CEREBRAL DYSPEPSIA.

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AMONGST the common complaints met with in practice, perhaps none are more common than the various forms of dyspepsia. That these are on the increase at the present day, few, I think, will gain-say; nor can this be wondered at, when we bear in mind the "high pressure" system under which many of us live, and which the "spirit of the times" almost necessitates. More than ever, is the present age an aspiring one; and so the truth of the poetical quotation from Beattie—

"Ah! who can tell how hard it is to climb
The steep, where Fame's proud temple stands afar"—

is becoming more and more felt—no doubt in more senses than the poet had in view when he wrote this.

That people differ, in the amount of steady and continuous exertion to which they can put their mental faculties, is as much a truism as that the amount of muscular effort capable of being put forth by different individuals varies; and so, as in the latter case, a person trying to put forth an equivalent amount of muscular effort to his superior in muscular development, can only do so at the expense of much labour and pain, with subsequent muscular exhaustion, and fatigue; and, moreover, cannot continue the same for any length of time; so in the former, an equivalent amount of mental effort can only be put forth at an increased amount of cerebral exertion, over and above what the brain is normally certified for, so to speak. This, acting upon the "reserve fund" of cerebral activity, may not at first be felt to do any or much harm. Nay, it is possible that, in some cases, the brain may accustom itself to it, and grow in its power of withstanding fatigue *pari passu*; but this is, undoubtedly, by no means generally the case: for, just as surely as making an increased muscular effort, by the power alcoholic stimulants have to call forth the "reserve fund" of the nervous system, is followed in the long run by collapse, and a total loss of even this power; so surely, in the majority of cases, will the extra calling forth of the cerebral powers, by the stimulus of the will, lead to a collapse in that quarter, with which other quarters sympathise. It is to this "extra calling forth of the cerebral powers" that I have applied the term "high pressure system", under which we live.

And now to the point I have more particularly in view, in introducing this subject in connection with dyspepsia; and offering to add a new form to the already many forms of this disease—a form to which I have given the name of "cerebral". To the close sympathy that exists between the cerebrum and the stomach, I need not refer. This is amply testified by the vomiting which generally follows injury to its substance, and by the vomiting of sea-sickness, etc., which is no doubt due to its functional disorder. Again, a disturbance (functional) of the cerebrum, through the passions, grief, fear, etc., also acts powerfully on the stomach. Thus, a sudden arrest of appetite and digestion by the receipt of a piece of bad news—the stomach sympathising with the brain in this way—is a fact too well known, as is also the quotation from Shakespeare bearing on this point, viz.:

"Read over that, and after that
And then to breakfast,
With what appetite you have."

But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. On this point, the poet Mallet has well remarked:

"Uncertainty!
Fell demon of our fears! The human soul
That can support despair, supports not thee."

In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear; and with this condition the stomach sympathises. But, in addition to worry, the habitual practice of calling into action the "reserve fund" of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add, that such cases are most commonly met with amongst those who are engaged in the hottest part of the "battle of life", or "struggle for existence"; and, again, amongst these, chiefly those

whose business or profession leads to much anxiety, uncertainty, or over-stretching of the mental powers.

Lastly, I would remark that, in over-aspiring, over-ambitious natures "hope deferred" may bring about the same results; or, according to the biblical expression, "it maketh the heart sick." My attention has been drawn to several cases of dyspepsia, connected with one or other of these conditions; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of ordinary treatment. Latterly, I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and, as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these, I have found the most useful to be bromide of ammonium, or bromide of potassium—preferably the former—given in a sufficient dose at bedtime, to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building-up effect on the nervous system. Amongst these, the most useful are phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtaken when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are inadmissible.

In conclusion, I would remark that, so far as my experience goes in the treatment of dyspepsia, in the broad sense of the term, I am inclined to think that it is rare to find only one of the conditions requisite to a healthy digestion at fault; and that, consequently, in order to make a successful cure, it is incumbent on us to inquire into all the circumstances of the case, and base the treatment accordingly. The cerebral element, if it be not the *fons et origo mali*, will often be found to complicate these cases, and to require treatment *per se*. Much has been written about dyspepsia; but perhaps, after all, in no class of cases is it more difficult to come to an accurate diagnosis.

