

than chloral, and more certain than the other pure hypnotics, as it is claimed to be, its cheapness is in its favor for general use.

Sulfonal,<sup>11</sup> diethylsulphondimethylmethan, is a less powerful hypnotic than chloral, with even less influence on pain, but without so much, although with slight, depressing action on the heart. From its difficult solubility, the physiological action is slowly produced; a single dose may be efficient for two successive nights, and there is risk of the cumulative effect if the dose is too often repeated. It may be given in compressed tablets or wafers, or dissolved in spirit. In doses of 30 grains or less it is, in the main, safe, although I have seen 20 grains given each night for several weeks in a girl of sixteen produce stupor, and 20 grains, three times a day continuously, to a strong male adult, cause ataxia, tremor, and mental apathy. It has been found not always certain, and, in overaction, with an after-effect of somnolence, fatigue, depression, lack of appetite, which, from an over-dose, may amount to semi-coma and cardiac depression. Given in doses of 5 grains, and repeated, if necessary, two or three times, or of 10 or 20 grains, and perhaps repeated, it has proved in my hands, a hypnotic of great value in producing sleep which is refreshing and resembling the natural. When care has been taken not to give it too often or in too large doses, I have never seen any untoward results from it. In the case of a rather delicate person, 150 grains produced sleep with stupor for ninety-six hours, but no other unpleasant symptoms, except some lassitude and a sense of discomfort in the head. It is the most important and widely useful of the new hypnotics.

Hypnone<sup>12</sup> (acetophenone, phenyl-methyl acetone), one of the aromatic series of acetones, although praised by Dujardin-Beaumont, has proved in the hands of most investigators of little value as a hypnotic, of unpleasant taste, and depressing to the respiratory and cardiac centres.

Ural<sup>13</sup> (chloral-urethan) is less potent than chloral, and more so than urethan. It is very bitter, soluble in alcohol, and but little so in water. In doses of more than two grammes there may be transient headache and fatigue.

Somnal<sup>14</sup> (ethyl-chloral-urethan) contains four atoms of hydrogen and two of carbon more than chloral-urethan (ural). It appears to have no especial advantage over chloralamide, except that it is more soluble. It has somewhat greater hypnotic power than ural. Its composition is not regarded as certain or its action sure.

Acetal<sup>15</sup> (diethylacetal) is an acrid hypnotic without advantages to compensate for its being a gastrointestinal irritant.

Methylal,<sup>16</sup> an acetal derived from formaldehyde and methylalcohol, a volatile liquid freely soluble in water, of fragrant and aromatic odor, almost tasteless, may be inhaled or given by mouth and hypodermically. It has the high authority of Krafft-Ebing as being a safe, certain hypnotic, useful in some forms of

insanity with excitement, and especially in delirium tremens, for which he considers it the best hypnotic known. He uses 0.1 gramme with 1 gramme water, hypodermically, repeating every two hours if necessary. The dose internally is  $\mathfrak{m}$  30 to 3ij. The depressing effect on the circulation is slight, if any, and he has not observed any disagreeable after-effects. It is contra-indicated in conditions of active cerebral hyperemia. Krafft-Ebing is in doubt how to explain the efficacy of the extremely small dose used by him unless it acts indirectly rather than as a direct hypnotic in producing sleep. Lemoine gives two grammes subcutaneously.

Phenacetin,<sup>17</sup> para-acet-phenetidin, almost insoluble in water, soluble in alcohol, almost tasteless, may be given like sulfonal, in wafers and compressed tablets, as a powder or with brandy. As an antipyretic and antineuralgic it is not as potent as antipyrin and antifebrin, but it is much less a cardiac depressant. In the insomnia of overwork, of nervous irritation, in febrile states, or from headache, it is a hypnotic of great value, in doses of five or ten grains, repeated if necessary. In sleeplessness of intense neuralgia, less than a gramme repeated two or three times, as needed, is not likely to be effectual, the fact having been first ascertained that there is no intolerance of the drug.

The possible anilin derivatives of, which phenacetin (para-ethoxy-acetanilid), acetanilid and methacetin (paramethoxy-acetanilid) have thus far alone been used in medicine, together with numerous known compounds of not ascertained value, indicate the boundless possibilities for the future in this direction.

