CLINICAL NOTES IN THE PARIS HOSPITALS.

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HÔPITAL DE LA PITIÉ.—WARDS OF DR. ALBERT ROBIN.

The Treatment of Dyspepsia.—Theoretical Considerations as to the Phenomena of Typhoid Fever, and Treatment based thereon.—Heart Disease.—Diabetes.

REFERRING to Dr. Robin's objection to the use of alkalies in cases of dyspepsia with hypersecretion of hydrochloric acid and gastric juice, it should be noted that he recognises one exception. There are cases of over-secretion of hydrochloric acid so intense that the mucous membrane is threatened with ulceration. This he considers to be a condition in which bicarbonate of sodium should be employed. This danger being averted he resumes his "rational treatment." In cases of such considerable dilatation as that of the patient whose case has been described, even the excessive acidity of the gastric juice is not sufficiently antiseptic in its effect to prevent fermentation; thus the food undergoes decomposition, which it is necessary to prevent, or at least to diminish. In such cases he employs absorbent and neutral antiseptic remedies such as sulphur, charcoal, magnesia, prepared chalk, or naphthol.

In the absence of excessive dilatation he advises the use of bicarbonate of sodium two or three hours after food, and in small doses. At that time the greater part of the food has been expelled, and the mucous membrane is directly in contact with gastric juice, which is irritating. It is usually at this period that pain is acute. There would be danger in allowing such a condition to be prolonged, so that it is prudent to neutralise a part of the acid in excess. It is easy to understand that if the stomach is in a state of constant repletion this therapeutic method loses its value. In such cases Dr. Robin recommends hot drinks such as infusion of camomile. Warm drinks act the part of useful diluents, and their temperature exercises a moderating and calming action. Finally, if the case be rebellious, and the contraction of the pylorus does not give way, Dr. Robin employs bromide of potassium. Massage of the abdominal wall in the direction of the muscular fibres of the stomach is also very useful and favours expulsion. The patient whom I saw had been under this treatment for three weeks; he described his relief as having been immediate. He had been deprived of sleep for many months but was now able to sleep peaceably; his gastric symptoms were improved, the dilatation was less, the urine was acid, and there was an increase of four pounds in weight, so that the effect aimed at had already been obtained in part, and it seemed probable that he would be able soon to resume his occupation.

Such are the broad outlines of this treatment in cases of dyspepsia with excessive secretion of gastric juice. His therapeutic methods in hypo- and achlorhydric dyspepsia are based on similarly defined foundations. It is a general practice in treating dyspepsia due to the secretion of gastric juice deficient in hydrochloric acid to administer pepsine, and to prescribe the use of solutions of hydrochloric acid (2 or 3 per 1,000); the theory being that in this way the deficient secretion may be supplied, and that hydrochloric acid possessing antiseptic properties will diminish fermentation. Dr. Robin, to restore or re-establish the disordered or abolished function, employs exciting agents; he aims at increasing the reflex power of the mucous membrane, and producing vaso-dilatation and stimulation of the nerves of the glands. With this object he prescribes tincture of nux vomica and tincture of star anise a few minutes before food. He treats the tendency to fermentation by fluoride of ammonium in doses of 10 to 20 centigrammes, which greatly diminishes the amount of fatty acids in the gastric juice. If, after a fortnight of the stimulant treatment the patient does not improve, the stomach is to be regarded as an inert sac, of which the mucous membrane has lost its functional activity. It is only in these cases that he resorts to the use of pepsine and dilute solutions of hydrochloric acid. Cases of neurasthenic dyspepsia, in which the gastric juice is feeble or non-existent, and in which digestion is difficult, get a general tonic treatment: hydrotherapeutics, country residence, etc., rather than treatment aiming only at overcoming the gastric disorder.

The treatment of typhoid fever is a favourite subject with

Dr. Robin. The physical and chemical characters of the urine are in his view one of the best bases for estimating the nutrition of typhoid patients and consequently for prognosis. The urine of each typhoid patient is examined daily, and this physician alleges that the urological characteristics rarely lead him into error. The following are the most important elements of his judgment. The appearance of a disc of yellow hæmatin is a favourable sign. This disc is absent in the early days of the disease; its appearance indicates an early and favourable termination of the case. Abundant diuresis precedes by several days the period of defervescence; at this stage the records show almost constantly considerable elimination of saline matters and of extractive principles which form a thick deposit at the bottom of the glass. Often at this stage of convalescence the urine contains pus-corpuscles and cylindrical cells denoting more or less intense pyelitis, and becomes alkaline. Dr. Robin is satisfied by repeated analysis of the urine that in typhoid fever, and generally in all typhoid conditions, oxidation is not increased, as has often been alleged. The co-efficient of oxidation—that is to say, the relation of the nitrogen, completely oxidised (eliminated in the form of urea) to the nitrogen incompletely oxidised—is diminished, and its fall is in proportion to the gravity of the disease.

