in these cases are encouraging enough to induce me to make further trial of it, and it is possible that in cases of true pancreatic diabetes the benefit might be greater.

THE TREATMENT OF DIABETES BY PANCREATIC EXTRACTS.

By NEVILLE WOOD, M.R.C.P. LOND.,
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THIS plan, proposed in the BRITISH MEDICAL JOURNAL of January 7th, occurred to me early last year as worthy of a trial from certain theoretical considerations. I append a brief summary of two cases, in which the method was employed at my suggestion.

CASE I.—This case at the Chelsea Infirmary was kindly placed under the treatment by Mr. Moore. It was of the so-called pancreatic type. A boy, aged 13, whose father had recently died of diabetes, had suffered from symptoms of diabetes before beginning this treatment for six months. From January 1st, 1892, he was placed on diabetic diet, and was given first codeine, from which he received no benefit, and then morphine, under which he improved. The zymine treatment, with diet as before, was begun May 18th. His general condition was bad, appetite not ravenous, thirst great, weight 5 st. 10½ lbs., quantity of urine in twenty-four hours about 80 oz., sp. gr. 1038, sugar estimated at 6.5 grains per ounce. Zymine was given in increasing doses, with the subsequent addition of sodium bicarbonate, and finally pancreatin pills, coated with keratin, were substituted. A daily record of the amount and specific gravity of the urine was kept, and quantitative estimations of sugar were made with Fehling's solution. The treatment was continued till August 21st, when he left the infirmary. Unfortunately, owing to deception on the part of the patient, and dietetic indiscretions, which caused diarrhoea on more than one occasion, many of the observations are valueless, and, with the amount of comment necessary, would be out of place in this summary. What is certain is that his general condition vastly improved, his weight increased 7½ oz., and thirst diminished. During the first ten days of treatment the amount of urine in twenty-four hours averaged 78 oz., and for the last ten days before leaving it averaged 35 oz., while the specific gravity for the same periods averaged 1036 and 1027 respectively. The first reliable quantitative estimation of sugar made May 20th, gave 6.5 grains to the ounce, the last, made at the end of June, 4.5. The boy was readmitted November 5th, and is still in the infirmary. He is improving under opium, but has not reached the standard of last summer under the pancreatic treatment.

No definite deduction can be made from this case owing to the facts already mentioned, that he was improving at the time zymine was commenced, and the intractability of the patient, while the summer weather and the continuance of restricted diet were in his favour. Its value is also less because press of work prevented me from making a sufficient number of quantitative estimations towards the close of the case. Nevertheless, the improvement in general condition, and in some of the cardinal symptoms of the disease, while he was taking pancreatic preparations, compared with the periods under opium and the alkaloids, is perhaps worthy of record.

CASE II.—The observation of this case at St. George's Hospital was kindly permitted me by Dr. Cavafy. A woman, aged 24, who gave no family history of diabetes, had suffered from symptoms for about four months before beginning pancreatic treatment. Previously to this diabetic diet and codeine were given. Pancreatic treatment was commenced June 10th, 1892, and continued till she left the hospital on July 19th. The diet was not changed, and zymine, etc., was used as in the previous case. At the outset the general condition was that of debility, the amount of urine varied between 2,500 and 4,000 c.c., specific gravity about 1034, and the percentage of sugar 7. The general condition of the woman improved, and she gained 3 lbs. in weight, but she complained of increased thirst. The amount of urine remained about stationary, and while the specific gravity ranged rather lower, the percentage of sugar increased to 10. She went to the Convalescent Hospital at Wimbledon, and left there for her home September 21st, still further improved in her general condition. On September 26th she was readmitted at St. George's, rapidly fell into coma, and died on the 27th. The necropsy showed no notable lesion, and the pancreas is described as "not abnormal, soft like the rest of the body."

In this case, of the cardinal symptoms, diuresis was unchecked, while thirst and the excretion of sugar increased. The increase of weight is possibly attributable to the better assimilation of her food, perhaps of the freely supplied hydrocarbon element. The fall in specific gravity may perhaps be explained on a somewhat similar hypothesis.

From the observation of these two cases I have little hope that diabetes can be influenced by pancreatic preparations in the same way that myxœdema is by thyroid juice. A subsequent perusal of the interesting monograph on Pancreatic Diabetes by Dr. Thiroloix has inclined me to agree with that author that, while in some cases pancreatic lesion is a probable

factor, it is not the chief one, and we must look for the essential pathology in some part of the nervous system, perhaps in the great sympathetic ganglia of the abdomen.

A CASE OF MYXEDEMA TREATED WITH THYROID EXTRACT AND THYROID FEEDING.

By R. A. LUNDIE, M.A., M.B., C.M. EDIN.

THE patient, aged 54, represented in the accompanying photographs first came under my observation in July, 1891, when I found her suffering from all the chief symptoms of myxœdema—waxy, swollen features, thick, coarse skin, torpidity, low temperature, slow speech, etc., in a very marked degree. The

Fig. 1.—Case of Myxœdema when treatment was commenced.

disease appeared to have commenced about fourteen years before.

Treatment by subcutaneous injection of extract of sheep's thyroid was begun in October, 1891, in doses somewhat larger than those recommended by Dr. Murray.¹ For about six weeks no change was observed; but after that period improvement was rapid and satisfactory. But the injections had to be discontinued, first in consequence of diffused pains evidently connected with the treatment, and later on account of a series of abscesses resulting from the injections, probably, however, originating from an accidental abscess quite independent of them.

