THERAPEUTIC MEMORANDA.

BY

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PRELIMINARY REMARKS.

PHYSICIANS who have been busy in practice are sometimes asked whether they have recorded the results of large and long experience, especially in regard to what they have found to be the most successful methods of dealing with various diseases. The answer, in a great proportion of instances, has been, that the very labour which would produce this amount of experience is enough for the strength of the practitioner, whose intervals of rest and recreation are but too few and short to bear the encroachment of self-imposed toil involved in the work so naturally suggested to him. But other considerations come in the way of such employment. Those who have been most actively and thoughtfully engaged in practice are just the persons most deeply impressed with the seriousness of the responsibility incurred by him who undertakes to instruct others in the art which he has found to be difficult and often perilous. The more he has seen of disease, the more has he been convinced that every case has its own individual requirements, to which he has to accommodate the knowledge gathered in the treatment of other cases bearing a general resemblance to it, and having the same essential pathology. One of the most precious results of his experience may have been the acquirement of a certain tact which enables him to recognise the constitutional peculiarities presented to his observation, or to gauge the value of the patient's own assertion, often erroneous, of idiosyncrasy as to the action of remedies. This he feels to be incommunicable. Again, the more he sees of practice, the more he perceives the wisdom of the old saying, "Nullum in medium quin solo tempestivo usu tale fiat." But who can tell another, except in the actual presence of the case, that the right conjuncture of events has arrived when this or that intervention of art may take place? Much of the so-called skill to which he has attained by mere experience has come to him almost unconsciously. He orders and acts by the bedside almost as in those automatic movements into which we grow by repetition or habit. A great surgeon was asked how he managed to perform a delicate piece of manipulation, which others found almost impossible. "I can no more explain how I do it, than I could tell you how every morning I induce myself with my nether garments," was the answer; and a survey of the figure of the operator indicated the difficulty that had been unconsciously overcome by a life-long practice. Many other reasons might be enumerated, indisposing a practitioner to attempt any formal communication of the results of his practical experience; but the strongest is that to which I at first adverted—the responsibility incurred. The retrospect of the conduct of cases tells us on what nice points turned the issue for good or ill; and, unless on the spot, how difficult it would have been to comprehend all the conditions that determined the choice of remedies or processes, and how easy it would be to mislead another when trying to instruct him how to act under circumstances somewhat like, for they can never be identical.

But, for all this, the junior might still urge that there must be something that his senior can teach him. As the latter did not learn all his wisdom and skill by his own labours only, but, on the contrary, inherited a large part from his predecessors, bequeathed in their writings, so the junior may consider himself entitled to some small legacy from each of his professional ancestors. My contribution to his stock will, I fear, be very slender—mere windfalls. I shall not attempt any approach to a systematic treatise on therapeutics. I shall not test the value of remedies by numerical calculations. My memoranda will be very brief. I propose merely to set down what have been most impressed on my mind as remedies, or curative and palliative measures, in various common every-day diseases; and impressed not so much by what I may have read in books, as by my own actual observation. These will be such simple memoranda as might be given in conversation to a young practitioner desirous of gleanings some practical hints. It will not be my ambition to attempt summary descriptions of diseases, as in the classical commentaries of Heberden. Were I to take any model, I might perhaps find one in the *Processus Integri* of Sydenham; but these contain many remarks on the history of diseases, and on diagnosis, such as will not enter into my plan, excepting in some chance parenthesis.

