

PART III.

SPECIAL REPORTS.

REPORT ON PRACTICE OF MEDICINE.

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I. THE TREATMENT OF DIABETES.

R. T. WILLIAMSON calls attention to the value of aspirin in the milder forms of diabetes; when combined with a slight restriction of diet, or even without any restriction, it has a distinct action in reducing the sugar excretion. He gives 15 grains three or four times a day.

It is important that alkaline water or milk should not be taken immediately after the aspirin. One drop of lemon juice should be taken with each dose.

He also calls attention to the value of desiccated cocoa-nut powder as a substitute for flour—it is comparatively cheap, and is therefore suitable for poor patients; it also contains much fat, which is valuable. Its percentage composition is:—Fat, 71.13 per cent.; nitrogenous substances, 9.43 per

cent. ; carbohydrates, 12.44 per cent. Most of the carbohydrates consists of sugar, but this can be removed by the action of yeast. Hence sugar-free cocoa-nut cakes may be prepared as follows :—

Cocoa-nut Cakes.—1 oz. of German yeast, 4 tablespoonfuls of lukewarm water, 16 oz. of desiccated cocoa-nut powder ; mix into a paste, adding a little more water if necessary ; leave in a warm place for 20 minutes, then add 2 eggs beaten up in 3 or 4 tablespoonfuls of milk, and a little salt ; mix well ; place into 16 small tins or dishes (well greased). Bake in a moderate oven 20 or 30 minutes.

Cocoa-nut Pudding can be prepared thus :— $\frac{1}{2}$ oz. of German yeast is well mixed in lukewarm water with $\frac{1}{4}$ lb. of cocoa-nut powder, then $\frac{1}{2}$ oz. of butter, a pinch of salt, and a little milk are added ; all must be well mixed. The mixture is placed in a pudding-dish and baked in a moderate oven for 20 to 30 minutes, until the surface is brown. The pudding can be eaten hot or cold, and may be taken with custard, and sweetened, if desired, with saxon.

He also shows that some fruits contain but little sugar. Oranges contain only 2.5 to 3 per cent. of sugar, and “grapefruit” contains less, and is a valuable adjunct to the diet of diabetics. The following fruits may also be allowed, as they contain only a small percentage of sugar (chiefly levulose) and non-nitrogenous extract (total percentage of both being given in brackets) :—

Cranberries (1.5), unripe green gooseberries (2–2.5), raspberries (4–5), bilberries (4–5), blackberries (4), red currants (6–7). Melons also contain but little sugar, and may be allowed in limited quantity. Rhubarb is almost free from sugar (0.33 per cent.).—*Medical Chronicle*, May, 1906.

II. CHRONIC BRONCHITIS AND OBESITY.

G. A. Sutherland calls attention to the serious effect which obesity exerts on the progress of chronic bronchitis.

We find clinically that a very common history in a bronchitic patient is as follows :—Some time after passing the age of forty, he or she began to get stout. With the increasing stoutness it was noticed that an ordinary cold, which formerly did not pass beyond the naso-pharynx, had a tendency to

affect the bronchial tubes. There was also an increasing frequency about these colds. Later, the ascent of a slight incline produced a shortness of breath, to which the patient had been previously unaccustomed. Then, even on a level road, the rate of walking gradually became slower and slower, and, as the result, the amount of daily exercise became considerably diminished. There was also noticed a slight or marked wheeze about the chest, along with a shortness of breath on any exertion, even talking, and at night a desire to have the chest propped up to secure easy and quiet breathing. Perhaps no more acute symptoms had developed, or, it may be, that a run to catch a train had produced an attack of acute and alarming dyspnoea. On examining a patient with such a history, we shall often find the signs of chronic bronchitis. The heart is difficult to define from the mass of fat in the chest wall, but there are no evidences of cardiac degeneration or of valvular disease. The pulse is regular and good when the patient is at rest, and the arteries and kidneys appear to be healthy.

If one wishes to make a cure, the first and essential thing is to remove the excess of adipose tissue. Too much carbohydrates and fats are being taken. The lines of treatment which will be found simple, safe, and efficient are (1) a lean meat diet; (2) a saline aperient in the morning; (3) water to drink freely between meals.

First, as regards the diet, there should be three meals a day, selected from the following:—Beef or mutton, chops, steak, fowl, fish, game, kidneys, tongue, and veal. These are to form the main part of the dietary, but the patient must partake of them in moderation, so as to avoid the evils of an excess of proteid food in the system. If signs of indigestion appear, he has probably been partaking too freely. In addition, he may be allowed at each meal two small pieces of dry toast, or two breakfast biscuits, or two tablespoonfuls of dinner biscuits; at one meal a tablespoonful of spinach or other green vegetable, and at another a raw apple. One cup of tea or coffee, or one claretglassful of water, with half an ounce of whisky, if required, represents the amount of fluid allowed with meals.

