

described rheumatism as "a form of acute polyarthritis with fleeting and shifting pains and inflammations." He also noted many border-line cases and their symptoms. He gave to them the term "scorbutical rheumatism," and it is doubtful whether we of the present day have come to more complete and accurate understanding than he did of the many different types. His greatest contribution was that whereby he showed that chorea is really a nervous manifestation of rheumatism, a great step forward which broadened the outlook upon rheumatism as a disease of widely flung aspects. Unfortunately the work of Bright and Addison rather discounted Sydenham's in that they held that chorea was a disease of the heart and pericardium. It was not until the 19th century that Begbie contended that Sydenham was right, two hundred years after his death. The final proof of Sydenham's contention was forthcoming from Poynter and Paine in 1901, when they demonstrated that chorea was a rheumatic meningo-encephalitis. This is still the accepted view, and serves as an example of the greatness of the minds of Sydenham and Begbie in that they remained certain and correct in theories that it took so many years to prove, although they had not our ready means of investigation. It is due to Addison to state that his theory was half true inasmuch as there is now recognised the inter-relationship between the heart and rheumatic processes.

In 1703 Musgrove suggested the possibility of gonococcal rheumatism, and it was not until 1897 that his views were proved by Neisser. Up to this stage the tendency was to regard the various manifestations as separate conditions; isolated conditions were not regarded as part of the same process. At this time also Boerhaave and Strock recognised that rheumatism could attack internal organs and give visceral manifestations. But time had to pass before the view widened and greater possibilities opened up for preventive treatment. We owe much to the great medical workers of the 18th and early 19th centuries, and especially to Pitcairn and Jenner, who drew attention to the rheumatic heart complex. The advent of the stethoscope, introduced early in the 19th century by Laennec, helped further to stress the problem of rheumatic heart disease. We might well pay tribute to those great clinicians of the past for their recognitions of many conditions which we, in our time, cannot recognise without the stethoscope.

Next, Dr. Stevenson referred to a treatise by Bouillard in 1840, which demonstrated both endocarditis and pericarditis as rheumatic manifestations and pointed out important aspects in this connection; we now recognise that 60 per cent. of the cases of heart disease are rheumatic in origin. Children and adolescents are the people most prone to the disease, and every care should be taken to combat its ravages in early life. The seeds of many a case of mitral stenosis have been sown by a mild attack of rheumatism. Lavine is firmly convinced of the many cardio-vascular possibilities and lays stress on the premonitory signs in children of nose bleeding and sickness as suspicious.

#### Rheumatism in Modern Times.

In the 19th century, Herberden drew attention to the nodes that bear his name. Haygarth also did important work at the same time, and he was followed up by Landre-Beauvais with further discoveries. In referring to his river plan, Dr. Stevenson said that there had been many voices crying in the wilderness on the subject of bacteria before it came to be generally admitted that herein lay a potent cause of rheumatism. Following the work of Pasteur a great and comprehensive study arose and still proceeds; the British school has taken a foremost part in it. Poynter and Paine have produced by experiments with streptodiplococci isolated from rheumatic lesions, such conditions as carditis, non-suppurative arthritis, rheumatoid arthritis,

osteoarthritis, choreiform movements, nodules, pleurisy, pneumonia, peritonitis and appendicitis. Such results set workers hot foot on the track of focal sepsis. And while there may have been periods when there was a rather over-enthusiastic eradication of any and all possible sepsis, proved or only just suspected, the fact must be admitted that time after time the eradication of a septic tooth, for instance, has been the first thing to give relief from some resistant form of rheumatism. The work on bacilli resulted in proof positive of the forms of arthritis directly due to such organisms as the tubercle bacillus, the gonococcus, the pneumococcus, and others. But here again we find that there are not so many new discoveries as proofs of previously held opinions. Dr. Stevenson then recalled and enumerated, from an historical aspect, many theories held throughout the centuries to account for the causation and maintenance of rheumatism; but to refer at any length to those would involve greater space than is available. Constriction of the blood vessels due to cold, irritation, by cold and chill, to a hypothetical centre for the joints located in the medulla oblongata and a corresponding irritation to the cutaneous nerve fibres, with resultant pain in the joint, are some of the conditions put forward as the causes of rheumatism. Lactic acid (a product of muscular activity), when in excess in the blood, might be responsible as held by some authorities; but it is to be noted that no excess of lactic acid has been found in the blood in known rheumatic cases. Maclagan suggested that rheumatism is malarial in type, because the temperature in a rheumatic case is easily brought down by the use of salicylates, but others hold that such treatment is just trifling with the disease and the effect of it merely palliative. It is too early yet to pronounce on the value of anti-scarletinal serum in the treatment of rheumatism. Dr. Stevenson next referred to allergy and protein sensitisation, and to the theory now receiving much prominence that the real cause of the rheumatic state is a virus infection with a super-added streptococcus, which seems to be the one likely to receive scientific proof and acceptance.

The lecturer next referred to distinctions of types of people, idiosyncrasies and such like, and, in this connection, spoke of heredity, environment, feeding, social conditions and even world conditions as influencing the disease. Interdependence upon many specific individual factors has complicated progress in the understanding of rheumatism, and the study has even widened itself out into a branch of industrial medicine. Dr. Stevenson next spoke of the influence of many different factors, both from a physical and mental point of view, which might be operative in producing rheumatism, and here again he stressed the importance of the causative factors in connection with children, saying that it is through the child of to-day, or even of to-morrow, that we shall actually be able to put right the sorry state of the prevalence of rheumatism in the population. Reference was made to the subject as one of national and even international importance. The annual cost of the disease to the nation is at the present time at least £30,000,000. We have to realise how, apart from actual incapacity, a very great amount of sub-normal health in the nation arises from the rheumatic conditions; every effort should be made to push forward a national effort to combat the disease.

#### Treatment.

Inasmuch as the manifestations of rheumatism are so diverse and the treatments so varied, it has been a lucrative field for the patent-medicine maker. Also there are few things that have not been regarded as a cure for rheumatism. In the main, medical treatment has been confined to producing irritation and counter-irritation, and while we have more or less passed from the more heroic days of massive blood-letting, free purgation, blisters, leeches and mystic

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