Should these brief notes have the good fortune to attract attention, the reader will perhaps be surprised at finding that so much faith has been retained in regard to the efficacy of drugs, notwithstanding the scepticism current on this subject for nearly a quarter of a century. The pharmacophobia which emanated from the minimism of Hahnemann was made respectable in the eyes of the profession by the support given to it by those excellent and conscientious *naturalists*, Dr. Andrew Combe and Sir John Forbes; and, in the present day, hygienic medicine is so strong and in so high repute, that some courage is required on the part of those who confess their belief in the trustworthiness of a large portion of the materia medica. Nor would the writer be disposed to join some of his friends in their vigorous disparagement of the present state of therapeutic knowledge. Certainly there has been a great deal of vacillation and variableness in the professional estimate of the right treatment of acute rheumatism, also of pneumonia, also of typhoid fever; though, in regard to the last of these, there seems to be a very general consent that the treatment should be in the first place hygienic, and in the second directed against the several functional disorders as they arise; whilst, in regard to pneumonia, there is likewise a general agreement not to take up the old heroic depletion, whether because our physiology is opposed to it, or because the character of the disease has changed within the memory of the present generation. But, allowing that uncertainty, less or more, may be truly predicated of medical opinion upon the management of these diseases, which uncertainty is a favourite target for sceptical shafts both within and outside of the pale of the profession, it would be difficult to find other diseases the treatment of which is obnoxious to like doubt and mistrust and derision. A well-instructed practitioner of average intelligence and common sense might be followed and watched in his busy rounds, and the observation of his experience would show that, notwithstanding certain perplexities and disappointments, his expectations as to the effects of remedies had in a large number of instances been satisfactorily verified; and that the verifications had been received by the practitioner as matters of course—sequences so familiar as to excite not the smallest degree of astonishment or self-elation. Were therapeutics so deplorably defective as some represent them to be, it would be worthy of consideration whether doctors ought not to put on sackcloth and ashes, and retire, for a penitential season, far away from the sick world, whose miseries they had once promised to remove or to mitigate. It might be doubted whether eminent practitioners, proficient in that highest knowledge of knowing that they know nothing, at least of therapeutic art, should allow themselves to be telegraphed to sick-beds hundreds of miles away, and accept proportionate recompenses. Is the sufferer, or are his anxious relations, to be content with the scientific exposition of the complaint, a shrewd prediction of the issue, and a recommendation of a suitable diet? Is this all? If so, we have suddenly dipped down into a valley of humiliation from which it will take many long years to emerge. But it is not really true; it is only our strange English way of self-crimination—one of our insular anomalies. We are never so much at home as in grumbling, and especially when our own shortcomings have brought us disappointment. Then we fall into a passion with ourselves, and give vent to it by magnifying every defect that could possibly be laid at our door. A ship of war sails a knot or two less than was expected, and we tell the whole civilised world that England knows next to nothing of naval architecture. In the midst of Crimean distress and disaster, our reporters march through Europe trumpeting our failures as the results of our ignorance and incompetence. We are as salesmen who from among their panniers should cry, "Come, all ye people, and purchase, at high prices, our malodorous fish." So cry the doctors to their patients. But, after all, they do not exactly mean it; it is only a *façon de parler*—not a very prudent one, and certainly somewhat bewildering to the laity, who, by acts of Parliament for regulating medical education, examination, registration, etc., have been authoritatively directed where to look for safe and effectual aid when sick and suffering.

It must be admitted that there are considerable desiderata in the present state of our knowledge of remedies, and particularly of the relation borne by their chemical composition and the forces they develop to the chemical composition and the physical forces at work in the solids and fluids of the human body. But much is known of the changes they effect in the principal functions; and an important part of therapeutics consists in making a function, when artificially *plus* or *minus*, influence or correct the disorder under treatment. Mankind, even civilised and learned mankind, did not defer the consumption of corn and flesh and fruit and wine till Prouts and Liebig's, and Mulders and Bence Joneses, had arisen and enlightened them on the composition of such substances, and on the various degrees in which their proximate principles were capable of repairing the waste of their analogues in the living tissues. It must be admitted that drugs and classes of remedies are often talked of with much ignorant pretentious cant, and under the false *prestige* of

high-sounding solemn names; but still there are such things as "anti-spasmodics", as any one may be satisfied who takes the trouble of watching the effect of assafoetida, ether, chloroform, and the like, in cases of clonic and tonic spasm. A patient who, for inflammatory disease, has been taking full doses of bicarbonate of potass every three or four hours, will, on the decline of his disease, complain of the chilling effect of his medicine, and quite accept the correctness of the terminology which designates it as a "refrigerant". And the sufferer from bronchitis will, in the watches of the night, help himself, at the risk of nausea, to antimonial or ipecacuanha wine, rather than go on struggling with dry cough and tight chest, for want of those often-tested "expectorants". He does not need to have it explained to him that the substances which fill his mouth and throat with saliva and bring fluid from his stomach may cause a flow from his bronchial surfaces, probably through their operation on the same nerves, whether pneumogastric or sympathetic, supplied to those several organs.