About five weeks without injections sufficed to show that the patient would speedily relapse. I determined, therefore—I must say with small hope of success—to administer the extract by the mouth, and have continued to do so since July, 1892. The patient is now (December, 1892) taking extract representing one-sixth sheep's thyroid twice weekly. The result has been most satisfactory; within a fortnight

¹ BRITISH MEDICAL JOURNAL, vol. ii, 1891, p. 796.

distinct improvement was apparent, and has steadily continued.² The features are natural, the skin pliant, the spirits and energy very greatly improved, the temperature higher, the speech normal. No one who examined the patient now, without knowing the history, would ever suspect that she had suffered from severe myxœdema. The photographs, taken in October, 1891, and October, 1892, respectively, give some idea of the change in her appearance.

On one occasion, in June, 1892, after exerting herself more than she had done for a long time previously, she suddenly became extremely breathless and livid, and felt as if she were dying. Rest in the recumbent position and the prompt administration of stimulants speedily restored her; but she seems very narrowly to have escaped the fate of two of Dr. Murray's patients.³ I must, therefore, insist most strongly upon the importance of his caution regarding the avoidance of unusual exertion, at all events during the earlier stages of treatment.

Fig. 2.—Case of Myxœdema after a year's treatment.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

DELIVERY COMPLICATED BY A LARGE UTERINE FIBROID AND PLACENTA PRÆVIA.

ON December 16th, at 1 A.M., I was asked to visit S. E., a primipara, aged 38, the nurse informing me that she had been eighteen hours in labour. I found the patient in a very exhausted condition, the pains had ceased for several hours, but when present considerable hæmorrhage had taken place; from the history and description of which placenta prævia was suspected. Vaginal examination showed that the os was about the size of a shilling. A hard firm mass, which felt like a foetal head, presented, but no sutures or fontanelles

could be discovered. As the hæmorrhage and pains had ceased, the patient was in so exhausted a condition and the os so contracted, that plugging the vagina was resorted to, and 20 grs. of chloral administered.

At 10 A.M. I again visited her, accompanied by my colleague Dr. Law, and Mr. Gordon of Norwich. The patient had slept for four hours, the os was dilated, and her condition much improved; pains had returned at 8 A.M., accompanied by bright arterial hæmorrhage. Chloroform was administered, and on the introduction of the hand, a large, firm, sessile fibroid, about the size of a small cocoanut, and attached to the anterior and right walls of the uterus, was found presenting, almost completely blocking the cervix. Above the tumour the placenta partially presented, and still higher the membranes were found intact, with a normal vertex presentation. Podalic version was resorted to, and a full sized dead child subsequently delivered, the placenta being detached later without excessive hæmorrhage.

The patient rallied well, and appeared to be in a fair way towards recovery, when she contracted double lobar pneumonia on December 24th, and died on December 26th. I subsequently removed the uterus, and the tumour proved larger than expected; some laceration of the cervix was present.

The case may prove interesting on account of the double complication and the doubtful indication for Cæsarean section.

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FRACTURE OF FEMUR DUE TO MUSCULAR ACTION.

G. D., aged 68, a puddler and late foreman, whose work necessitated his being a good deal exposed to sudden changes of temperature, seems to have suffered very little from the ill-effects of it till within the last three years. In the spring of 1889 he had his first attack of rheumatism—lumbago with articular pains—which left an exceptional amount of weakness in the legs. He continued his work just as before till October 20th, 1891, when he stopped working on account of constant dull aching pain in the left thigh, knee, and hip, and extending up to the lumbar region. The pain was worse at night, not aggravated on pressure, nor localised to one part more than another. During this time he used to walk up to the surgery twice or three times a week, but on December 26th, 1891, he went to bed. I saw him on the following day. He complained of great pain in the situation previously mentioned, and could not move his leg as it was too stiff. There was nothing abnormal to be seen or felt, when on slightly flexing the knee and gently raising it to try to localise the pain, the muscles of the thigh passed into a state of extreme tonic contraction, causing the patient to cry out with pain, and the femur snapped like a stick. A Liston's long splint and counter-extension were used for about three months, then plaster-of-paris for two months. Union took place at first rather slowly, but now it is complete, and the patient says the limb feels just as strong as the other. Unfortunately there is 1½ inch shortening, but with a high heel and rather a thicker sole he is able to get about very well, and hopes to start work again shortly. Except for a little cardiac weakness he feels as well as ever, sleeps at night, and has completely lost the pain which existed in spite of all treatment before.

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PARALDEHYDE IN SPASMODIC ASTHMA.

THE fact that paraldehyde is a sedative largely eliminated by the breath led me to try its effect in the spasm of idiopathic asthma. I have now administered it in some dozen cases with uniformly successful results. It speedily relieves the spasm and induces sleep. Several of these cases had already been treated with all the known remedies, but every one of them pronounced the paraldehyde treatment the best they had ever tried.

I have usually given it in 3ss doses, repeated every hour or half hour until the patient is relieved. In no case have more than three doses been required, and frequently only one was needed. In a boy aged 13, who had been asthmatic "from his birth," a dose of 20 minims was found to have a miraculous effect, mother and patient both declaring no drug had ever given such relief.

Elgin, N.B.

WM. MACKIE, M.A., M.B., C.M. Aberd.

² BRITISH MEDICAL JOURNAL, vol. II, 1892, pp. 940, 941.

³ BRITISH MEDICAL JOURNAL, vol. II, 1892, p. 450.