

considerable periods of time and in large doses, it is a matter of prudence to watch the kidneys. It is useful in simple insomnia, in many chronic diseases unattended with severe pain, in mental affections of a mild character or in an early stage, and in the restlessness, excitement, and insomnia of insane patients.—*The Medical Bulletin*, 1895, No. 2, p. 41.

THE TREATMENT OF CHLOROTIC DYSPEPSIA.

DR. HENRI HUCHARD directs that milk shall be used, or, if this is hardly borne, pure water or a hot weak infusion of tea (hot drinks excite the gastric secretions), eggs, *purée* of vegetables, lean fish, fowl, and cooked fruits. One-half hour before the meal a small dose of an alkali, as sodium bicarbonate, seven grains, should be prescribed, for the purpose of exciting the flow of gastric juice. At the same interval after it a Madeira glass of hydrochloric acid in solution in water, one to two hundred and fifty. The hydrochloric may be replaced by lactic acid, fifteen to thirty grains, after meals. It is necessary to forbid the use of wines, quinquina wine, strong beers, alcoholic drinks, and stimulating food. If there are gaseous formations, lavage, either of pure water or water containing salicylic acid, one per mille, is indicated. After two to four weeks of this treatment the use of the preparations of iron can be begun, of which the proto-salts are preferable, oxalate, lactate, chloride, and iodide, in small doses, one and one-half grains, twice daily, and not to exceed six and one-half grains daily, if we shall avoid symptoms of gastric intolerance.—*Journal des Praticiens*, 1895, No. 3, p. 33.

THE TREATMENT OF AN OBSTRUCTED BOWEL.

DR. W. THORNEY STOKER has never seen the application of heat and rubefacients do substantial service. Of belladonna, if used freely and early in the disease, he holds a favorable opinion, and its best therapeutic effect is when uncombined with opium. Its chief use is in cases of peristaltic paralysis due to tympanites or fecal accumulation, but it must be given in full and repeated doses, and pressed until it shows its constitutional effects of either dilated pupil or dryness of the throat; it may be combined with calomel. Sodium sulphate is useful in hourly doses of one or two drachms, until an ounce or more has been taken. For washing out the bowel an ordinary red rubber tube, such as is used for lavage, presents the advantages that: 1, it can do no injury; 2, the fluid pressure can be regulated; 3, enormous quantities of water can be used; 4, the currents created by alternating pressure exert a solvent effect upon feces; 5, the operation can be carried on for a long time without exhausting the patient.

DR. JULIUS ALTHAUS believes that in the case of absolute mechanical occlusion, such as strangulation by bands, etc., the knife affords the only chance for the patient's recovery. Two cases are cited, in which the faradic current applied through an insulated metallic sound in the rectum and a moistened conductor to the abdominal parietes in the region of the sigmoid flexure, resulted in cure. Bondel and Laral have used the constant current as an electric injection, the rectum filled with salt water connected with the positive pole acting as an electrode; the negative pole is a large electrode upon the abdomen. The strength of the current is regulated by the

susceptibility of the patient. The pseudo-strangulation and fecal obstruction relief has appeared in from five to twenty minutes. If a real obstacle is to be overcome, the current should be reversed after five or six minutes.—*British Medical Journal*, 1895, No. 1778, p. 186.

THE TREATMENT OF GALL-STONES.

DR. F. VON OEFELE, noting the difficulty in administering the quantity of olive oil which is prescribed for hepatic colic, proposes butter as a substitute. After the morning spring water at Neuenahr has been taken, fasting, and a quarter-hour exercise has been finished, seven to ten drachms of fresh, unsalted butter are taken with a little white bread. Then, after another quarter-hour of exercise, comes breakfast. The butter has a favorable influence upon the constipation, and if the stools are free from or deficient in biliary coloring-matters, they now become darker. The appetite was not affected, save in two instances, when it was unfavorably influenced. In cutaneous irritation this remedy in some cases is beneficial. For gall-stones this remedy is certainly curative, but even if it does not remove them, it is useful as a symptomatic remedy.—*Therapeutische Wochenschrift*, 1894, No. 2, S. 27.

THE MODERN TREATMENT OF TYPHOID FEVER.