To close these preliminary remarks, it may be stated that my proposed contributions will not be extracted from case-books. Every man who has been busy in life bears about his mind a great amount of what is called experience existing in a somewhat vaporous condition. By an effort of recollection, some of it may be condensed into a fluid form, transmissible from pen to paper, whether permanent ink, or mere water, like that in which perishable names are writ. Should the present trifling effort be found acceptable, it may be followed by others of like kind, according as my time and occupation may permit. But if, on the other hand (it is a very probable alternative) my memoranda seem trite and obvious—in short, scarcely noteworthy—I shall be saved some trouble, and my conscience will be lightened of the reproach which it has not unfrequently taken upon itself for having omitted an endeavour to make others in some degree partakers of my experience.

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The Mouth.—For the little follicular ulcers on the inside of the lips and cheeks, and on the tip of the tongue (extremely worrying to the subject of them), the best application is that of a crystal of sulphate of copper once or twice a day. This, with careful diet and the internal use of an occasional mercurial pill and an alkaline mixture (nothing better than solution of magnesia, or lime-water, with prussic acid), will in most cases soon remove these troubles.

I hardly know whether it is worth while to remark that, for the aphthæ which occur in the advanced stage of acute diseases, and also in chronic diseases, a weak solution of nitrate of silver (gr. x to ʒj), applied with a brush once or twice a day, will obviate the necessity for gargles. Should the latter be used, there are none that surpass infusion of catechu.

For ulceration of the gums in sickly ill-fed children, the application of crystalline sulphate of copper is an excellent local remedy; but I can add my testimony to the general experience of the profession in favour of the free internal use of chlorate of potass, whether alone or in combination with bark.

There is a sore erythematous condition of the tongue, occasionally met with in chronic cases, for which I have found a good palliative in a combination of bismuth, glycerine, and rose or elder-flower water. I was led to the employment of it in these cases by my observation of its efficacy in such cutaneous affections as eczema and psoriasis. Here is a formula.

R Bismuthi subnit. ʒj; glycerini ʒj; aquæ rosæ vel sambuci ʒvij. M. Fiat lotio.

There is a morbid sensibility of the tongue occasionally, rather rarely, met with, unaccompanied by any appearance of inflammatory or other change on the surface, but causing much vexation to the subject of it, and rendering any pungent articles of food unbearable. It is much soothed by a weak solution of bromide of potassium (ʒss or ʒj to ʒvij); but, being only a symptom of disorder of the stomach, the latter must be treated. An entire change of diet is often the best remedy—for instance, the adoption of one in which milk is a large ingredient. I have known such irritation alternate with analogous irritation of the other extremity of the alimentary tube.

The Throat.—Of common remedies for angina, none surpass the use of ice, whether in lumps or in iced drinks. When it cannot be obtained, cold thick gruel is a good substitute. Instead of gargles, which are fatiguing, I prefer directing the use of a mixture of mucilage containing nitrate of potass or borate of soda, and a small quantity of syrup of poppy, or Batley's opium, or prussic acid: a spoonful, large or small, to be frequently but slowly swallowed. Care must be taken that no more than a definite quantity shall be consumed in a certain time, for which the amount of narcotic ingredient must be calculated. But there is one application which I have found very efficacious in a great variety of sore throats. I use it in many cases for which I

formerly employed a solution of nitrate of silver. It is a combination of oil of turpentine and glycerine in equal parts, and it is applied with a soft brush two or three times in the day. Whether the throat be red and puffed, or pale and oedematous, or studded with superficial ulcers or opaque yellow patches of epithelium, this combination is at once curative and comforting. I first used it in a case of obstinate ulceration of a tonsil, which every day was deepening, in spite of nitrate of silver and constitutional remedies. Having often tested the value of oil of turpentine in ointments applied to cutaneous ulcerations, I applied it in this case; and its efficacy in arresting the destructive process and promoting reparation was unquestionable.

