DOMESTIC CORRESPONDENCE.

1892.]  

refuted by Ewald, who had done so much in every respect to enlarge our knowledge of the stomach, its functions and diseases. While this latter experimenter has definitely proven that with large electrodes and a strong faradic current, externally applied, salol was more rapidly eliminated from the stomach than without it; he decidedly gives the preference to intra-ventricular faradization over the external method in the treatment of gastreptosis, with the distant electrode either applied to the epigastrium or better still, in the rectum. My own experiences in the treatment of affections of the stomach, have led me early to apply the two electrical currents. I shall first take up the use of galvanism in this connection. Its application with a view of exciting increased glandular secretion has been, in my opinion, decidedly-oversated. I have at no time been able to detect by chemical means an increase of HCl in the gastric juice after the external application of the galvanic current in the manner as mentioned by the investigators heretofore. This will show at once that digestive ability has not been improved, though larger secretion might have been achieved. As internal galvanization with a view of improving digestive power the practice was practiced by me previously, though never with much success, and then partially filled with water, its value, if it possessed any, would not be available. Yet I have found the galvanic current useful and of the greatest value in dilating traumatic strictures of the oesophagus. To illustrate this, I will quote here the following case:

Mr. P. J., a French gentleman, fifty-five years of age, was admitted to my service at the German hospital of Philadelphia with an oesophageal stricture. He stated that this arose from having swallowed in mistake, a considerable quantity of strong HCl some eight years previous. He had since then been obliged to restrict his diet to liquid and semi-liquid food. He had been under treatment in various hospitals and under private practitioners, both here and in Europe; the methods employed in this case were gradual dilatation with the ordinary oesophageal sounds; at no time, according to his statement, had he been benefited sufficiently to eat solid or coarse food; on examination, the stricture was found of a calibre to barely admit a 27 mm. bougie; gradual dilatation was practiced for some days, and larger bougies were only with some difficulty passed. The use of metallic bougies connected with the galvanic current then suggested itself to me; weak currents from five to ten ma. were used, and it was noticed that the bougie passes under its influence with greater facility and could be readily increased in size; daily séesions were held and by doing so the stricture was rapidly diluted to 50 mms.; this took only a period of about three weeks, at which time the patient was capable of eating ordinary diet, and was discharged at his own request. Nothing has been learned of him since. I am hardly prepared to attribute the success in this case to direct use of galvanism or to the absorption of the stricture by cataphoresis, but I am firmly convinced that the galvanic current facilitated mechanical dilatation in a most astonishing manner. The current strength during the treatment was often increased to 20 ma. and over without having experienced any untoward influence upon the pneumogastric, which Ziemssen and others caution against in such procedures.

My electrode, which I here exhibit, is of the very simplest kind. It consists of a soft, copper wire, at the lower end of which is a thread for screwing on the olive shaped sounds, while at the other end is screwed on the reception of the wire; the wire itself is insulated by being covered with a soft rubber tubing. When in use, a large flat electrode is applied over the epigastrium, and the sound is inserted into the oesophagus to the stricture before connection is made; the current is then gradually turned on and increased until perceptible sensation, under the external electrode is experienced by the patient. When removing the oesophageal sounds after it had been passed, the structure, the current should again be disconnected.

The only other application of electricity in the diseases of the stomach which I have found serviceable, consists in the faradic stimulation of the muscular fibres in atonic gastritis. I have described this before in a paper on the subject of gastreptosis—Therapeutic Gazette, July 15, 1891—and will, therefore, merely state here, that it is a most potent factor in the curative treatment of this disease. I can fully confirm all that the former writers on this subject have already stated, and, while lavage and other treatment is indispensable to overcome the chemical defects of digestion, it is faradization alone that will restore the motor power of the atonic muscular fibres. The individual sensation of the patient is never one of discomfort, nor does the presence of the tube during the session, which need never to exceed five to ten minutes, trouble any of those patients who have been educated to the mechanical treatment of the stomach by lavage. It has been my custom to wash out the stomach before the principal meal of the day, and after this the patient is requested to drink about two glasses of water. This is followed by swallowing of the tube containing the electrode which I here exhibit and describe below. The current is then turned on, first gradually, and until peristaltic contraction is apparent to the hands applied to the parietes, or to the eyes. The external electrode I generally apply to the epigastric region, and is usually a large and broad sponge. The internal electrode must be sufficiently deeply introduced to insure its immersion in the water contained in the stomach. A patient describes the sensation in the stomach as devoid of pain, but one of rather active contraction of the viscous. As in the former case, my electrode is very simple, and as you will see, while I exhibit it to you here, it consists of a small stomach tube with two fenestrae; through the tube I have drawn a small insulated copper wire, letting the end come out of the lower fenestrum; this end I have denuded about 2 or 3 inches of its insulation, and have twisted into a small spiral, the size of the lumen of the tube. This spiral I have slipped through the fenestrum back into the tube, in such a manner that it appears within it, without being able to come in contact with the stomach. The upper end of the wire is also twisted into a small spiral for the reception of, and connection with, the battery wire.

