

would be perhaps advisable to increase the administration of the benzoates in ordinary catarrh, for they stimulate the liver as well as the bronchial glands, and the action of the liver in a common cold generally becomes somewhat defective."

Ipecacuanha in doses varying from three to sixty grains is proved beyond a doubt to be a powerful hepatic stimulant to the dog; it also causes an increased secretion of mucus in the intestine, but no secretion of intestinal juice. "The increased biliary flow that followed ipecacuanha could not in our experiments be ascribed to any relaxation of 'spasm of the bile-ducts,' for that no such thing existed was clearly shown by the free flow of the bile before the substance was given. . . . It is therefore certain that this substance has the power of stimulating the secreting apparatus of the liver." Professor Rutherford, in discussing the question as to whether the results of his experiments on the dog will prove that the hepatic stimulants will produce similar effects upon the healthy man, presents forcible arguments, which ought to convince any other than deeply prejudiced minds that his results would coincide entirely with those which would be tried upon man, and says: "*The results of our experiments will therefore lead to new speculations regarding the pathology of dysentery, for every step towards greater accuracy of knowledge regarding the modus operandi of any therapeutic agent is certainly calculated to advance our knowledge of the true nature of the pathological condition that is relieved or cured by it.*"<sup>1</sup>

Professor Rutherford carefully discriminates between stimulating effects upon the secreting power of the liver and the expulsion of biliary matters from the intestinal canal, and divides hepatic stimulating agents between those which stimulate the liver without irritating or exciting the bowels and those which excite both liver and intestinal glands. He does not seem to incline towards a belief that the simple hepatic stimulants act in this way by a reflex action on the mucous tract of the intestinal canal, nor does he apparently believe that they act by simply increasing the flow of blood through the liver. On the contrary, he asserts that this class of therapeutical agents produce a direct action of their "molecules" upon the hepatic cells or their nerves; but he is not at present willing to decide which of these latter methods appears the most probable. It is sincerely hoped that the whole series of his researches and conclusions will soon be published in a monograph, which will give our readers, and especially the clinical practitioners, an opportunity for proving upon man the therapeutical actions of the large number of drugs with which Professor Rutherford has experimented upon dogs, and the prophecy is hazarded that the science of therapeutics will be raised to a very high standard if his logical deductions be verified.

#### COTO BARK IN THE DIARRHŒA OF PHTHISIS.

Dr. Yeo<sup>2</sup> recommends, from his experience and personal observations for two years, this drug in those cases which obstinately resist the ordinary therapeutical uses of opium, bismuth, tannin, ipecacuanha, etc. He has found that relief to the "intestinal flux" and irritation almost invariably follows its use. The form in which he administered the drug was in the mixture of fluid extract of coto bark sixty minims, compound

tincture of cardamoms sixty minims, carefully mixed and slowly triturated with mucilage of gum acacia three drachms, and of simple syrup two drachms, with the final addition of water to make the amount six ounces. The dose of this mixture is a tablespoonful, and he asserts that it has not an unpleasantly warm and aromatic taste. Two or three doses will arrest or check the severest forms of phthisical diarrhœa.

(To be continued.)

## Hospital Practice and Clinical Memoranda.

### BOSTON CITY HOSPITAL.

MEDICAL CASES IN THE SERVICE OF DR. O. W. DOE.

REPORTED BY S. T. HARMON.

#### HEPATIC ABSCESS.

CASE I. March 31, 1880, M. C., aged twenty-four, single, domestic, born in Ireland, enters the hospital complaining of "soreness" in the right hypochondrium, and of severe pain in the same region on any sudden movement, such as coughing, sneezing, etc. She says a "tumor" suddenly appeared in the right side about two months ago, without any apparent cause, and was attended with some vomiting at first, but none lately; states that vomitus was always of a greenish hue, and very bitter. Has had several chills, and has lost flesh and strength. Anorexia; tongue clean; bowels regular; micturition normal; temperature 98.5°; pulse 100. No catamenia since she was sixteen years old. Says she is not addicted to the use of stimulants.

On examination, there is found in the right hypochondrium, four inches from the median line, just at the border of the ribs, extending downwards to a point on the line of umbilicus, and from there to the axillary line, a swelling, smooth in outline, globular in form, with a sense of elasticity on pressure and tenderness on percussion.