ON THE THERAPEUTIC VALUE OF SULPHUROUS ACID IN SCARLATINA MALIGNA.

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THE prevalence of scarlet fever of a more or less malignant type in different parts of the United Kingdom at the present time, induces me to draw attention to the therapeutic value of sulphurous acid in the treatment of that disease, and to comment upon the danger attendant upon an expectant plan of treatment, or of trusting to the use of stimulants, and nourishment only—which can seldom be administered—or any such half measures.

Every practical physician knows very well the inutility of the majority of the drugs with which we are acquainted, and which are ordinarily employed in combating this terrible scourge, and many are led, after repeated failures, to lose confidence in all our most approved measures.

I confess to having had some such notions until I began to use the sulphurous acid, and this was suggested to me on observing white patches at the back of the throat in some cases where there was a well marked scarlatina rash, in fact, in some of the severest forms of the anginose variety.

Some years ago the late Dr. James Dewar of Kirkcaldy, strongly recommended the use of sulphurous acid spray in diphtheria and scarlet fever, and since then, I believe, its utility in these diseases has been firmly established.

Whatever pathological difference may exist between malignant scarlet fever and diphtheria, there can be no doubt of a certain similarity of action common to both, viz., blood-poisoning in its most acute and rapidly fatal form. Now, as sulphurous acid is known to destroy all animal vegetable organisms, and it is one of the most convenient agents for administration in such cases, I do not hesitate in affirming that, when properly applied, both locally and internally, it is by far the most efficacious remedy we possess. In order, however, to ensure success, it is necessary that its application should be both continuously and intelligently employed and when so used, the

most hopeless cases need not be despaired of, though, of course, there must be exceptions, as, for instance, when the patient is felled from the very commencement by the strength of the poison.

I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar life) for the last four months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows. The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied, every three hours, to the fauces for a few minutes at a time, by using the pure acid, in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red hot cinder, and diffusing the sulphurous acid vapour through the room, until the atmosphere begins to become unpleasant to breathe.

In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark sordes which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass. permang. *B. P.*, of the strength of about one drachm to six ounces of water, some of which should be swallowed if possible.

In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered, in rather large doses, in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush, several times in the day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service.

As to other remedies recommended by various authors, ammonia is, nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use.

I have purposely omitted any mention of diet in the above remarks, as seldom anything can be taken beyond a little milk, beef tea, and wine, until all danger has passed away.

REMARKS ON THE THERAPEUTIC USES OF OLEATES.

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ABOUT 1811, Chevreur,* discovered oleic acid, and soon afterwards notices of the chemical and pharmaceutical qualities of medicinal oleates were published in France.† Professor's Attfield's is the first English paper on the subject, and it was published twenty years ago.‡ From this time, I know of no other publication on the use of oleates until the appearance of Mr. John Marshall's well known paper in 1872. Since that date, many papers have been published on the chemistry, pharmacy, and therapeutics of oleates, and various methods of preparation have found favour. In 1879, I recorded my experience of the use of oleate of zinc in the treatment of eczema, and in the same year I published some remarks on the employment of oleate of lead in the cure of that affection.§ I used an ointment of oleate of lead prepared according to the following formula: lead oleate, 24 parts; heavy and inodorous paraffin oil, 14 parts. The lead oleate was prepared by heating a mixture of oleic acid and oxide of lead. I found this ointment a very reliable local application in cases of subacute and chronic eczema, when conjoined with the employment of suitable general therapeutic and hygienic measures. A few months ago, Dr. Shoemaker of Philadelphia read an important paper before the Medical Society of Pennsylvania, on

the preparation and uses of oleates.* He claims to have introduced, for the first time, the use of chemically true oleates, in contradistinction to those previously prepared by the direct union of the acid with the base, with or without heat.

The new oleates are obtained by the double decomposition of sodium oleate with solutions of neutral salts, the sodium oleate being prepared by the saponification of oleic acid with a solution of sodium-hydrate. A solution of the sodium oleate in eight parts of water is precipitated by a neutral salt, and the precipitate, washed and dried, is the oleate required.

