

CASE 2.—M. G. has had lupus on side of neck six months. It has ulcerated deeply into the tissues of the neck, is one and one-half inches in length and one inch in breadth. She began treatment in April, 1901. All nodules had disappeared May 1. No relapse. See Figs. 4 and 5.

CASE 3.—Anna K., age 35, domestic. Mother died from tuberculosis. Present trouble, lupus, began two weeks ago. When first seen it had penetrated all the layers of the skin. There were several smaller patches near the angle of the mouth. Three treatments with light near the cauterizing point effected a cure. See Figs. 6 and 7.

CASE 4.—Fig. 8 shows result obtained in chronic leg ulcer of one year's standing in a man 52 years of age. Site of ulcer six inches above left ankle. The ulcer was about the size of a silver dollar. Light was used for six weeks, at the end of which period healing was complete.

Strongly concentrated actinic light is a most efficient remedy and it should be generally adopted by the profession that the quacks may not reap a harvest from its irregular and illegitimate use.

THE THERAPY OF DYSENTERY.

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The therapy of dysentery is at present in no sense specific. While the causative agents have clearly set a dividing line between the amebæ on the one hand and bacteria on the other, the resulting treatment of either has not been uniformly successful. Quinin in amebic cases with the intention of killing the causative agent is highly irritating, as might have been expected, and does not reach all the amebæ, while the serum therapy of the cases of bacterial origin is in its infancy, though so far well spoken of.

This paper contains no new plan of treatment, for it is on the use of ipecac in dysentery, but the narration of several cases will illustrate what can be attained with this old and well-tried remedy.

The profession in India has established certain axioms in the administration of ipecac, and they are good to-day:

1. The dose must be large.
2. Its safe passage through the stomach without inducing nausea is of paramount importance.
3. It must contain all the active principles of cephaelis ipecacuanha.
4. It should be used early in every case, before pathologic changes occur in the intestines.

Attempts to use a refined ipecac have not been followed by good results. The method of securing the passage of the drug into the intestines with as little nausea as possible was by having the stomach empty, by counter-irritation to the epigastrium and by partly stupifying the patient with opium, but at times this fails to keep the patient from rejecting the remedy. Coating boluses of ipecac with salol was considered by the writer in order to avoid the action of ipecac on the stomach. Salol being insoluble in the gastric contents, the bolus passes on to the duodenum where the salol is dissolved and the ipecac liberated, where it undergoes some change in the presence of the intestinal juices which prepare it for its therapeutic mission.

The ipecac is first made, *secundum artem*, into large pills containing one-half gram each, which when dry are placed in liquid salol, either melted by heat or dissolved by ether. Each pill is picked up on the point of a pin and withdrawn, the coating being accomplished in a short time. Ipecac prepared in this manner was used in the following cases, with uniform success both as to

the safe passage of the drug through the stomach and prompt arrest of the disease:

CASE 1.—A. B., female, aged 45; American; seen in consultation; had been ill eight days. Diagnosis: acute specific dysentery, due to Shiga's bacillus. The patient was semi-comatose; pulse thready; there was considerable shock, and between thirty and forty discharges a day. She had been under saline purgation and rectal irrigation. Four grams of ipecac made into boluses coated with salol were administered. She immediately improved and subsequently recovered.

CASE 2.—A. C., female, aged 30; American; seen in consultation; had been ill for ten days, and was having twenty-five to seventy-five operations a day. There was tympany over the region of the descending colon, vesical and rectal incontinence, dry pointed tremulous tongue, anxious expression, considerable nervous and arterial depression, great weakness and constant nausea. The stools showed no amebæ; the Widal reaction was negative to Shiga's bacillus. Diagnosis: acute dysentery; cause unknown. She had been on saline and other unrecorded treatments. Seven grams of ipecac in boluses coated with salol were given. Operations ceased and prompt recovery followed.

CASE 3.—A. D., male; civilian; aged 25; American; had been suffering from discharges of blood and mucus for two months, was advised to go to the hospital, but declined. He was directed to go to bed and take seven grams of ipecac in boluses coated with salol, which he did, going to work the following day. He was seen four days later, and reported the disappearance of all blood and mucus, and that he was having one normal operation daily. He had been having from eight to fifteen operations a day prior to his treatment.

All cases of severity will not answer so promptly any more than will every case of malarial infection answer equally well to quinin; but if used early and in sufficiently large doses ipecac is probably more of a specific for dysentery than any other remedy of which we know at present. Most of the medical literature dealing with dysentery refers to ipecac with more or less praise. Dujardin-Beaumetz maintains that ipecac acts as a cholagogue aperient, and Yeo states, "Whether ipecacuanha acts in this way or not or as a special antidote to a specific poison, it is undoubtedly the most valuable remedy we possess for dysentery, especially in the acute form." Cunningham is reported as giving sixty to ninety grains of powdered ipecac, which, he says, "causes much nausea and vomiting, together with reduction of pulse rate, profuse perspiration, cessation of pain and tenesmus, and quieting of the bowels for twelve to twenty-four hours, the next motion being soft, fluid and free from blood or mucus."

A résumé of all the various articles of the *materia medica* which have been used from time to time in the treatment of dysentery can not but impress the reader with the utmost universal praise with which ipecac is mentioned. It is true other remedies have been extolled from time to time, but their history shows them to have been "the things of a day," and that ipecac deserves in some measure the encomiums awarded.

In 1672 ipecac was known in Europe. John Helvetius, grandfather of the famous author of that name, having been associated with a merchant who had imported a large quantity of ipecac into Paris, employed it as a secret remedy, and with so much success in dysentery and other bowel affections that general attention was drawn to it, and the fortunate physician received from Louis XIV a large sum of money and public honors on the condition that he should make it public. Local remedies and dietetic régime are indispensable in rendering comfort and aid to patients, but none can be said to produce a specific action nor are they followed

by such prompt relief as may follow the administration of ipecac in the therapy of dysentery.