Pressure over the tumor imparts no impulse in the renal region posteriorly. No point of separation detected between the swelling and the liver.

Urine, color normal; specific gravity 1017; acid; a trace of albumen. Sulphate of quinine, three grains three times a day.

April 2d. Pulse 96; temperature normal; tongue moist, with thin white coat. Has had three dejections daily since entrance, of a yellow color, and attended with some tenesmus. Has had chills daily, though not sufficiently severe to cause chattering of the teeth. States that when she lies on the left side the tumor "falls away," and sharp pain results. Tumor aspirated, and four ounces of thick yellowish pus withdrawn.

April 3d. Pulse 96; tongue moist; countenance pale. Had a severe chill yesterday afternoon; marked tenderness over the point of aspiration. Brandy, half an ounce every two hours.

April 7th. No chill since the 2d inst. Bowels moved by a cathartic. No tenderness at the point of aspiration, but the sac is apparently refilling. Dullness extends one inch below the border of the ribs on a line four and a half inches from umbilicus. Tincture of chloride of iron, twenty drops three times a day.

April 12th. Complains of extreme sensitiveness in the hepatic region. Bowels loose, dejections of a light yellow color. Enlargement beneath the ribs occupies the same space as at time of aspiration; sense of fluctuation.

<sup>1</sup> The italics are Professor Rutherford's.

<sup>2</sup> Practitioner, October, 1879.

tuation more marked; tumor aspirated, and one ounce of mixed blood and pus withdrawn.

April 16th. Tumor apparently larger than heretofore, but without sense of fluctuation. Under ether the aspirating needle again inserted, but no fluid obtained. The needle seemingly entering a mass of the consistence of coagulated blood. General condition remains unchanged. Flaxseed poultice applied to affected part.

April 21st. No chills or pain; pulse 108; patient sitting up; general condition good. Swelling extends three inches from median line, below the margin of ribs to the anterior superior spinous process of the ilium; is hard, and without any sense of fluctuation. Brandy half an ounce, every two hours.

April 26th. Appetite returning; temperature has been normal since the 21st; bowels costive; tumor is somewhat smaller, but is hard, similar to a calcified mass. Brandy three ounces daily; tincture of chloride of iron, thirty drops every four hours.

May 3d. Tumor is gradually diminishing in size; no tenderness, but palpation produces a pricking sensation. Urine pale; specific gravity 1010, neutral. Sediment, granular detritus of yellow color, and very little pus. Brandy omitted.

May 10th. Left border of the tumor is three and three fourths inches from the median line, extends two inches below the margin of the ribs, and is not felt in the lumbar region. It is about the size of a hen's egg, and quite hard, but very little tender on pressure. Patient expresses herself as being perfectly well; is up and out-of-doors.

May 20th. No tenderness over the tumor, which remains very hard, and is felt one inch below the margin of the ribs; temperature and pulse normal.

The patient remained a week longer under observation; but no further diminution in the size of the tumor took place, and the hardness continued unchanged. She expressed herself as feeling as well and strong as ever, experiencing no discomfort from the tumor.

#### HYDRO-NEPHROSIS.

CASE II. E. R., aged fifty-one, married, housewife, enters the hospital March 21. She has been sick for the past year with occasional severe pain, in right lumbar region, which extends across the abdomen and is attended with flatulence. There is considerable pain referred to the rectum, and patient states that involuntary discharges occur. Some blood is passed by the rectum; occasional vomiting; appetite fair; slight headache; catamenia regular until seven months ago, none since; micturition normal. Complaints of weakness and of loss of flesh and strength; has chills and night sweats, the former not as severe as they were. Has coughed for a month past, with muco-purulent expectoration. Bowels were at first costive, but now she is subject to occasional attacks of diarrhoea, in some of which there is a small amount of pus. Defecation attended with considerable pain. Countenance indicative of carcinoma. On examination, there is found in the right lumbar region a distinct swelling, extending from just below the border of the ribs to within an inch of the anterior superior spinous process of the ilium vertically, and to within an inch of the umbilicus laterally. Pressure over the renal region posteriorly causes the tumor to be more prominent, and it can be pressed almost to the median line. The mass is soft in consistence, and globular in shape; whole contour easily defined, with a sense of fluctuation on bimanual

palpation. Examination by the rectum shows a tumor two inches from the anus, encircling the rectum, nodulated and hard in character, though the finger can be inserted through the constriction. Anus patulous, external parts excoriated.