Messrs. Southall, the well known pharmacists, have prepared various oleates according to Dr. Shoemaker's directions, and some of these, namely, the oleates of lead, zinc and copper, I have examined and tested in practice. The new oleates present the great advantage, which practitioners will at once appreciate, that they can be used as dusting powders as well as in the form of ointments, so that they may be employed in those troublesome acute and discharging affections of the skin in which greasy preparations of any kind cannot be borne. Zinc oleate, which is a fine pearl-coloured powder, with a soft soapy feel, like powdered French chalk, or lead oleate, may be used alone as a dusting powder for the skin, or it may be so used diluted with powdered starch. One drachm and a half or two drachms of either of these oleates, mixed with an ounce of petroleum jelly or benzoated lard, makes a good ointment, which I have found efficient in cases of subacute and chronic eczema. Dr. Shoemaker has introduced oleate of copper as a remedy for ringworm. I have used it in the form of ointment, of the strength of one drachm and a half of the oleate to six drachms and a half of petroleum jelly, in some mild cases of ringworm, with excellent result.

OBSTETRIC MEMORANDA.

CASE OF INTERSTITIAL TUBO-GESTATION.

THE following case, that occurred recently in my practice, may be of some interest, as an instance of the danger attending such cases, and as an illustration of the fact that extra-uterine pregnancy may exist unsuspected, and interfering in no way with the patient's health, until the moment of rupture, when all the resources of our art are often powerless to save the patient's life.

Mrs. S., aged 35, sent for me hastily, at 8.30 P.M., on July 26th last. On my arrival, I found her in bed, lying on her right side, with the knees drawn up, complaining of intense pain in the left inguinal region. On examination, I found her fairly nourished, but very anæmic; the lips, gums, and conjunctivæ, being exceedingly pale. The surface of the trunk was warm; but the legs, arms, and face were cold. The face was clammy, and bore a very anxious expression. The radial pulse was almost imperceptible, and could not be counted. Respiration was 42 to the minute, and sighing. Nothing abnormal could be detected in the lungs. Temperature in the axilla was 95° Fahr. Her mind was clear, but she showed a great disinclination to enter into conversation. The pupils were dilated, and equal, the tongue pale and moist. The abdomen was distended, and tender on pressure all over, especially in the left inguinal region. There was dullness on percussion over the hypogastric and both inguinal regions, reaching upwards to midway between the pubes and umbilicus. There was intense thirst, and the patient complained of feeling very cold. She was too ill to admit of any prolonged examination, especially of the internal organs.

I was able to glean the following particulars from her husband. She came of a healthy family, and had been married seventeen years. She miscarried during the first year of her married life, and bore a fully developed child three years afterwards. Nine years ago she suffered from symptoms of inflammation of the womb; and four years afterwards had an attack of inflammation of the bowels; since which time she had enjoyed good health. Menstruation had been regular and normal, since the birth of her child (thirteen years ago), until eleven weeks ago, when she menstruated for the last time. The usual symptoms showing themselves shortly afterwards, she considered herself pregnant. The day before the commencement of the present illness, she had walked to Beachy Head and back, a distance of about seven miles, without feeling any inconvenience. On the morning of the 26th, she felt in perfect health, and took her breakfast, with a relish, at about 9 A.M., after which she went out for a walk. Whilst standing in a

* *Recherches sur les Corps Gras.*

† Squibb's *Ephemeris of Materia Medica.*

‡ "On a Method of Dissolving Alkaloids in Oils", *Pharmaceutical Journal*, 1862-63, vol. iv, p. 388.

§ "Oleate of Zinc in the Treatment of Eczema," *BRITISH MEDICAL JOURNAL*, April 19th, 1879; "Notes on the Treatment of Eczema," *the Practitioner*, November 1879; "Oleate of Lead in Eczema," *BRITISH MEDICAL JOURNAL*, May 29th and June 19th, 1880.

* *The Medical Bulletin*, July 1882. An excellent summary of Dr. Shoemaker's paper appears in the *Pharmaceutical Journal*, October 14th, 1882, under the following title: "The Oleates and Oleo-palmifates in Skin-diseases."