DR. FREDERICK C. SHATTUCK considers that this disease involves two things which may make more or less contradictory therapeutic demands: (1) The duration and general character of the disease, which brings in its train the almost certainty of tedious convalescence and the dangers of death from exhaustion, and (2) the constant local lesion, the intestinal ulceration, the extent and depth of which we have not means of estimating or even inferring. In regard to diet, is it not possible that we sometimes make a mistake in dieting our patients with reference to their fever rather than with reference to their digestive capacity? They may have anything that is easy of digestion, and which leaves such residue as may reasonably be expected not to excite undue peristalsis and irritation of ulcerated Peyer's patches. Eggs (raw and soft-boiled), custards, animal broths, strained gruels, ice-cream, junket, blanc-mange, even scraped or very finely minced meat, in addition to milk, have been used during the past two years without cause for regret. The range of food should be as wide as the patient can digest, and such as is not likely to prove irritating to his ulcerated intestines. Water should be given freely internally to promote the elimination of soluble poisons. There is no evidence to show that the disease can be aborted by early purgatives—calomel, for instance—followed by more or less continued antiseptic treatment. The use of intestinal antiseptics should be limited to cases in which diarrhoea, very offensive movements, meteorism, or other special indications are present. Small doses of bismuth salicylate or subgallate are preferable; the former may be combined with beta-naphthol. In cases characterized by constipation water enemata every second day are ordered—glycerin enemata cause too much peristalsis. Among antipyretics phenacetin is the safest of those in common use. Observations in hospital show no marked or constant difference in the antipyretic value of cold sponging at 60° F. for twenty

minutes, the cold-pack at 60° F. for fifteen minutes, or the full bath at 70° F. for ten to fifteen minutes. A full bath at 60° F. has a much more decided antipyretic effect. The use of alcoholic stimulants calls for the exercise of more or less judgment. In a considerable proportion of cases they are never required unless the tub-bath is used, reaction from the temporary depression, so often following this method of the application of cold water, being hastened by small quantities of spirits and water.—*Boston Medical and Surgical Journal*, 1894, vol. cxxxi. p. 604.

DR. P. LE GENDRE states that delirium at the commencement can be best treated by baths if there is no contraindication to their use. If the patient is more tolerant of warm baths, progressively cooled, these may be first tried. If he rebels against the duration of the bath, cold affusions to the head with successive lowering of the temperature may be employed. If this symptom appears in the second week, it is quite likely to be due to the elevated temperature, and reduction of this will relieve the delirium. If in spite of this, this symptom is accompanied by absolute insomnia, or there is a tendency to get out of bed, opium, chloral, or the bromides are indicated. If the condition of the heart is questionable, chloral must be used with care or even abandoned. If there is an intense albuminuria, scanty urine, or a tendency to constipation, these are reasons against the use of opium. The delirium of the third week is apt to be due to weakness, and calls for nourishing fluids, peptones in the bouillon, milk, alcohol, and generous wines. Headaches accompanied by gastro-hepatic symptoms are relieved by ipecacuanha. If associated with elevated temperature, compresses of vinegar, ether, or cherry-laurel water upon the forehead, or cold affusions to the head and neck during the bath, or, if there exist symptoms of cerebral congestion, a constant application of an ice-bag is indicated. Sometimes an ointment of potassium cyanide, 0.10 to 0.20 in cold cream, 20, upon the forehead and temples is useful. Insomnia in the first week is usual, and generally yields to hathing. If it is persistent in the second or third week, the cause should be ascertained—uncomfortable bed, lack of ventilation, too high temperature of the room, or bad odors. If this fails, opium, and especially associated with camphor, is useful. This may be associated with the bromides, or tincture of cannabis indica may be tried. Quinine in sufficient dose in the evening may be a hypnotic.—*Bulletin Général de la Thérapeutique*, 1894, 44e liv., p. 461.

A PLEA FOR VENESECTION.

DR. GEORGE C. LAWS thinks that the rule is universal that in all cases of inflammation so serious from degree or position as to involve danger to life, bleeding should be employed in the early stages, unless forbidden by general debility or the low grade of the fever.—*The Therapeutic Gazette*, 1894, No. 12, p. 806.

TREATMENT OF GONORRHOEA.

DR. PELLISSIER reports that, having his observations upon the energetic action of citric acid upon the bacillus of diphtheria, and knowing that the gonococcus is best cultivated in an alkaline medium, he has used six

injections daily of this remedy in simple water (1 to 100), cure resulting on the eighth day. As irrigations (8 to 1000), used once daily, this drug has cured in about eight days.—*Bulletin Général de la Thérapeutique*, 1894, 46 liv. p. 520.

MEDICINE.

UNDER THE CHARGE OF

WILLIAM OSLER, M.D.,

PROFESSOR OF MEDICINE IN THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND:

AND

GEORGE DOCK, M.D.,

PROFESSOR OF MEDICINE IN THE UNIVERSITY OF MICHIGAN.