A case of typhoid fever is the more serious in proportion as organic combustion is less intense; on the other hand, dissimulation is exaggerated. The decomposition of these complex bodies disengage heat; moreover, the products of cellular disintegration are very poisonous, insoluble, and, consequently, eliminated with difficulty; their retention produces the typhoid state. Thus it is that cases of typhoid fever in which the urine is abundant and elimination intense generally go on well. If the activity of oxidation be increased, these products become soluble, but little poisonous, and easily eliminable. In lieu then of restraining oxidation in typhoid patients he thinks it proper to increase it by all possible means; oxygen, cupping, quinine, small doses of alcohol, cold baths are excellent means for attaining this end. In the same way it is proper to oppose the organic disintegration by tonics and reconstituents, quinine wine, cold baths, and salts of potash. It is his object to combine the toxic and insoluble products of disintegration with other substances, so as to give rise to soluble and non-toxic compounds. He considers that the medicine which responds best to these requirements is benzoate of soda. He provokes diuresis by giving abundant fluid in order to carry off as rapidly as possible, deleterious products, and he watches with great care the functions of the skin and the regularity of the stools. These are the chief lines of treatment which he employs in typhoid fever; they are much more fully developed in his book on the subject, which deserves study.

Some other examples may be mentioned in which Dr. Robin obtains good results by special therapeutic means. In erysipelas of the face he employs a spray of corrosive sublimate (1 per 1,000). The spray should not be a very forcible one in order to avoid giving rise to pustules; it must be sufficiently intense to allow the penetration of the mercury. He obtains by this method rapid defervescence in from twelve to twenty-four hours; and this success he finds to be constant.

In Dr. Robin's wards there were several patients suffering from serious cardiac astyole who were going on well; he employs digitalis leaves in extremely small doses—0.10 centigramme of the leaves daily. He combines it always with iodide of potassium (about 1 gramme) and ergotin (0.30 to 0.50 centigramme). This procedure he alleges to be as certain as the employment of large doses of digitalis, whilst it does not involve the same inconveniences.

Dr. Robin lays stress on his success in the treatment of diabetes. Accepting the views of Claude Bernard, and considering that diabetes is in the immense majority of cases the results of excessive functional activity of the liver, which is itself dependent on a nervous affection, Dr. Robin employs antipyrin, which exercises a great moderating influence on the nervous system. He lays much stress on the particular mode of use of this drug, and considers it essential for his method of treatment to determine every day the quantity of urine passed, its richness in sugar, density, quantity of urea, phosphates, and albumen.

Excessive diminution in the quantity of urine, and the appearance of albumen he considers to be unfavourable, being indications of profound perturbation of nutrition. Unless the patient be carefully watched, grave accidents may occur, but if a daily analysis of the urine is made, the dose of antipyrin and the duration of its use may be regulated, and all complications avoided. A medium dose is from 3 to 4 grammes a day. It is continued for a week without requiring the diabetic patient to limit himself to a severe diet. The quantity of urine diminishes, its richness in sugar falls very considerably; sometimes, indeed, the sugar disappears, and the quantity of urea is lessened. The medicine is then left off for three weeks. At the end of this period the glycosuria never resumes its primary intensity, and considerable amelioration continues. The diabetic regimen is now discontinued, and the antipyrin renewed for a week, and then the medicine is left off, and the diabetic dietary renewed for three weeks. From three to six months of such treatment generally suffices, in Dr. Robin's experience, to reduce the elimination of sugar to insignificant proportions, and in a considerable number of cases leads to a cure of the diabetes. This cure, according to Dr. Robin, is permanent in 10 per cent. of the cases. The scientific capacities of this physician are such that it is not at all likely that he should make any error of diagnosis in these cases, and confound diabetes with alimentary glycosuria. He proposes to give a series of lectures shortly on the functional disturbances of the liver, in which he will explain more in detail his conception of the different forms of diabetes and their treatment. Hydrotherapeutics, studied from a scientific point of view, play also a large part in his method of treatment, of which I have probably said enough to show that they are scientifically conceived, based upon serious study, and carried out with persevering ingenuity.

THE ALBERT UNIVERSITY.

A DOCUMENT has been issued on behalf of the Provincial Schools of Medicine in England at Birmingham, Bristol, and Sheffield, being the provincial schools at present unattached to any university, containing the following observations on the provisions of the draft charter of the proposed Albert University, which is to be laid on the tables of the Houses of Parliament at the commencement of the session: The draft charter provides that the constituent Colleges of the Albert University shall be as follows:—University College, London and King's College, London, in all faculties—together with ten medical schools of London, which, however, constitute colleges of medicine only. At both University College and King's College, concerning whose general educational equipment no serious objection can be taken, it is to be noted that the medical faculty is prominent, and it is clear that, whatever safeguards may be attempted to be introduced, the preponderating character of the Albert University will be medical. This is well shown by the fact that (assuming, as is probable, that one each of the three representatives allotted to University and King's Colleges is a medical representative) the faculties will be represented as follows:—

Medicine, direct representatives,	16
Science, " "	6
Arts, " "	6
Law, " "	4

It may further be safely premised that each of the constituent medical schools will use its utmost influence to secure that the regulations which may be framed shall admit of the whole of their students becoming graduates of the university.

