

## PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

*Therapeutic Memoranda.* By HARRINGTON SAINSBURY, M.D.,  
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In the "Practitioner" for May of this year a lecture by Prof. H. C. Wood, on the value of digitalis, is referred to. Digitalis is there spoken of as a cardiac food, and that it merits a high position on the list of drugs, which may be so classified, none can doubt. Not only, however, does digitalis act directly upon the heart, but indirectly (this follows as a matter of course) it influences for good the tissues generally, and more particularly certain organs. The kidneys readily respond, under certain conditions, to its action, and "the diuretic effects flow in a kindly manner," to quote Dr. Withering. The brain feels its influence, and a more controlled flow of blood through its substance shows itself by a quieter behaviour of the grey matter, and in many instances by sleep. The quieting action of digitalis is well recognized by alienists, and the combination of digitalis tincture with bromide of potassium is a familiar one. The treatment, further, of delirium tremens after the manner of Mr. Jones, of Jersey, has been sufficiently tested to establish the value of these very large doses (one half-ounce does of the tincture) in controlling the delirium and inducing sleep. In spite, however, of all the work that has been done, digitalis is handled in a very tentative and feeble way by practitioners—the fear of its "cumulative" action is ever present with them. Under these conditions it is well to lay stress on the signals which tell us when the organism is in distress from the action of the drug. They are: failure of pulse, diminution in the flow of urine, nausea, and vomiting. So long as the pulse is gaining in force and regularity and diminishing in frequency; so long as the urine is flowing well, we may be happy, though we are pushing the drugs. Should, however, the pulse begin to falter, and show further failure by an increased frequency, or should it abruptly fall to 50, 40, or even fewer beats per minute (a rare event), we must withhold. These symptoms have the greater significance if the urine fail, and, indeed, apart from any pulse change, a diminution in the flow of urine would make us watch much more carefully the pulse. Dr. Balfour insists on these precautions when we are giving large doses of digitalis, and it may be laid down as a rule that when we are giving such doses the urine must be measured. The patient should be kept recumbent. The alienist, when using digitalis, must remember that it is primarily a heart drug, and that he must therefore primarily

watch the circulation. Nausea and vomiting sometimes compel us to stop the giving of digitalis.

*Iodide of Potassium.*—This drug is so universally employed that it is essential that we should know its effects, even the most uncommon. Dr. Groenouw, of Breslau, reports two cases of acute œdema of the glottis occurring during the use of potassium iodide. He refers to several others which have been reported, in some of which death occurred by asphyxia before tracheotomy could be performed; whilst in others tracheotomy was the means of saving life. Foerster, Fournier, Fenwick, Malachowski are cited as reporting cases of this kind. In the recorded cases œdema of the glottis does not appear to have resulted from either the prolonged use of the drug or from massive doses. In some cases it occurred within a few hours, in others, the majority, during the first two days—in one case not till the sixth day. The total quantity which had been taken when the symptoms arose varied between three grains and fifty-four grains (in one case only had the total quantity been 200 grains). Other symptoms of iodism, except perhaps headache, may be completely absent. The effects could not be attributed to impurities of the drug, nor to local or general disease present at the time of the administration. They could only be referred to idiosyncrasy. Patients showing this idiosyncrasy may acquire tolerance of the drug. Since the majority of cases happened during the first few days of the iodide-cure, it is at this stage that careful watching will be able to detect the first indications of trouble, and avoid further complications. (“*Therap. Monatshefte*,” March, 1890).

Hallucinations and distinct insanity are reported by Dr. Oliver Belt to have followed the use of atropine drops—one drop of a four-grain-to-the-ounce solution used thrice daily. The symptoms set in after the seventh instillation. Flushing of the face and rapidity of pulse, with dilatation of the pupil of the sound eye, were observed. The total quantity used will have been  $\frac{1}{10}$  grain, and it will have been spread over  $2\frac{1}{2}$  days. The patient got well on discontinuing the drug and administering morphine (“*Practitioner*,” June, 1890, quoted from the “*Philad. Med. News*,” April 5, 1890). We would remark that, unless the doctor himself administered the drops, it is possible that more than one drop was used each time.

*Borax in Epilepsy.*—In the “*British Medical Journal*,” Vol. i., 1890, p. 901, Dr. Stewart gives the results of experiments with borax in epilepsy. He finds the drug useful where the fits are chiefly nocturnal. In two cases the results certainly are striking, but in five others they are very doubtful. Results upon so small a scale are of correspondingly small value, but on the occasional value of borax in epilepsy we have the testimony of Gowers and of Folsom—the dose recommended by these authors is 10 to 15 grains three times a day.

Hypnal is a recently introduced hypnotic. It is obtained by

bringing together in solution chloral and antipyrine. If these solutions be concentrated a crystalline substance separates, which has received the name of Hypnal. First described by M. Bonnet, of Dreux, it has been further experimented with by M. Bardet. The drug possesses hypnotic and analgesic powers. The efficient dose is 15 grains, but 30 grains may, though rarely, be required. Hypnal possesses a definite chemical structure, which, it is to be hoped, is more simple than its scientific name, viz., trichloracetyl-dimethyl-phenyl-pyrazolone. M. Bardet points to the smallness of the effective dose, and suggests that each ingredient heightens the action of the other, the resultant hypnal possessing the soporific powers of chloral and the analgesic powers of antipyrine—*cf.* "Nouveaux Remèdes," March 24, 1890. M. Bardet experimented on 22 patients. These results have been confirmed by M. Fraenkel ("Nouveaux Remèdes," August 8, 1890). The drug now receives the name of Monochloral antipyrine. In the presence of weak alkalies, therefore, in the blood, the compound is broken up to form again chloral and antipyrine.

The "Practitioner" for August, 1890, refers to the report of Drs. Hitzig and Alt on the elimination of morphine by the mucous membrane of the stomach after the drug had been injected *hypodermically*. In  $2\frac{1}{2}$  minutes after the hypodermic injection of morphine, it could be detected in the stomach. Dogs who had received 50 per cent. more morphine hypodermically than the usual fatal dose were saved by washing out the stomach. One third of the morphine was recovered in this way within 20 minutes. It is pointed out that in cases of swallowing of morphine in toxic dose it is quite possible that the stomach, even after the evacuation of its contents, will secrete the drug in further quantity. This report is an important contribution to toxicology.

*Chloralamide*.—Dr. Gustav Genersich reports a number of cases of insomnia treated with this drug. His conclusions are:—1. That chloralamide is a hypnotic, and only in larger doses a narcotic; he even throws doubt upon its narcotic action, for in cases of sleeplessness from pain it did not produce sleep. 2. It acts in doses of 30 grains, but 45 to 60 grains are more certain doses; these larger doses will cause sleep during the daytime. 3. The drug is most efficient in cases of nervous insomnia, but may be tried in all forms of sleeplessness. 4. By-effects are but slight, though the larger doses may cause headache, giddiness, nausea. Genersich did not get good results in cases of advanced phthisis with insomnia ("Centralblatt für die gesammte Therapie," August, 1890). It will be remembered that it is claimed for chloralamide that the introduction of the group  $\text{NH}_2$ , amidogen, gives it a less depressant action than belongs to chloral itself.

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