The patient now has an occasional shooting pain, radiating from the renal tumor, but more usually there is a dull aching sensation in the right lumbar region. The countenance is dull and pallid. The tumor was aspirated, and sixteen ounces of a clear, amber-colored fluid obtained, which in appearance resembled urine. Examination of the fluid, by Dr. Cutler, shows specific gravity 1012; much albumen and sediment. An examination microscopically reveals nothing to indicate the source of the fluid.

Urine, high color; specific gravity 1027; a trace of albumen; no casts.

Sherry, six ounces daily; tincture of gentian, one drachm three times a day; and morphia, *pro re nata*, for pain.

March 23d. Some vomiting since last record. The tumor is refilling.

March 27th. Patient has vomited six times since yesterday; dejections mixed with blood.

March 30th. The tumor again aspirated, and six and a half ounces of urine obtained.

April 1st. Examination under ether shows a relaxation of the constriction noticed on entrance; high up in the pelvis, as far as the finger can reach, there are to be felt hard, nodular masses, probably carcinomatous. Countenance is better than for a week past, though slightly swollen; no vomiting. Citrate of iron and quinine five grains, and sherry wine half an ounce, three times a day.

April 7th. Discharges are no longer bloody. Requires a quarter of a grain of morphia every three hours for the relief of pain. Abdomen is not sensitive on pressure.

April 12th. Condition not materially changed; tumor not refilling. In right flank, where aspiration was made, is felt an irregularly defined and nodulated mass, extending below one and one half inches from line of umbilicus to the spinous process; it is sensitive on pressure.

Urine pale; specific gravity 1017; a trace of albumen; some sediment; a small amount of pus.

April 17th. The abdomen distended and tympanitic. The bowels move every other day without blood. Pain continues.

April 20th. The nodular masses have disappeared from over the region of the tumor; the patient has had several dejections containing blood.

April 30th. Sitting up in bed. Countenance much improved; no bloody discharges for over a week; strength is increasing.

May 3d. No renal tumor can be detected, though some tenderness exists just above the superior spinous process of the ilium. A pint and a half of urine passed daily; thick, dark, greenish discharges from the rectum. She is gaining flesh and strength. The anus admits four fingers, and the rectum is found with hard nodular masses, and with its cavity almost obliterated at the depth of one and one half inches.

May 6th. Discharged at her own request.

#### PELVIC ABSCESS.

CASE III. March 19th. R. G., aged twenty-two, single, born in Germany. Was treated in the City

Hospital in December, 1879, for retroversion with endo-cervicitis; was again in the hospital three months ago with pelvic cellulitis, being discharged relieved at her own request.

Was perfectly well until one year ago, when, during menstruation, she "got a cold," and was seized with pain in the left hypogastrium, which lasted about a week. Catamenia were regular until one year ago, and since that time have occurred irregularly, and, as patient thinks, more frequently, attended with severe pain and considerable constitutional disturbance at each recurrence. The last catamenia began three weeks ago, and have since continued, accompanied by severe pain and excessive flowing. Micturition is frequent, and at times painful. Leucorrhœa present for the past year. She never has had any children. The tongue is furred; anorexia and headache exist; temperature 99° F.; pulse 92.

March 20th. Half a drachm of ergot every six hours.

March 25th. The uterine sound passes two and three quarters inches, points posteriorly, and near the fundus of the uterus seems to pass over a nodulated growth. Three sea-tangle tents inserted.

March 29th. Patient removed the tents in the afternoon of the day in which they were put in.

March 30th. Three tents were introduced to-day.

March 31st. Nothing detected in the interior of the uterus.

April 4th. A chill night before last, with a great deal of pain, and marked swelling of abdomen. Temperature 98.5° F.; pulse 108; tongue frosted; countenance pale; less pain and swelling.

April 5th. The abdomen is distended and painful. Posteriorly and to the left of the uterus is a mass of induration, not connected with the uterus, the size of a small orange, and tender to the touch. Hot flaxseed poultice every four hours, preceded by turpentine stupes.