Secondly, a dose of some saline should be taken every

morning in as concentrated form as possible. One good evacuation daily is sufficient.

Thirdly, while the amount of fluids taken at meals is strictly limited, the patient is encouraged to drink at other times from one to two pints daily. Plain water is as good as anything else, but mineral waters may be taken if preferred.

The result should be a loss in weight of from two to five pounds a week. The patient will complain that his hunger is not satisfied—this cannot be helped. In a short time he will report the disappearance of the chronic wheeze and of the shortness of breath on exertion. He may become uneasy about the effect of this diet on his gout. “So far I have not seen any ill-effect in the goutiest of patients. I have found that ‘gouty bronchitis’ in a fat subject generally turns out to be fatty bronchitis in a gouty subject.”

The severe proteid regimen need not be persisted in for the rest of the patient's life; what we must insist on is that his meals should be moderate in amount, and that carbohydrates should not be in excess.

So also in babies who are subject to bronchitis, it will often be found that they are fat and flabby, and when they are given less carbohydrates the bronchitic tendency will soon pass off.—*Ed. Med. Jour.*, April, 1906.

III. SALICYLIC IONISATION IN AN OBSTINATE CASE OF TIC DOULOUREUX.

Professor S. Leduc, of Nantes (*La Semaine médicale*, November 22nd), reported last year several cases in which he had obtained excellent results in neuralgia by electrolytic introduction of salicylic ions (galvanic cataphoresis). Recently he has again resorted to this method with success in a case of tic douloureux of thirty-five years standing. It affected all of the right side of the face, and the pain was constant. Frequent crises occurred, which were so severe that the patient lost flesh and his face constantly bore the appearance of acute suffering. He was cured, according to Dr. Leduc, in three séances by salicylic ionisation. The method followed was to apply the cathode, moistened with a solution of salicylate of sodium, to the right side of the face, and at the first treatment the current was raised gradually to an intensity of

45 milliampères and maintained for forty minutes. After the second séance, which took place three days later (when the current was allowed to pass for one hour, with a current of 35 milliampères), he experienced decided amelioration. The pain now returned only during exposure to cold. Finally, a third and last ionisation of forty minutes brought about a final cessation of the pain. From that time the patient's condition has been remarkably improved, and he has also even regained considerable flesh.—*N. Y. Med. Jour.*, Dec. 30, 1905.

IV. CALCIUM CHLORIDE AS A MEANS OF PREVENTING ERUPTIONS FROM ANTITOXIN.

M. Netter, in a communication read before the Société de Biologie (*La Tribune médicale*, February 7, 1906), stated that the administration of one gramme of calcium chloride on the same day as that on which the injection of antidiphtheritic serum is made, and on the two succeeding days, will prevent, in great measure, at least, the skin eruption, which sometimes follows such injection. His statistics were based on a total of 516 infants, half of which number received the injection alone, and the others also received the calcium chloride. Among the latter the proportion of those presenting an eruption was only six per cent., whereas among the controls the proportion was forty per cent.—*N. Y. Med. Jour.*, March 24, 1906.

V. ACTION OF THE HEART IN STOKES-ADAMS' DISEASE.

Leuchtweis describes an interesting case of this condition:—A workman aged forty, addicted to beer and tobacco, had had occasional attacks of unconsciousness for seven years. He stated that during that time his pulse frequently had never exceeded 30 per minute. On examination it was found that there were visible pulsations in the jugular veins, irregular, alternately strong and weak, best seen while lying. These pulsations occurred 48–50 times a minute. The ventricle, as shown by the apex beat and the carotid pulsation, was always beating 30 to the minute. Tracings showed that auricle and ventricle beat independently. There was thus a complete "heart block."—*Deut. Archiv. f. klin. Med.* 86, 4 and 5.

VI. APPENDICITIS IN CHILDREN.

Dowd concludes that in children (1) the rapidity and insidiousness of the disease are much greater; (2) that the percentage of diffuse and general peritonitis is greater, probably because the omentum is less apt to inclose the inflamed appendix; (3) that the pain is almost always present, but is more difficult to interpret; (4) that the vomiting is almost always present and is frequently many times repeated; (5) that the abdominal palpation in the majority of cases is as satisfactory or more satisfactory than in adults, but in a few cases is absolutely misleading; (6) that constipation is much less likely to be present; (7) that they have a greater ability to deal with general peritonitis than adults have; (8) that during the acute progress of the disease delay is more dangerous than in adults, because of the insidious course of the disease and the greater tendency to peritonitis, and immediate operation is to be advised.—*Med. News*, and *N. Y. Med. Jour.*, Sept. 30, 1905.