Acetal, ural, hypnone and somnal do not seem to me to have sufficient therapeutic value to justify their existence. Hyoscine and hyoscyamine have a limited range. Of the other hypnotics we must trust somewhat to experience in ascertaining which is least likely to disagree with a given patient; and to one already discouraged by long illness an unsuccessful trial of a new remedy may be so unsuccessful as to be disastrous. Personally, I use them sparingly, and as indicated. There are cases where very large doses of powerful hypnotics must be used to produce sleep or else alcohol freely. On the other hand, most patients sleep better than they think and many sleep enough who believe that they sleep scarcely at all.

## A GYNECOLOGICAL CASE.<sup>1</sup>

BY W. S. EVERETT, M.D., HYDE PARK.

On the second day of May, 1888, a young, very attractive and intelligent lady, hitherto a stranger, called at my office for advice and direction, if not treatment. Her look was anemic; her expression was troubled; her countenance was pale, colorless, like that of one who has been blanched from loss of blood. Her bowels were constipated, her appetite was poor.

This is the history that she gave: Her general health had been fairly good in her childhood, and until the menses appeared. Since that time, a strain of excitability or of depression had been worked into her history, that, accompanied by the disturbance of the menstrual molimen, had been the occasion of a

<sup>1</sup> Read at a meeting of the Dorchester Medical Club, May 1, 1890.

<sup>17</sup> Ayers, Holnz, Hensner, Hinsberg, Rumpff.

<sup>11</sup> Bornemann, Cramer, Fischer, Fränkel, Funajoli, Raimondi, Griffith, Henocque, Kast, Kisch, Knoblauch, Laudan, Liebroich, Müller, Otto, Rabbias, Rosen, Rosenbach, Slogó, Schmey, Schwalbe, Steiner.

<sup>12</sup> Bardet, Dujardin-Beaumont, Friedel, Hirt, Kamonski, Kny, Kraepelin, Krauss, Laborde, Maïret and Combemale, Norman, Rottenbiller, Selfort.

<sup>13</sup> Alberzoni, Bischoff, Campari, Poppi.

<sup>14</sup> Egasse, Paul, Radlauer, Robinson.

<sup>15</sup> Berger, Hiller, von Mering.

<sup>16</sup> Haljés and Boubilla, Krafft-Ebing, Lemoine, Maïret and Combemale, Matrokhin, Personall, Popoff, Richardson.

good deal of trouble, and had kept her quite frequently in the physician's care.

She was twenty-three years of age. She had been in the care of one of our Norfolk County physicians in her earlier days, and he, it seems, not being quite satisfied with the results of treatment on general principles, had advised her to consult some specialist.

Her troubles at this time were, according to her statement, a general prostration, which did not improve under tonic treatment, severe pains in the back, which, some two and a half or three years previous to the time of our interview, became transferred to the right hypogastric region where they had since remained, and had recurred at irregular intervals of from one to two weeks, from that time on, increasing in severity, until the anguish occasioned by them had become intolerable and had compelled her to seek relief.

The catamenial flow came on when she was fourteen years of age, but had never been in any degree regular, varying in times of its occurrence from six weeks to eight months. I do not find anything in my notes that enables me to say positively whether the intense suffering was relieved temporarily after the flow appeared, and I very much regret the omission.

As a result of the advice of her former physician, she consulted a noted female physician of the city, who gave her "local treatment" as she said, which meant that she applied tincture of iodine to the mouth of the uterus, though she told her from the first that she did not find anything in particular to be wrong with her in that region. But these frequently recurring attacks of pain were not relieved, and she afterward consulted another prominent practitioner of the city, who, after examination, referred all her troubles to disease of the ovaries, and advised their extirpation. For this measure she was not prepared, unless farther advice and different or, at least, corroborative counsel decided it to be imperative, and she consulted another leading physician of his time, who has since died. He advised strongly against the removal of the ovaries as matters then stood, and not making a positive diagnosis of his own, referred her to an eminent specialist of the city, to whose office she had made some six or eight visits previous to calling at mine.

He had made as thorough examinations as the case would admit at these interviews, and his investigations had been as exhaustive as he could make them, and he wrote to the physician, by whose advice she had consulted him, stating that he found the lower portion of the right kidney tender and manifestly diseased; and accounted for the pain, that had come to be terrific in its violence whenever it recurred, by regarding it as a renal colic, for which, he said, the removal of the ovaries could be expected to do no good.