Hitherto, students of medicine in the London schools—equally with those in the provincial schools here represented—have only had open to them the degrees of universities—we allude to the University of London and the Victoria University—the requirements of which have ensured an extended course of study, a very complete system of training, and the examinations of which have been directed towards securing a high standard of efficiency at all stages of the curriculum, but particularly in the preliminary subjects of Arts and Science.

Students who fail to comply with these requirements may obtain a licence to practise medicine and surgery on easier

terms, after completing a more limited course of study by passing the examinations of the Apothecaries' Hall, or of the Royal College of Physicians and Surgeons in England, or of similar examining bodies in Scotland and Ireland.

They obtain an "ordinary qualification" as distinct from a university degree. It may be admitted that the university degrees referred to are beyond the reach of many students of medicine, both in London and in the provinces, and it is beyond doubt that a large majority of these students are only able to obtain an "ordinary qualification." They are naturally anxious to obtain a university degree, and with it the hitherto associated prestige. Whatever difference of opinion there may be as to the necessity or advisability of gratifying this desire, it is manifestly unjust to provide a more accessible and more easily obtainable degree for any limited group of such students, to the exclusion of others who are in all respects similarly situated.

This, however, the Albert University proposes to do, and in the interests of provincial candidates for ordinary qualifications we protest strongly against the granting of the charter in its present form. We may be allowed to point out that the proposed Albert University can only afford the ordinary student the opportunity of obtaining a degree in medicine by adopting a much lower standard than has hitherto been associated with university degrees in England; and though this may, within certain limits, be permissible, the standard should still be kept higher than that of an "ordinary qualification"—and this not in the final subjects of the curriculum merely, but throughout the whole course. That some of the most prominent supporters of the scheme expect that the standard will be lowered is shown by the following extracts from letters which have appeared in the medical journals:—

Extract from Sir George Young's Address at the Opening of Westminster Hospital.—BRITISH MEDICAL JOURNAL, October 10th, 1891.

"The University would be a teaching one, but would also examine. It would, therefore, not be necessary that all students, especially those who were advanced in their career, should begin thus late to enter upon the various stages and steps which intervened in the older universities between the student and the degree. It would not be necessary for old students to begin with the matriculation, and so on through a long series of examinations to the degree.

"The University would consist of the various schools and their students whom the schools certified as being well and thoroughly trained might look forward to a degree without postponing it to a time at which it would be impossible for them to take it.

"Many details of course remained to be worked out, among which was the question as to whether or not it would be desirable to have a Bachelorship in Medicine or only a Doctorate. The University would stand in a somewhat different position to the existing universities in that its men would be required to have provided themselves with a licence to practise, before being admitted to the examination for the degree, and it might fairly be considered that the fact of their having obtained such a licence to practise from a body of such status ought to entitle the holder to proceed to the degree *per saltum*."

Extract from Professor Erichsen's Letter to the BRITISH MEDICAL JOURNAL, October 17th, 1891.

"The examination for the M.D. degree of the Albert University will doubtless be of a purely practical and clinical character, such as should present no difficulties to the London diplomate. As the candidate for the M.D. degree of the Albert University must hold a registrable qualification, it may fairly be assumed that he has already been examined in the more elementary subjects of medical education, and further examination in these subjects might, in some cases at least, be dispensed with, as, for instance, in that of the holder of the M.R.C.S. and L.R.C.P. diplomas, such qualifications being considered equivalent to an M.B. degree; the holder of them, as Sir George Young pointed out in his admirable address at the Westminster Hospital, might at once be allowed to proceed to the examination for the M.D. degree; but these and similar questions will have to be considered and decided by the Council of the new University."

The charter of the Albert University permits of a degree being granted without any guarantee that the standard which should be associated with a university degree will be secured, and it is evident that it will be in the interest of the constituent medical schools to minimise the standard so as to bring it as nearly as possible to that of the "ordinary qualification" to practise.

We cannot but be impressed, in relation to this point, with the fact that of the twelve constituent colleges of the Albert University, no less than ten are not recognised in the Faculty of Science (indeed, five were refused admission to that Faculty on making application to the Privy Council), although they will of necessity be required to provide recognised classes in science subjects.

Whilst protesting against the granting of the charter of the Albert University mainly on the ground already stated, other