April 9th. Abdomen much less distended, and less sensitive on pressure.

Over the left side, on a line one half an inch below the anterior superior spinous process of the ilium, is felt marked resistance on palpation, with dullness on percussion, extending across the median line and downwards to the inner third of Poupart's ligament. There has been some hæmorrhage from the vagina during the last four days. The countenance is pale; the tongue is dry and somewhat brown. Frequent dejections yesterday. Temperature and pulse normal. Two grains of quinia three times a day. Milk and beef tea. Blister 2 inches square in left iliac region.

April 15th. There is no distention or tenderness of the abdomen. Tincture of chloride of iron, thirty minims three times a day.

April 19th. Douglas's cul-de-sac to the left is filled with a tense, yielding mass, giving an impulse felt by the hand over the pubes. The aspirating needle was inserted three times, and only half a drachm of seropurulent fluid tinged with blood was obtained. Hot vaginal douche three times a day.

April 22d. A severe chill last night. The needle was again inserted posteriorly and to the left of the cervix to a depth of two inches, and a small amount of pus obtained; a bistoury was passed along the needle and a free opening made, which was dilated, and a profuse discharge of very offensive pus (three ounces) followed. The edges of the incision were touched with

nitrate of silver, to prevent healing, and the cavity was washed out with carbolic solution (one to forty), the latter to be continued twice a day after dilatation. Four ounces of brandy daily; four grains of quinia every six hours.

April 24th. Her condition is much improved.

April 30th. The sound passes one and one half inches into the cavity. There is very little discharge or induration. The cavity gradually closed, and the patient was discharged well three weeks after the abscess was evacuated.

#### SUPPRESSION OF URINE.

CASE IV. June 2d. M. M., male, aged fifty-eight, married, born in Ireland. Was taken sick about eleven days ago with pain and swelling of the abdomen, with diarrhœa and some vomiting, the vomitus being greenish in color. There is dyspnœa on exertion, slight cough without expectoration, anorexia, headache, and general malaise. Has passed scarcely any urine since the illness began. The patient is addicted to the use of stimulants. Tongue furred; temperature 98.5° F.; pulse 72, and small. There is œdema of the legs and varicose veins, with an ulcer on the right leg. There is general tenderness of the abdomen, with an occasional pain in the loins, and in the epigastrium. Physical examination: Heart and lungs normal; hepatic dullness begins at the median line, and extends into the axillary region to the border of the ribs. The abdomen unnaturally dull, but resonant in the flanks, measures thirty-five and one half inches at umbilicus. Poultice of digitalis leaves to the loins; citrate of potash thirty grains, tincture of digitalis five drops, water one half ounce, every two and one half hours.

June 3d. Pulse 72; reports between twenty and thirty watery dejections; catheter was passed, but no urine obtained; patient feels quite comfortable.

June 4th. Pulse is 72 and small; talks less distinctly than heretofore; has passed no urine; none was obtained by catheterization. Bowels are free; there is spasmodic twitching of the right cheek; pupils natural; slight headache. One eighth of a grain of pilocarpin, and repeat in an hour.

June 5th. Free diaphoresis was produced by the pilocarpin. Pulse 76; very weak. No dejection for fourteen hours; no urine passed. Patient lies in a dull, semi-comatose condition; pupils natural; slight facial paralysis of the right side; is very restless.

June 6th. Pulse scarcely perceptible; temperature 97° F. No urine passed; low muttering delirium; spasmodic twitching of the legs and arms. Hot cloths ordered to the body; hot bath given at temperature of 110°, but without any apparent alleviation of the symptoms. Three ounces of brandy ordered by the rectum. The pilocarpin was repeated without effect. The patient gradually passed into an unconscious state, and died at 5.15 p. m. The autopsy showed the remains of an old peritonitis, the bands of which had contracted, and in this manner had constricted both ureters, so that above the point of constriction they were greatly dilated, as were also the pelves and calices of both kidneys; the other organs were not particularly abnormal.

— Liverpool has accomplished in a few weeks the self-imposed task of raising £80,000 to endow a university college for the town. This result reflects the highest honor upon the energy and liberality of its citizens.