Einhorn has recently advocated the use of a covered mandrel attached to an insulated wire. I consider the one I have just described will be found much more simple, and the safest that can possibly be used, and it assures at once, by its greater firmness, that the lower end of the electrode shall be immersed in the water contained in the stomach.

DOMESTIC CORRESPONDENCE.

Medical Teaching Methods.

To the Editor of the Journal of the American Medical Association:

Whilst this question of teaching medicine is going around the journals let me have my say on the subject. I consider that the present mode of teaching medicine should be reversed; or, in other words, the horse should be put in the cart instead of behind it. The lecturer or teacher goes to his class full of the subject matter, whilst his students know little of it. They sit like bumps on a log whilst their very eloquent teacher (') tells them all about, or develops the subject.

Suppose the teacher says to his class that to-morrow, between the hours of 11 a.m. and 12 m., we are going to have the subject of typhoid fever for discussion, and I wish you...
Case of Mal-Assimilation of the Phosphates and Carbonates.

To the Editor of the Journal of the American Medical Association:

I would like to present to the profession through the columns of the JOURNAL an exceedingly interesting case of mal-assimilation of the phosphates and carbonates.

The patient is 13 years of age, of very nervous temperament, and has incontinence of urine. At home she is constantly doing things that she ought not to do. She goes to school and learns her lessons apparently without much effort. She eats and sleeps well, partaking largely of meat, but does not care for milk.

The condition of her mouth is as follows, and seems to the writer to offer a solution of the trouble: The teeth were covered completely by tartar, and the enamel was easily scraped off. When the tartar was removed the little girl seemed to be in great agony. The teeth would ache, sometimes in one tooth and sometimes in another; the pain was intense and neuralgic, lasting from ten to fifteen minutes. There were no cavities, because the tartar, being alkaline, prevents the decay of the teeth. The child is taking plenty of nourishment, but the phosphates and carbonates are not assimilated, as indicated by the condition of the osseous and nervous systems, and also by the large amount of tartar on the teeth.

The writer presents the case to the profession for the reason that similar cases are becoming very common in this country, and the conditions are apt to be lost sight of by the physicians; he also hopes to obtain opinions from the profession as to the line of treatment that should be carried out, and trusts that a hearty response will be made through the columns of the JOURNAL.

E. S. Talbot.

To the Editor of the Journal of the American Medical Association:

Sir: In sending you the stenographic report of the Transactions of the American Electro-Therapeutic Association at its meeting in September, I presumed its value to you as new science, as objectively presented by the several speakers were not given an opportunity to correct the notes of their remarks. The discussions are therefore verbatim, and allowing for the possible existence of slight errors in notes that fill more than four hundred pages of manuscript, are an exact reproduction of what the speakers actually said. I well know that few physicians speak in public with the same directness and brevity with which they write, but if the reports of the discussions that occur at these great annual meetings are to be published immediately, as they should be, it becomes impossible to submit the separate notes of five different sessions to each speaker for recasting and emendation. The choice is plainly between verbatim reports and circulation in journals on the one hand, and re-written remarks and burial on book shelves on the other.

Choosing the former alternative, as was done by the publication committee, it is to be regretted that a practical interregnum in the office of the secretary prevented the elimination of the slight errors alluded to. I should add, for the information of members and others interested therein, that the full proceedings of this meeting will appear only in your columns.

Yours truly,

G. Burton Massey.

INTUBATION AND TRACHEOTOMY.—In a report of these operations done at the Boston City Hospital, Drs. Prescott and Goldthwaite (Boston Medical and Surgical Journal, No. 27, 1911, draw the following conclusions: Three hundred and twenty-two cases of intubation and 130 cases of tracheotomy have been reported, with a mortality rate of 79.50 per cent. in the former and 88.5 per cent. in the latter; 2,815 cases of intubation and 23,941 cases of tracheotomy have been collected and analyzed, showing a comparative decrease in the mortality rate of the two operations. The results depend more upon the nature of the epidemic than upon the operation. With intubation the results depend more upon the skill and experience of the operator than with tracheotomy. Thirty-seven cases were seen at least a year and a half after recovery from intubation, with perfect voice, and with nothing that would indicate any ulceration from pressure of the tube.—Medical Record.