INDURATIVE MEDIASTINO-PERICARDITIS.

HARRIS (*Medical Chronicle*, November, December, 1894, and January, 1895) has collected all the cases of this interesting lesion (which was first carefully described by Kussmaul), and records three cases.

Post-mortem two varieties of the affection can be distinguished. One with adherent pericardium and marked increase of the fibrous tissue in the mediastinum. The exterior of the pericardium is closely adherent to the surrounding parts. This is the indurative mediastino-pericarditis. In the other variety there is an adherent pericardium with thickening of the sac, adhesion to the surrounding parts, but little or no general mediastinitis.

There are in addition rare instances, forming a third group, in which, without pericarditis, there is an increase in the fibrous tissues of the mediastinum—a chronic mediastinitis.

Of the twenty-two cases which he has collected, nine occurred in persons under eighteen years of age, only two in persons over thirty; seventeen cases were in males, and five in females. Usually there was a history of some acute illness, generally pericarditis. Some of the cases are tuberculous.

The symptoms indicative of the indurative mediastino-pericarditis develop at a late period. In many instances the onset is very insidious.

The symptoms have been chiefly dyspnoea, venous engorgement, cyanosis, cardiac enlargement, increase in the size of the liver, and general dropsy or ascites, with the pulsus paradoxus and inspiratory swelling of the vessels of the neck. In some cases the posture has been suggestive, as Jaccoud mentions: the patient sits up in bed with the trunk bent forward; but this, after all, is not an uncommon position in cases of pericarditis with effusion.

The duration of the cases varies. It is often difficult to say when the affection began. The period from the onset of symptoms which may be attributed to the affection to the fatal termination varies from a few months to several years. The cause of death is usually a gradual cardiac dilatation, or, in the tuberculous cases, an acute general infection.

The ascites which occurs in these cases, and which may be unaccompanied

by general anasarca, is due sometimes to a peritonitis with chronic capsulitis and deformity of the liver.

A very interesting point in Harris's paper is a careful discussion of the pulsus paradoxus, in which the beats at the wrist become smaller during the act of inspiration. It is, of course, not a peculiarity of a mediastino-pericarditis, and is seen under many conditions. Kussmaul thought it was due to a dragging of the adhesions external to the pericardium on the aorta; but there are many observations of the occurrence of the paradoxical pulse where there were no bands of adhesion in the chest, so that it is evident that other agents are capable of producing it. Harris concludes that "cardiac weakness from many causes appears to have been a not infrequent condition present when a pulsus paradoxus was present, and it is quite probable that such heart-weakness, in some way which at present is not clear to us, contributes to, if it is not the actual cause of, this peculiar form of pulse in some of the cases of mediastino-pericarditis where the arrangement of the adhesions is not such as will account for a narrowing of the aorta or main arteries in the thorax."

PRIMARY CANCER OF THE DUODENUM.

PRO (*Revue de Médecine*, January, 1895), after a long and minute study of primary cancer of the duodenum, draws the following conclusions:

I. Primary cancer of the duodenum, in the great majority of cases, like primary cancer of the intestine in general, has an annular form. On this account it is very apt to produce stenosis of the digestive tract.

II. The symptoms of this cancerous stenosis vary according to the height at which it is produced.

A cancer above the ampulla of Vater has a symptomatology almost identical with that of cancer of the pylorus.

A cancer below the ampulla presents, besides symptoms of malignant pyloric stenosis, signs indicating a permanent reflux of the bile and the pancreatic juice into the stomach.

A cancer round the ampulla presents, according to the case, a symptomatology more or less resembling the one or the other of the first two forms; it is a composite form.

III. Among the so-called cancers of the ampulla of Vater we may place:

1. Cancers of the duodenum in which the ampulla is invaded; nothing distinguishes these tumors clinically from ordinary duodenal cancers; they are included in our third form.

2. Cancers primary in the head of the pancreas.

3. There exist some cancers appearing to be developed at the expense of the ampulla, and presenting the clinical picture of icterus from retention—a picture comparable to that of cancer of the head of the pancreas. These cancers must be distinguished clinically and histologically from cancers of the duodenum strictly speaking, and must be classed with pancreatic cancer, of which they appear to constitute aberrant varieties (glandular or excretory).

4. a. In most of the cases there is a contraction at the site of the tumor and a dilatation toward the stomach, tending to involve this organ and frequently accompanied by pyloric insufficiency.