

THE VALUE OF JABORANDI AND ITS ALKALOIDS IN THE TREATMENT OF BRIGHT'S DISEASE.

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THE value of jaborandi and its derivatives in the treatment of the dropsy of Bright's disease cannot be over-estimated. By its use I have relieved in several cases some of the most distressing features of this complication, and prolonged or rendered less painful the termination of life in others; but in none has the drug been exhibited with such satisfactory results as in the following case.

S. D—, aged nineteen, fisherman, came under my care in September, 1887. A dropsical swelling of the loose tissue in front of the neck, giving him the appearance of having a "dew-lap," was the first symptom that excited the attention of his friends. This had existed for two or three months before the patient came to me. He had no other feeling of discomfort; gave no history of chill, lumbar pain, or noticeable disturbance of urination. He found his breath a little short when pulling his oar—that was all, so he said. On being stripped, there was no œdema of the legs or scrotum, and his mother, a very intelligent person, declared that his face or eyes had not been observed to be swollen at all. The urine was pale, sp. gr. 1012, and when treated with heat and nitric acid became almost like a blanc-mange, as nearly approaching the condition roughly described as "solid with albumen" as could be. How long this condition had persisted I could not say, but he was then following his usual calling as a boatman, often pulling a heavy punt about for an hour at a time; he was also carrying a number of buckets of water daily up a hill with a yoke and chains. I ordered him confinement to the house, and to be kept warm, giving him a dose thrice daily of steel, digitalis, and nitrous ether. Immediately on treatment being commenced other symptoms manifested themselves, the legs, ankles, and face becoming swollen, the pulse weaker and more frequent, and he looked a "renal subject," which he did not before.

After a short time of treatment at home, during which matters mended not a bit, he was, by his friends' desire, transferred to Dover Hospital, where he remained for more than three months. While in the hospital different methods of treatment were employed, and at one time the patient seemed decidedly better, but he contracted a cold, and then became worse, and it seemed doubtful if he could live to return home. In the second week of February I was sent for by the patient's father, and found him exceedingly ill. He was propped up in bed, and dropsical from head to foot; his eyelids, which were distended with effusion, completely closed the eyes. His face was livid, and the swollen condition of the cellular tissue of the neck made it almost as broad as his shoulders. He coughed incessantly, there was copious intra-thoracic effusion, and the subcutaneous tissue all over the chest was "doughy" to the touch. His abdomen was as big as a barrel, and there was extensive œdema of the genitals. His legs and thighs were enormously swollen, and water was exuding from them. He was passing a very small quantity of urine, which was of a dirty colour, and loaded with albumen. As a last resource, but without expecting much from it, I determined to try the subcutaneous injection of hydrochlorate of pilocarpin, and the next day I gave two injections of a quarter of a grain each, one in the morning and the other late in the afternoon. After each dose I covered the patient thickly with blankets. The first effect was a flushing of the face, the saliva was secreted copiously, and within five minutes he broke out into a profuse perspiration. After the first injection he expressed himself as relieved, and he certainly coughed less. On my visiting him the next day, the lad's appearance was improved; he could see out of his eyes, he had passed a fair night, and the dyspnoea was lessened. I continued two injections daily for three or four days, and after each administration he sweated most profusely. I found he became very faint soon after the injection, and to counteract this I gave him a good dose of gin-and-water before the next one, and repeated this each time afterwards, when he never complained of faintness. Vomiting also occurred, once or twice severely, which induced me to lower the dose to one-fifth of a grain, which I injected

daily for nine or ten days. The improvement, which commenced early, was well maintained. At the end of a week he could sit up in bed, the cough was much less, the thoracic effusion had completely subsided, and his arms and neck were becoming less œdematous. The patient longed for my visits, and always expressed himself as feeling better after a "jolly good sweat." At the end of a fortnight his upper parts were free from effusion, but the abdomen was still much distended, and I hardly believed that we could get rid of an accumulation which at one time threatened to rupture the skin, and which it seemed that nothing but tapping could relieve. I then administered one-fifth of a grain on alternate days, and kept this up for another fortnight. He was then passing his usual quantity of urine, the albumen much diminished in quantity, he sat up daily by the fire, and there remained but a little swelling of the abdomen and legs. I continued the injections till the remaining dropsy had subsided. The improvement was maintained, and, under a diet of plenty of milk and the administration of steel and convallaria majalis, he was able to go out of doors and enjoy life with comfort.

I cannot say that the case is cured, as there is still about one-twelfth of albumen present in the urine, and the legs occasionally "pit" slightly on pressure. But the lad looks extremely well, his appetite is good, he can walk up a stiff hill without losing breath, and cannot believe that anything is wrong with him. I think that the almost miraculous improvement which followed the use of the pilocarpin is worth recording, and (when one considers the usual helplessness of a condition such as I have described, in a patient of this age and from such a cause) that jaborandi and its alkaloids must occupy the first place among known therapeutic agents in the treatment of cases of this kind. I have had good results from the use of an infusion made from the leaves of jaborandi, and drunk hot like ordinary tea; but the drawback appears to be the nausea so easily excited in these cases.

St. Margaret's, Dover.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE IN WHICH A CARTILAGINOUS TUMOUR WAS REMOVED FROM THE SUBCUTANEOUS TISSUE AT THE OUTER SIDE OF THE KNEE JOINT; REMARKS.

(Under the care of Mr. HOWARD MARSH.)

IT is very unusual to find cartilaginous tumours growing in connexion with the soft parts, if we exclude the parotid gland and the testis, their usual seat being on the bones; they may, however, be found growing in the subcutaneous tissue, or in the intermuscular planes, and of this Mr. Marsh's case is an example. There are, however, others than those which are mentioned in the remarks to this case, and we will briefly refer to them. One, presenting characters very similar to that described below as under the care of Mr. T. Smith, has been recorded by Mr. Athol Johnson.¹ A female, aged thirty, had an enchondromatous tumour, partly calcified and the size of a walnut, removed from the front of the right arm. It was in the subcutaneous tissue, and had been noticed for seven years. Placed in a loose cellular bed, it could almost be torn out with the fingers. The patient stated that her mother had had a similar tumour removed from her leg. Mr. Godlee describes small loose ossifying enchondromata removed from the neighbourhood of a pedunculated exostosis of the tibia from a boy aged eleven years. Mr. Heath² records a case of recurrent enchondroma of the upper jaw in a man, which commenced in the skin by the side of the nose. A tumour of the same character was removed from the front of the carotid

¹ Path. Soc. Trans., vol. vi., p. 336.

² *Ibid.*, vol. xix., p. 325.