An unusual case of Graves' disease / by James Craig.

CHRONIC OVARITIS, ITS ORIGIN AND TREATMENT.

By W. J. BURLEIGH-ROBINSON, M.D.Durh.

By chronic ovaritis, the title which heads this article, I wish to express the result of that slow and insidious process of inflammation which occurs in weakly women and strumous subjects, and not the better understood chronic interstitial ovaritis, the result of specific infection and direct continuity of external inflammation. "Winternitz," in the *Centralblatt für Gynakologie*, enumerates the causes of chronic oophorites as follows :—

1. Injuries during menstruation.
2. Puerperal troubles.
3. Gonorrhœa.
4. Masturbation.
5. Infection, due to external poisons.

Leaving out gonorrhœa, take the above causes as those of that form of chronic ovaritis, of which I would treat, and to them I add leucorrhœa. In the great majority of cases, patients do not consult us until such time as they complain of pain, constant in character in one definite spot in the abdomen, a feeling of a lump, and a sensation as of something dragging and burning. It then becomes of the utmost importance to inquire into the previous history which is usually as follows :—

Patient has been always "delicate," not necessarily ill, but that vague debility requiring cod-liver oil at an early age, and good living.

2. The menstrual history is irregular.

3. There may or may not have been early dysmenorrhœa.

4. The irregularity in menstruating is shortly followed by the appearance of a discharge—leucorrhœa—and it is from the date of the appearance of this discharge that the process producing chronic ovaritis may be said to start.

We know that increased function in the vagina will produce function and growth in the mammæ, uterus, and ovary, and the leucorrhœa by its mere presence, possessing as it does, the three attributes, heat, moisture, filth, will supply all the requirements for infection by septic organisms, the patient thus being laid open to the chance of constantly recurring though slight attacks of more or less septic vaginitis. Again, the chronicity and neglect of leucorrhœa is proverbial, and I have no doubt that a long-continued disordered function, such as this discharge, will result in chronic changes in the ovaries, which, slight in themselves, place these organs at a great disadvantage from the point of view of recovery, should they at any time become the seat of any acute or subacute affection.

It is thus of the utmost importance that with the appearance of the discharge treatment should begin, and *not* as is so often the case, the young patient left alone under the prevailing idea that "as she gets older she will grow out of it."

With the exception of the discharge which most English women persistently ignore, no symptoms of any note occur until such time as through cold, damp, or puerperal troubles, an acute inflammation attacks the already chronically diseased ovary, then we get pain, fever, rigors, and in fact, all the symptoms of acute pelvic cellulitis followed by months of pain and discomfort.

It is at this time we are generally consulted, and then we find the great importance of inquiring closely into the previous history, to prevent "a mistake in diagnosis."

Treatment.—Whenever possible it is the duty of the practitioner to ascertain whether his patient suffers from a discharge, and if so, to ascertain its cause and source. Should it be leucorrhœa, tonics, cod-liver oil, and nutritious diet must be given, together with injections of dilute boracic acid daily. Then, with fresh air—especially country air—from green fields, a recovery will probably ensue.

Should the symptom be due to a cervicitis, and the discharge be seen issuing from the os, great care must be taken in attacking it, for often the ovary has become irritated at the same time the cervicitis developed, and any free interference with suppositories, sounds or curette, is liable to and frequently does produce an acutes ovaritis of a dangerous character. In the latter stages when chronicity is apparent, local anæsthesia should be applied to the abdomen. Leeches will be found useful as an occasional blister. But it is principally essential that as much new blood as possible should be sent to the ovaries, and to aid this ferruginous tonics should be administered. The patient should also rest on an inclined plane, the pelvis being raised at an angle of about 15 degrees, thus relaxing the broad ligament and allowing of a freer circulation. The disease is a chronic one, the treatment must necessarily be prolonged, and, in fact, the bedstead of a woman suffering from chronic ovaritis should *never* be allowed to assume the level plane. Gentle exercise, such as an hour or two in a bath chair daily, or carriage drive, when the jolting can be borne, is beneficial ; the diet should be nourishing, and alcohol in any form is directly contra-indicated owing to the great probability of the habit being formed.

