

may run up to an alarming height of 107 degs., or even more. There is profuse perspiration, and the sweat has a peculiar sour smell, and is acid when tested with litmus paper. The patient is usually delirious; the tongue is dry and coated, and there is generally some constipation.

The duration of the illness is very variable, and depends mainly on how many joints are affected in succession, it being not uncommon for all the acute symptoms to recur, with swelling of another joint, just as the first one is getting well.

So far it would appear as if rheumatic fever was simply an attack of inflammation of joints associated with a high temperature, but in reality the affection of the joints is not the most important part of the disease from the clinical point of view; in fact we may have true acute rheumatism without any affection of joints at all, especially in young children. The organism which is the cause of the disease has also a tendency to attack the heart, causing inflammation of its lining membrane and the lungs, where it gives rise to pneumonia, and the nervous system, when we get chorea (or St. Vitus dance, as it is popularly called), and it is most important that we should recognise that all these complaints are part and parcel of the same disease; in fact, all of them have been reproduced in experimental animals by inoculations with the organism derived from cases of true rheumatic fever.

When the heart is affected we get swelling of the thin membrane which covers the valves, and then an excrescence forms so that the flaps of the valve are prevented from coming together properly at each beat of the heart. What happens now depends mainly on whether the condition has been recognised and treated or not. Under favourable circumstances the inflammation of the valve subsides, and the patient may recover without any permanent change in his heart; but if he is allowed to get up too soon, strain is placed on the valve while it is still weak and inflamed, and permanent leakage in the valve results, so that the patient suffers from heart disease for the rest of his life. It is no uncommon thing to get such a history as this:—

“My little girl has been ailing and short of breath for a week or two, and she cannot play with the others without feeling faint.” On further inquiry one finds that six months or so previously she was feverish for a few days, but her mother got her a bottle of medicine from the chemist, and after a day or two in bed she felt much better, and was allowed to get up. She had pains in her knees, but no atten-

tion was paid to them as they were thought to be “growing pains.” On examining such a patient one often finds not only that there is a murmur to be heard over the situation of the mitral valve, but—what is much worse—there are signs also of a permanently damaged heart wall. A very large part of the heart disease in this country is due to unrecognised inflammation of a valve, the original illness having been “treated” by a bottle of medicine from the chemist, or a package of a patent medicine.

In chorea the heart is almost always affected, perhaps more often than in attacks of rheumatism of the joints.

Rheumatic fever may also affect the skin, when we get rashes of various kinds. Most of these are of the urticarial type, and resemble a nettle rash, but not infrequently the eruption looks rather like that of scarlet fever, and, inasmuch as both diseases are associated at the onset with inflammation of the tonsils, difficulty in diagnosis is apt to arise. Incidentally these rheumatic eruptions are often followed by well marked peeling of the skin. Another sign which is met with in a few cases of rheumatic fever is the development of small swellings in the tissues underneath the skin, which are known as rheumatic nodules.

The first essential in the treatment of rheumatic fever is absolute rest in bed in the recumbent position, and the patient, even in the mildest attacks, should not be allowed to move from his bed for any purpose whatever, and should not attempt to do anything for himself. Unfortunately, the general public is not sufficiently impressed with the importance of mild attacks of this disease, so that it is sometimes difficult to persuade the relatives of the patient that a trained nurse is absolutely essential. The sheets should be removed from the bed and the patient placed between blankets; he should, moreover, be clad in a flannel gown that is made to open both back and front for convenience in changing, an operation that may require to be very frequently performed on account of the profuse sweating. Another point is that he should not only be allowed, but encouraged, to drink plenty of fluid which serves to dilute the poisonous products of the rheumatic organism. To many people the bare idea of a patient with a high temperature and a raging thirst being allowed to drink cold water is a heresy of the deepest dye, which is treated—after the manner of heresies—by torturing the heretic, or, in other words, by allowing him to remain thirsty.

Fortunately, we have a drug that is almost a specific in cases of rheumatic fever, namely, salicylate of soda. Whether this acts by killing the organisms or interfering with their

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