She was married on the eleventh day of November, 1886, two days after the cessation of a menstrual period. The interval between that period and the last preceding period had been nearly four months, and its latest predecessor had been in the preceding February. It was, therefore, manifestly impossible for her to fix her wedding-day with any reference to that time, and it happened, as stated, just before her marriage, and terminated only two days before that event. Possibly the exhilarating excitement of preparation for that occasion may have been one of the predisposing causes that brought it on at that time. But it came, at all events, then, though she was not in the least troubled

by the fear of what might happen, and did not look upon it as in any way an unfortunate circumstance that it should happen just as it did.

Her next appearance occurred in October, 1887. Meanwhile she had supposed herself to be pregnant, but she did not expect to be eleven months about it, and she had not gone along otherwise just as she thought she ought to, if such were the case, and she consulted another physician, whose name, for some reason, she declined to disclose, who told her she was about three months along. When this period came on, in October, 1887, she flowed excessively, and suffered much. In fact, her periods, whenever she did have them, were excessively painful and very profuse, being bright red blood at commencement, becoming more profuse as days went on, and finally ending with clots of considerable size and quantity, and in this particular instance, disappointing all her hopes and materially jeopardizing her prospects, whatever they might be, of ultimately rearing a family, and she was much inclined to yield to discouragement.

After this period in 1887 had terminated, she again hoped that she might be likely to become a mother; but, of course, she could not have become pregnant then, she thought, because the indications must have been unmistakable by the present time (May 2d) if she had done so.

In February, 1888, the breasts became hardened and tender, and had remained so, growing constantly larger. The nipples, at this time of her visit (May 2d), had also become more prominent than they had ever been, the areolæ had become puffy in appearance and darker in color, and the follicles were very considerably enlarged. There was no examination, except of the breasts, at this interview, though the abdomen was felt through the clothing to be tense, firm and apparently much larger than in its ordinary condition.

Such, now, is a description of my patient, and her present condition stated with as much accuracy as it is possible for me to give it.

Here she sits in my office, on this May afternoon, and tells of all the suffering that she has experienced, tells also of all these various, yes, celebrated ones whom she has consulted within the last three years, of whom the first is committed to no statement of opinion, so far as is known, concerning the nature of her troubles; the second, with large experience and extensive practice, had failed to find any indication of disease of any kind; a third, eminent in his profession, had diagnosed disease of the ovaries, and advised their removal; a fourth, had declined to make a diagnosis; a fifth, still more eminent in his specialty, had found the right kidney diseased; and yet a sixth had pronounced for pregnancy at three months; she tells also of the yet unabated and frequently recurring paroxysms of intolerable suffering, tells of the unexplained and extreme irregularity of the menses, and of her marriage. By personal observation also, she is found in the general unsatisfactory condition that has been described, with prominent abdomen, large and dark colored nipples, puffy areolæ, with follicles enlarged, and with the history, as given, extending over all this period of years.

It would have been a great comfort to me at this stage of our interview, if I could have excused myself for a moment from the presence of my patient, and, finding our club in convenient session within accessible distance, have hurriedly laid my case before it

and asked what answer I should make to the woman when she asked me the question which she did ask me, "What is the matter with me?"

But there was nothing of the kind to come to my assistance, and I was obliged to rely on such resources as I had. And I saw nothing better to be done than to tell her that I could not expect to form an opinion concerning the cause of the suffering that she endured at a single interview when so varied opinions had been given by so many competent practitioners in the matter, and that as to the question of pregnancy, if a woman were herself in doubt in the early stages as to her condition, I could not, and did not have much confidence in the opinion of any who thought they could tell with any degree of certainty whether she were pregnant or not.

But in view of the increasing size of the abdomen and the behavior of the breasts, I felt warranted in expressing the opinion that the probabilities pointed in the direction of her being in a family way. And here the interview ended.

The next morning, May 3d, with very little regard evidently for the sanctity of the doctor's opinion, she sent me a note, stating that she had "come round" as she expressed it, emphasizing the words with a line drawn under them, and would like to have me visit her that day, which I did. She had been in doubt how to proceed. Whether it was best to try to promote a more copious flow; or to try to stop it altogether, she did not know.

She had feared that being in a family way, it might be a threatened miscarriage, and that the means that should promote it, might induce just what she was anxious to avoid. Yet if it was only an erratic or comet-like return of what should be depended upon to come with regularity until there was good cause why it should stop, then there seemed to be no reason why it should not be encouraged in every way. I told her to promote it by every means, and gave such direction as seemed to be calculated to bring about that result. She went through that period regularly enough, and it turned out to be a regular period and nothing more, and the case stood precisely as it had stood for years.