For stubborn chronic ulcers of the throat, I rely on applications of copper or iodine. In cases of syphilitic taint, a lotion containing liquor hydrargyri bichloridi is sometimes beneficial.

Diphtheria.—In the treatment of this formidable malady, nothing is more important than an almost unlimited administration of wine and brandy. It might seem easy enough to give a glass of wine or a table-spoonful of brandy at intervals of an hour or half an hour; but it requires a great amount of faithfulness and tact on the part of the nurses to get these quantities down, in addition to other nourishment and medicine. The best medicines I have found to be quinine and tincture of perchloride of iron, used interchangeably with chlorate of potass and cinchona (exorbitant polypharmacy, but we can make no abatement). The local applications need to be frequently changed. At the beginning, or in a slight case, we may be content with brushing the throat with the mixture of turpentine and glycerine just mentioned; but in ordinary cases we shall soon have to apply the tincture of perchloride of iron, strengthened by an addition of undiluted hydrochloric acid (forty or fifty minims to an ounce). This, again, when the false membrane has been cast off, and the ulcerated surface looks grey and sluggish, may be changed with advantage for a combination of creasote and glycerine (a drachm to an ounce), or for the tincture of iodine. The assiduous swallowing or holding in the mouth of small lumps of ice gives relief by lessening the general engorgement of the tissues. The worst peril of this disease comes when it has advanced within the larynx. Then the first thing to do is to charge the atmosphere with steam, either by a steam-kettle with tube extending to the bedside and within the curtains, or by a steaming urn and lamp. But the remedy which may soon become needful, and at a moment's warning, and by which I think I have seen several lives just saved, is a quickly acting emetic. The speediest and least exhausting and most certain in my experience has been sulphate of copper, from ten to twenty grains in an ounce of water. Such draughts should be kept in the sick-room ready for the emergency. In one case, the stomach failed to answer to this potent substance, though it had been successful in three several administrations in the same case. It was changed for ipecacuanha with carbonate of ammonia, and the patient ultimately recovered. After this dangerous crisis has passed, the patient may still remain in jeopardy from two causes—first, the extension of plastic matter into the lower division of the trachea and the bronchi; secondly, from the general debility. For the former, an occasional emetic may still be required. There is sometimes a deceitful abatement of bad symptoms. The distress in the throat is all but gone; the skin is cool; the pulse quiet and soft and steady; but the patient may die suddenly, whether from fibrinous concretions in the heart or large vessels, or from mere cardiac asthenia. Recumbence should be continued for some days after the danger has apparently passed away.

ON THE LOCAL USE OF PERCHLORIDE OF IRON IN UTERINE AFFECTIONS.—The objection to perchloride of iron as a topical application in diseases of the womb and uterine passages is, that this salt, unless very much diluted, corrodes the epithelium of the mucous membrane lining the vagina. To prevent this corrosive action, which is caused by the presence of free hydrochloric acid, Dr. Braun adds carbonate of soda to a solution of the perchloride of iron, and converts the latter into a neutral salt. For this purpose, the addition of four grains of crystallised carbonate of soda to one ounce of the liquor ferri perchloridi will generally suffice. Chloride of sodium is formed; but the hæmostatic properties of the perchloride are, Dr. Braun states, intensified rather than diminished by the alteration. Dr. Braun has used concentrated solutions of the perchloride treated as above, in various affections of the uterus, and with very good results. In cases of endometritis, hæmorrhagia, and of bleeding from small fibrous tumours, he dilates the cervix uteri by sponge-tents, and injects a small quantity of the liquor ferri into the cavity by means of the uterine syringe. For puerperal metrosepsis and putrid vaginal discharges, from one-half to one ounce of the solution is injected by means of an elastic ball fitted to the end of a catheter. To lesions about the os and cervix uteri, Dr. Braun applies balls of compressed cotton-wool completely saturated with a strong solution of the perchloride.—*Wien. Med. Woch.*, No. 57, 1867.