

and various forms of physical treatment, including X-ray. Only a few of these are in common use in clinics now.

Therapy offers a great deal of hope today to cases of rheumatoid arthritis. The earlier the treatment is given, the better the chances of recovery. I will mention only the practical approach to treatment and will not comment on treatments in the experimental stages.

If treated early and efficiently, about 25 per cent. of cases are restored to normal health and regain full function of joints. Of the remainder, 65 per cent. will show functional improvement from mild to good. The residue, about 10 per cent., continue to progress despite adequate treatment. The prognosis is, then, a good deal better than most people realise. Besides this, the great majority of cases can be prevented from developing a major deformity.

Authorities today feel that cases of rheumatoid arthritis should be treated along sanatorium lines. Removal from the home environment and the everyday worries is important. In years to come, all early cases of this disease may be treated in sanatoria, as tuberculosis is today.

Treatment aims at correction of the constitutional factors, prevention of deformity and correction of existing deformity, together with education of the patient with regard to the nature of her disease and a way of life she should follow. In the early acute stages, the patient is put to rest. Weight-bearing on inflamed joints is eliminated. This prevents further damage to joint cartilages and allows inflammation, pain, and muscle spasm to subside. During the phase of inflammation of joints, which may be present for weeks, all joints are given daily movements by a physiotherapist to prevent adhesion formation. From the beginning muscle re-education, to develop wasted quadriceps, intrinsic muscles of the hand, etc., is instituted. This prevents further wasting and allows muscle re-building as the disease subsides.

Inflamed joints are put to rest, whether they be in a position of flexion or not, in light, well-fitting, resting plasters. These may be used for the knees, hands, wrists, elbows, hips, and so on. In such a plaster, pain is relieved a great deal and inflammation settles down. Thus, the spasm of muscles is almost immediately relieved and flexion deformities do not occur. When there is already a flexion deformity, the relief of the spasm allows the knee, for example, to correct gradually to improved positions. The casts are purposely light in weight to allow patients to move their limbs despite the encumbrance. The casts are generally bivalved in about 48 hours to allow daily movements by physiotherapist and muscle education. They are worn until inflammation is gone.

Fixed flexion deformities may be corrected by manipulation after the disease subsides. The constitutional measures are an attempt to correct some deficiencies present. First, however, foci of infection are removed, not because this will cure arthritis but because the presence of a focus lowers general body resistance. Vitamins are added to an already adequate diet. Ferrous salts are given to help correct the anaemia almost invariably present. Transfusions may be given to stimulate new blood formation and improve resistance.

There is no specific drug available to us which will cure rheumatoid arthritis. However, the use of gold salt therapy comes as close to a specific drug as any we have. After some years of controversy, it would seem that, until a magic elixir is found, gold is here to stay. It provides our most effective means of bringing about a remission. It has been stated that with gold one can do in six months as much as would be accomplished in six years without it. The great majority of men working in this field feel that the use of gold has been a great step forward. We do not know how it works—its use is empirical. A course of treatment of 1-3 grams is given in weekly divided doses of 50-100 milligrams. In certain cases, a maintenance dose is continued at three-week intervals for some time. All active cases are started on gold on admission, unless some special condition precludes

its use. It is given under close supervision for it is not a non-toxic drug. With proper care, serious reactions are uncommon.

Hot baths or deep pool bath therapy can be given as the activity of the disease subsides. These are used for several reasons. First, in hot springs we have the cheapest form of heat available and this is a great help in relieving pain. Secondly, this therapy is of help in teaching those people who have not walked for months or years to walk again. The extra buoyancy of mineral waters is of some help in this regard, as it allows easier movement. Gradually, these people are graduated to walk again on land.

Under this regime, the patient with early rheumatoid arthritis should count on at least three months' supervised treatment. Later cases require longer periods of time. During the period of hospitalisation, lectures are given to educate patients as to the nature of their disease and after-care. Simple methods of applying home remedies, such as heat, are demonstrated. The patients are warned of those factors that may cause recurrence. Over-fatigue, infections of the nose and throat, insufficient rest, and exposure to cold and damp are all factors to be avoided. After the acute phase has subsided, patients are allowed increased liberties.

The nursing staff plays a large part in determining the comfort and morale of these long-term patients. The nurse must know with what she is dealing and remain cheerful and helpful in the face of a physically ill and often emotionally disturbed patient. Cheerful and bright surroundings make a great deal of difference in eventual recovery. In Banff, for those patients that are up and about, there are frequent movies shown in the hospital and occasional bingo games. Most community entertainment makes a one-night stand at the hospital. All of these things make a break in the long stay. Other countries are well ahead of us in Canada in treatment and care of arthritics. Sweden has 3,000 beds set aside for treatment along these lines. England has a country-wide scheme for case-finding and treatment.

In Canada, there is a nation-wide movement to start a programme of treatment and research. The Canadian Arthritis and Rheumatism Society has been formed with the help of the Canadian Rheumatism Association. This society is set up with both lay and medical directors to organise training and education and support research and treatment centres for our 650,000 arthritics. Alberta is at present leading the way in Canada by studying legislation to provide free hospitalisation and treatment for arthritis victims under the age of 20.

We hear arguments today that more should be known of the cause of rheumatoid arthritis before money is spent on treatment centres. It is true that a great deal of research is needed. However, we should not deny those suffering from the disease today the relief that can be given by adequate medical and orthopaedic management. The treatment of tuberculosis has changed little in the years since the discovery of the causative agent because these patients are being treated by sound medical and physiological methods. Treatment now can save thousands from crippledom.

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## National Association for the Prevention of Tuberculosis.

### The Control of Tuberculosis.

The following summary of conclusions and proposals by the Medical Committee of the National Association for the Prevention of Tuberculosis, at a meeting held on Thursday, July 27th, have been issued.

1. Tuberculosis is the most serious infectious disease known in Great Britain to-day. It still causes every week in the year the deaths of 400 people—many of them in the most important and productive time of life.

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