It is interesting in the progress of this case, to note the recurrence of the catamenial flow, and I am able to give the times of its appearance with accuracy for the preceding four years. It came in March or April and in October, in 1884; that was when she was nineteen years of age, and five years after commencing. It came in January and September, November and December, 1885; in February, July and November 6, 1886, and she was married on the eleventh. The next and last appearance, previous to her visit at my office was October 11, 1887, just eleven months precisely, from the day of her marriage. Ten times then it had appeared, when it should have come fifty. What could explain it? what could be the cause? I decided upon two things. First, that none of the old trails that had been worked thus far were ever going to lead up to an explanation of this condition in a young woman apparently otherwise in good health, and possessed of all the attributes that belong to a woman of her years. Second, that if mechanical obstruction to the flow of the menses were present, it might furnish a more consistent explanation of all her experiences for all these years, than any theory that had yet been applied. One thing seemed pretty clear. The desire of her heart like all who begin to

fear that the privilege of rearing a family is to be denied them, was set upon having children. It did not seem probable now as things looked, that it was likely to be gratified. She had been married now nearly two years, was married at a time when she thought immediate pregnancy was to be expected, had raised her hopes to the highest pitch of expectancy when the enlarging abdomen seemed to give evidence that her desires were likely to be fulfilled, and then after eleven months of uncertainty and anxious expectation they had been dashed out unceremoniously by the unwelcome return of October, 1887, to be again raised by the changes that had taken place in the breasts and nipples and areolae, and the still increasing size of the abdomen, only to be stranded in hopeless despondency and disappointment by this last appearance on the 3d of May.

I determined to act upon the supposition that the menses were retained. It seemed reasonable to suppose that if the secretion took place regularly within the uterus and for any reason was not discharged, that the time would be likely to come when its presence would cause pains that might be in the nature of uterine contractions, and that would increase in severity until they might answer the description given in this case, and that they might continue until they had so far overcome the obstruction to their free exit, whatever it might be, as to force out a portion of the confined mass sufficient to afford relief, until the accumulation had again become so great as to excite a recurrence of the pain, to be again relieved, only by the same means. And here it is that my notes would be so much more valuable, if I could say positively that the suffering was relieved for the time after the flow came on. But I have not the knowledge in my possession that justifies me in making that statement, though I believe it to be true.

If this theory were correct I thought also it might explain why pregnancy did not occur. I determined to find an entrance into the uterus and to force one if necessary, though of course there was an opening, otherwise the menses could not by any possibility have been discharged, and Byford says that in many cases where the os externum was not larger than a small pin-hole patients have menstruated regularly without any pain whatever. Whether pregnancy is obstructed by such condition, he does not state.

How should the operation be performed? It did not seem to me that the sound was the best instrument for it as it would leave an opening smaller than it was desirable there should be, and I feared to use either the knife, the scissors or dilators, fearing that I might set up an inflammatory action in the uterus of a woman of her nervous sanguine temperament, of which the end could not be foreseen. I finally decided to make use of a large silver probe with a very large bulbous extremity designed, I think, for probing gunshot wounds of considerable depth, which would make a larger opening than the sound, without incurring the dangers of the tent, the scissors or the knife.

I waited until the time came for the return of the period in June, and it did not appear, and it seemed useless to delay longer. The probe was forced through the external os, meeting with a good deal of resistance, but it was pushed onward as far as I dared to force it, meeting an increasing degree of resistance all the way. Finally I desisted, more because I did not dare to exercise the force necessary to carry it

farther, than because the purpose of the operation had been accomplished, for of this I did not feel at all sure.

But I told her we would wait another month and see what happened. If necessary the operation could be repeated, perhaps more effectually. If it should not be necessary, we would all feel relieved.

One point, at least was gained. I felt sure that whatever else might happen, we had no pregnancy to complicate the case. And I represented to her the advantage of abstaining absolutely from all the possibilities, whereby pregnancy could occur, until her status could be still more definitely determined; telling her that for our present purpose, the next best thing to knowing that she was in a family way was to know that she was not.

There is every reason for believing that my injunction was implicitly obeyed. She had begun to take courage in the prospect of a new departure, and was ready to aid my measures in whatever depended upon herself.

