

Medical Matters.

RHEUMATOID ARTHRITIS.



DR. B. C. LOVELAND describes in the *New York Medical Journal* the ordinary symptoms and deformities of rheumatoid arthritis, drawing attention to the partial luxation of the phalangeal joints and the characteristic ulnar deflection of the fingers. He sums up the treatment which he has found successful in many cases under dietary, hygienic, including hydrotherapeutic, and medicinal. By dietetic means the patient's blood, urine, and digestive ability should be improved as much as possible. Meats should be used once or twice per day. Green vegetables should be used freely. The amount of water to be drunk should not be less than three quarts in twenty-four hours, and tea and coffee should be forbidden. Sweets and acid fruits should be avoided. Under hygienic methods, he suggests moderate exercise, massage, Swedish movements, electricity, packing, sweating, and cool tonic baths. The medicines most useful are the alkalies, most prominent among which are salicylate of sodium and iodide of potassium. The former, when combined with benzoate of sodium, five grains each, given in a glass of water three times a day, may be continued for as long a time as necessary. Where disorganization of the joints has not occurred, a perfect cure, not necessarily a permanent one, will oftentimes result.

LERMOYEZ'S TREATMENT OF INFLAMMATION OF THE EAR IN INFANTS.

(a) *Before Suppuration.*—Relieve pain, and render the auditory canal aseptic by means of carbolised glycerine. Three times a day warm a dozen drops in a spoon, and fill the auditory canal, keeping it in with a plug of boric wool. If this is insufficient, relief from pain can sometimes be obtained for a long time by the local application, for ten minutes, of ten drops of the following solution, as hot as it can be borne:—

R. One per cent. solution of Carbolic
 Acid ʒijss
 Chlorhydrate of Cocaine ʒss
 Neutral Sulphate of Atropine ½ grain.

This can only be used when the tympanum is not ruptured. At the same time let the ear have rest, no syringing out, as there is

no pus, no inflation of air by the nose. If the pain is not relieved, apply hot boric fomentations behind the ear. If the base of the mastoid process becomes painful to pressure, œdematous, keep an ice bag applied to it, and at the same time continue the instillation of the carbolised glycerine. Also prescribe antipyrin and sulphate of quinine, give a saline purgative and hot baths to the feet, apply antiseptic solutions to the nasal and buccal cavities. If at the end of forty-eight hours the pain persists, or increases, perform paracentesis of the tympanum.

(b) *After Suppuration.*—If the ear discharges, continue the antiseptic applications to the throat and nose. Syringe out the ear with warm boric lotion. Inflate the middle ear by means of Politzer's bag. This treatment to be repeated twice a day; during the intervals between syringing, fill the ear with carbolised glycerine, and keep it closed with aseptic gauze. Continue this treatment for two or three weeks: this is the usual time that acute otitis, that has gone on to suppuration, lasts.

SWELLING OF THE EYELIDS.

A recent writer in the *British Medical Journal*, relates three cases of children who occasionally suffered from swelling of the eyelids, lasting variously from a few days to six weeks at a time, but no other œdema was discoverable. The urine was frequently free from albumen, but at other times traces of albumen were found, sometimes in the morning specimen, sometimes at other times. No other symptoms were noticed, except disinclination for exertion, but none of the children were well nourished. None of these children had a history of scarlet fever. The writer mentions two cases in which there was swelling of the eyelids with general weakness, but in these no albumen was found on repeated examination; and also a case with similar symptoms, but in which the urine always contained albumen. These cases, he considers, belong to the same group, and were probably examples of what is called "exertion albuminuria," the presence of albumen not necessarily meaning organic disease of the kidneys. There is a rare form of nephritis that commences very insidiously in young adults, and which eventually leads to the formation of a small white kidney. This is seen most frequently in young adults, and may possibly have existed from childhood, but is very uncommon.

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