, unless salicylic preparations cannot be taken internally.

**MATERNAL IMPRESSIONS.**

AN interesting paper has recently been published on the influence of maternal impressions on the offspring. There are those who disbelieve entirely in the influence of such impressions, their contention being that the deformities are due to errors in development. This view does not set aside the opinion that the 'error' in development might have been caused by the impression during the pregnant state. And what is still more to the point, it does not alter the fact that a large proportion of the defects occur at the period when the development of the child is complete, taking the form of a mark or stain which can in no way be accepted as a developmental error. The results of maternal impressions may be divided into two classes—mental and bodily defects. Most probably the mind of the child would be chiefly affected during the later months of pregnancy because, according to Landois, the permanent cerebral convolutions are not formed until the seventh month. One of the most authentic records is contained in a paper written by Dr. Arthur Mitchell, Lunacy Commissioner for Scotland, in which he states that out of 443 cases in which an endeavour was made to establish the cause of idiocy, six only were clearly traceable to maternal impressions. Instances of bodily defects due to maternal impressions are much more frequent. Of ninety cases classified, twenty-one were instances of defects involving the lips and palate, and in all but two of these, impressions were made during the first three months of pregnancy; in the two exceptions it occurred in the fourth month. Dareste, in his researches on the artificial production of monsters in the lower animals, seemed to prove that they had their origin in the early periods of embryonic life; and this coincides with the reported cases of maternal impressions, which all tend to show that defects of development occurred at an early period of pregnancy, while scars, marks, and mental defects occurred at a much later period. Sight is the most common channel by which the maternal impression is conveyed, but there are two cases on record in which the impression appeared to be due to a dream. Defects, traceable to maternal impression, are sufficiently numerous and sufficiently serious to necessitate the avoidance by any pregnant woman of all violent emotional disturbances, especially during the first four or five months of child bearing.

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