But when the month came around, and I came to make my promised visit, I found the shutters up and the house closed. The family had disappeared. I supposed she had become disgusted either with the doctor or with his treatment, and had gone elsewhere to add another to the list of unsuccessful ones, into whose hands the fates had directed her steps, and I expected to see her no more. But one day, late in October, she reappeared to me and explained her absence and told of all that had happened since she had been away. It had seemed best, in order to carry out my wishes, that she and her husband should dwell apart for a time, and so, previous to my call in the early summer she had taken up her residence at the seashore, and the husband had provided himself with quarters elsewhere. Her June period she missed, but in July she came on regularly and on time and got through it more satisfactorily than for years. In August, to her great delight, she came on again regularly, and on the twenty-fifth of that month marital relations were resumed.

Our case loses its interest from this time. No renal colic has since been reported; the kidneys, both right and left, appear to be performing their function satisfactorily, and unless the ovaries shall yet develop some still more urgent symptoms, their extirpation will probably be indefinitely postponed, and the full measure of parental happiness reaches its climax in the circumstance that on the 12th day of June last, two hundred and ninety-two days after the family had been re-established, there came into the household a fine healthy boy that is the pride and the delight of all who take interest therein.

## Reports of Societies.

### AMERICAN LARYNGOLOGICAL ASSOCIATION.<sup>1</sup>

DR. CHARLES H. KNIGHT of New York, reported a CASE OF FIBRO-SARCOMA OF THE RIGHT NASAL FOSSA, WITH UNUSUAL CLINICAL HISTORY, accompanied by a specimen.

The growth in this case had its origin in the nasal cavity. Baker, forty-two years. Family and private health good. Twelve years previously he received a

<sup>1</sup> Report of the Twelfth Annual Congress, at Baltimore, Md. Concluded from page 14 of the Journal.

blow upon the bridge of the nose, to which he attributed his malady. For two years had had nasal obstruction, gradually increasing; frequent sneezing; constant frontal headache. Disposition became irritable, and used liquor to excess contrary to previous habit. No hæmorrhage, until two months ago, when he expelled from the right anterior naris masses of bloody tissue, and about the same time expelled a fleshy mass as large as a robin's egg from the posterior nares. The right eye became closed by œdematous swelling of lids and infra-orbital region. The right nasal chamber was found completely filled with a soft vascular and very sensitive mass resembling an old myxoma. Part of the growth was snared off, and profuse hæmorrhage resulted. The growth was rapidly reproduced in the next few days.

The patient then went to the hospital, where Dr. Weir performed Chassaignac's operation. Part of the growth was curetted off, when it was found that it involved the ethmoidal and sphenoidal cells, and the operation was carried no further. The patient made a good recovery from the operation; but the growth redeveloped in six weeks, and involved the face. Three months after the operation, the patient in a delirious condition, tore out a portion of the tumor by putting his fingers into his mouth and dragging out an irregular mass, which was from the naso-pharynx. The rush of blood was very great, but ceased spontaneously before the arrival of the physician. The patient was exhausted, and died five hours later. No autopsy.

The paper was largely devoted to a consideration of the literature of the subject, and the methods of operation. The lecturer favored a radical operation such as Maissonneuve's, when the growth shows any tendency to malignancy. The theory of traumatism was declared insufficient to cause the morbid action. It alone is not capable of creating malignancy. Microscopic examination of the specimen showed the characters of fibro-myxoma.

DR. BOSWORTH deprecated severe measures. The only case of recovery from sarcoma that he knew of was one in which severe measures could not be borne. It was reported at the meeting of the American Medical Association several years ago. Butlin says that it is at first a purely local disease. The old operations are unnecessary. At the present day all parts of the nose are accessible without such severe operations, and the growth can be snared off. In carcinoma no treatment is of service.

DR. MULHALL reported a case of small-celled sarcoma, filling both nostrils. The case also had some interest in connection with the question of the origin of the disease from injury. The man was injured on the railroad about a year before the disease appeared. When first seen, a mass of soft material projected from both nostrils; it bled easily. The galvano-cautery was used to clear one nostril after several sittings; but he became tired of treatment, took to the use of morphine, and died in four months. The disease lasted about a year.

DR. BOSWORTH: The case is reported as one of fibro-sarcoma. It would be interesting to know whether it changed in appearance at the time it took on malignant growth.

DR. KNIGHT said, with regard to radical measures, he would not advocate any except the operation of Maissonneuve.