In an article by Joseph Ewart, in which he outlines the usual ipecac treatment, going to great pains to impress the reader with the importance of avoiding emesis, he states that the drug should be repeatedly administered in order to secure its retention, and that:

The signal for the relinquishment of these doses is freedom from tormina and tenesmus, with the occurrence of refreshing sleep, feculent, bilious, or ipecacuanha stools, and restoration of the primary processes of assimilation. If no great amount of disorganization of the mucous membrane has taken place, these favorable changes are frequently noticed after the administration of the first or second dose. . . .

When ipecac fails to preserve the life of a patient its failure may generally be attributed to: 1, co-existence of abscess of the liver; 2, unchecked malarial poisoning; 3, permanent enlargement of the spleen, or liver, or both; 4, irretrievable constitutional cachexia; 5, Addison's disease; 6, morbus brightii; 7, phthisis; 8, strumous disease of the mesenteric glands; 9, peritonitis with or without perforation of the gut, or, 10, the existence of extensive sloughing or gangrene.

The advantages of the ipecac treatment—for the revival of which the profession in India and England is indebted to Mr. Scott Docker, of the Second Battalion of the Seventh Royal Fusiliers, stationed at the Mauritius—in the congestive, exudative and ulcerative stages of almost every form and type of acute dysentery, may be briefly stated. They consist in:

1. Its simplicity, its safety and its certainty, compared with any other method.
2. The promptitude with which the inflammation is stopped.
3. The rapidity with which repair takes place, (a) by resolution, or (b) by granulation and cicatrization.
4. Conservatism of the constitutional powers.
5. Abbreviation of the period required for convalescence.
6. Decrease in the frequency of recurrence.
7. Decrease in the frequency of abscess of the liver.
8. Diminution of mortality in cases treated.

All of these results are accomplished without calomel or other irritating purgatives or opium. There is no other remedy of which report speaks so highly as of this, and it is assumed that it has succeeded when the rest have failed, and its early use in every case is recommended.

Antitoxic or protective sera in the treatment of dysentery is noted as "doubtful but hopeful," in an article recently prepared by R. C. Cabot. Flexner states, as a result of his labors in this city, that "it is not unreasonable to hope that with the discovery of the specific cause of dysentery, particularly if it be a bacterium capable of being artificially cultivated, means will be found by which protective inoculation may be carried out with effect and safety. The fundamental conditions underlying such immunizations are now fairly established, and two general methods of accomplishing such results are open to investigation. In the first place, an active immunity may be achieved through the use of cultures of a determined grade of activity; in the second, the serum of animals may be employed either as a therapeutic agent or to provide a passive immunity.

"It has been found possible, through the use of cultures destroyed by heat or by the addition of chemicals, to protect small animals from the effect of subsequent inoculations of the virulent bacilli; large animals, such as the goat, when treated first with the dead and afterwards with the living cultures, develop a gradually increasing

resistance to the inoculations, their blood serum assumes highly agglutinative qualities for the bacillus and, co-incidentally, acquires protective and healing qualities.

"My own experiments relating to this topic have been carried out on small animals only, as no patients with acute dysentery have been seen by me since the serum from the goats has been available. Shiga has, however, been able to test the serum on human cases. According to Leubusche, up to Nov. 1, 1899, Shiga had treated with serum cases as follows:

1898.—In Laboratory Hospital: 65 cases, death rate 9 per cent.

1899.—In Laboratory Hospital: 91 cases, death rate 8 per cent.

1899.—In Horowo Hospital: 110 cases, death rate 12 per cent.

"During the period of 1899 there were under ordinary treatment at Tokyo:

At Horjo Hospital: 116 cases, death rate 37.9 per cent.

At Horowo Hospital: 53 cases, death rate 37.7 per cent.

At Komagonic Hospital: 398 cases, death rate 34.7 per cent.

In private houses: 1,119 cases, death rate 28.5 per cent."

The application of curative sera to diseases of man was looked forward to as the utopian period of scientific therapeutics. Our expectations have been disappointed in more than one instance, but it is to be hoped that a serum of sufficient potency for the cure of dysentery will be given the medical world ere the present decade ends.

The chief objection to the use of ipecac being its frequent rejection, its use in compressed pills coated with salol is recommended as one method by which nausea and vomiting can be avoided, thus securing the full action of a remedy of world-wide repute in the treatment of dysentery, but a remedy often robbed of its specific virtues by faulty administration.

POST-OPERATIVE PULMONARY COMPLICATIONS.*

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In April, 1901, at a meeting of the Chicago Gynecological Society, I reported two cases of lobar pneumonia following operations. Both cases occurred in my practice within a single month, and were my first experience with this complication in a ten years' surgical practice.

In the first case, a young girl on whom I performed Alexander's operation, there was a distinct history of a cold, contracted shortly before the administration of the ether. The patient had a chill and rise of temperature within three hours after the completion of the operation. But one lung was affected, and the patient made a good recovery. The second case occurred in a patient from whom I removed a tube and ovary and suspended the uterus. The symptoms were not so severe as in the first case, nor could any history of exposure be elicited. She also made a good recovery.

At the same meeting Frankenthal reported a fatal case of double lobar pneumonia following an abdominal operation. Two other patients who were being prepared for operation at the same hospital about this time died from pneumonia before the operations were performed. This fact led Frankenthal to conclude that the pneumonia was not so much due to the ether or septic causes as to the great prevalence of la grippe at certain seasons of the year.

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