VII. THE GUAIAECUM TEST FOR BLOOD.

I. S. Wile (*New York Medical Journal*, 1905, p. 752).—A better reaction is thought to be obtained by extracting the colouring matter and testing for the hæmoglobin of the blood at one step. To equal parts of turpentine and chloroform add a drop of tincture of guaiacum until slight milkiness appears. Add the suspected solution to 1–2 cc. of the reagent, and shake thoroughly. When blood is present the solution becomes blue. The colour takes a few seconds to manifest itself, but gradually deepens until all the hæmoglobin has entered into the reaction. The colour gradually becomes lighter and slowly disappears. The test reacted with 0.5 cc. of blood in 40,000 cc. of urine, while one in 10,000 dilution of blood failed to react with the usual peroxide-guaiacum test. Instead of using the tincture of guaiacum, a 10 per cent. solution of resin of guaiacum in glacial acetic acid may be substituted.—*Med. Chron.*, Dec., 1905.

VIII. THE PROPHYLAXIS OF GASTRIC HÆMORRHAGE.

I. Boas (*Deutsche med. Woch.*, No. 18, 3rd May, 1906).—The author lays much stress upon the recognition of preliminary

hæmorrhage probably of small amount preceding a serious næmorrhage in ulcer of the stomach. This, he declares, is the necessary point of departure in attaining a prophylactic treatment. In fifteen months he saw in private practice 82 certain and 60 probable cases of ulcer of the stomach. In 58 per cent. of these blood was found in the stools and in 74 per cent. of a large series of cases reported by Siegel. The question arises, Do these slight hæmorrhages lead in the majority of cases to later manifest hæmorrhages? From experience directed to this question for five years, Boas answers unhesitatingly, Yes. These slight hæmorrhages appear only by the dark colour of one or two stools, and are generally described by the patient as such. Such evidence is not sufficient, but should, Boas says, be the indication for a closer watch for the repetition of it that will likely occur. For the recognition of blood, the guiac-turpentine, the aloin, or the spectroscopic test will answer perfectly well. When blood has been recognised, treatment will be directed first to stop the hæmorrhage, and, secondly, where possible, to cure the underlying cause of the hæmorrhage. Rest in bed is at once enjoined, save in cases where gastric or intestinal carcinoma is present; in these, only when the hæmorrhage is severe. Milk diet is strictly enjoined, and in severe cases injections per rectum of 10 to 20 per cent. calcium chloride solution. The author doubts if its effect is by reason of its being a hæmostatic, but considers it useful. In all these cases of hæmorrhage injections are preferable to purgatives to obtain movements of the bowels.—*Montreal Med. Jour.*, July, 1906.

IX. TREATMENT OF CORYZA IN INFANTS.

L. Ballin (*Die Therapie der Gegenwart*, 1905, p. 65).—Coryza in infants is especially serious on account of the nasal obstruction produced and the consequent difficulty in feeding. In addition, bronchitis and broncho-pneumonia are more frequent complications than in adults. Dr. Ballin believes that these complications are due to the inhalation of infective secretion, and he gives figures from his experience showing that the use of adrenalin solution (1 in 1,000) three or four times a day causes a distinct improvement in both respects.

The solution is applied to the nasal mucous membrane by means of cotton wool.—*Med. Chron.*, Sept., 1905.

X. SAHLI'S METHOD OF TESTING GASTRIC CONTENTS WITHOUT PASSAGE OF THE STOMACH TUBE.

A. Kühn (*Münch. med. Wochenschr.*, December, 1905, p. 2412).—This method was devised to avoid the discomfort which attends the passage of the stomach tube, as well as to obtain more consistent results than are given by the ordinary test breakfast. This meal, as usually given, though most easily tested, hardly gives the stomach enough work to test its secreting capacity. A method easily applied to a full meal is to be preferred. The reaction depends on the fact that raw connective tissue, such as catgut, is digested only by gastric juice, and only when free hydrochloric acid is present in this gastric juice. A small quantity of methylene blue is tied up in a piece of india-rubber membrane by means of raw catgut thread. This is given immediately after the midday meal. The presence of blue pigment in the urine shows that secretion of acid by the stomach and absorption of material by the intestine are both being carried on; absence of it shows either that food is passing too quickly from the stomach or that there is insufficiency of the secretory or motor function; delay points to slighter degrees of insufficiency. If the urine is alkaline the blue colour becomes apparent only after boiling with weak acetic acid.

The writer tried this reaction with 54 cases, and contrasted it where possible with test breakfast results in the same patients. On the whole the two methods agree; in the few cases where there is a discrepancy the blame is laid on the deficiencies of the ordinary test breakfast, and the writer considers Sahli's method both more simple and more certain. Methylene blue pills with well-made catgut coverings may be obtained from the firm of G. Pohl, Schönbaum, Danzig. Other workers use iodoform in similar capsules. In this case the saliva is tested at intervals for the iodine reaction.—*Med. Chron.*, March, 1906