This treatment followed out thoroughly will give great relief, though slight relapses occur.

The formidable operation of removing the ovaries should be our very last step in treatment, for owing to the numerous adhesions around the organs it is often extremely difficult and dangerous. In fact, the operation should never be undertaken unless we see that all other efforts have failed, and that the patient's nerve force and strength is being worn away, or we have reason to suspect pus in the vicinity.

The wholesale "spaying" of women which of recent years has become so fashionable, is most serious in its results as to marital happiness, and dangerous to life, and excepting where life is in danger absolutely unscientific.

AN UNUSUAL CASE OF GRAVES' DISEASE. (a)

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The patient is a girl, who came under my care in the Meath Hospital on May 4th, 1893. She was æt. 25, unmarried, and had been in employment as a general domestic servant until December, 1892. During the summer of that year she had suffered from anæmia and palpitations and had noticed her neck becoming enlarged. Then in November menstruation ceased, and after a month of severe frontal neuralgia, the eyes became prominent. There was no history of fright or mental emotion, nor of any family neuroses. In January, 1893, she went to the South Dublin Union Hospital, where she fretted much, and after a time found her eyes become red and painful and very prominent. When she came under my care in the month of May her eyes were in a most alarming condition, of which the drawing and photograph give only a very imperfect picture. The eyeballs were markedly prominent, and the lower half of the bulbar and palpebral conjunctiva of each eye formed a red protruding mass which buried the edge of the lower lids completely beneath it. The lower portion of each cornea was ulcerated, there was no anterior chamber, and in the right eye a small mass, which appeared to be the lens,

(a) Read before the Royal Academy of Medicine, May 11th, 1894.

lay on the swollen tissues. The upper lids were freely movable, and the conjunctiva underneath was red and congested, but free from chemosis. The sight was gone, except that she could distinguish light from darkness. Pain was so intense that she had not slept at all for nearly a week previous.

With regard to other symptoms, her pulse varied at short intervals from 120 to 170 per minute. The heart was weak, irregular, slightly enlarged, and with a pulmonary systolic murmur. The thyroid enlargement was not great, but was symmetrical, and about the size of a small orange on either side, while pulsation and bruit in it were distinct. She was very nervous and excitable, and her hands and arms especially showed a constant tremor. She had suffered before admission from an exhausting diarrhœa, and complained of being weak and tired. The body was emaciated, and the mammary glands atrophied. The chest movements were much restricted during respiration, a symptom which has been lately pointed out by Bryson of New York. She perspired freely from slight causes, and her skin always felt hot. The urine contained a trace of sugar but no albumen. The skin was not pigmented, except on the upper lids, and the appetite was small on admission, although afterwards it became voracious.

The condition of the eyes, however, was the special feature of the case, and one which called for immediate relief. Dr. Johnston kindly saw her with me, and divided the outer canthus of each eye with a pair of scissors, then on the following morning he made several incisions in the swollen mass of each eye by transfixing it with a narrow cataract knife from the corneal margin to the edge of the lower lid. The bleeding which followed considerably reduced the swelling, and as division of the canthi had allowed the eyeballs to protrude still further, the patient was so much relieved that she slept well that night. The remainder of the treatment consisted in the application of warm boracic lotion, and subsequently the globe was covered by gold beater's skin on which a little boracic ointment was spread. There was no active spreading ulceration of the cornea, and Dr. Johnston thought the ulceration was partly due to exposure and partly perhaps to pressure, although it was difficult to understand how the latter could act on the nourishment, nervous or otherwise, of only one half of the cornea. His idea in carrying out this line of treatment was that he would reduce the pressure on the globe, cause the eye to retract, and above all make the patient more comfortable. He also feared if the eyes were left in the state of congestion or strangulation which was present that panophthalmitis would set in. The result was satisfactory in so far as it averted destruction of all the tissues of the eye and gave relief to the girl, but although the swelling somewhat diminished at the time, and acute symptoms subsided, the ulceration extended to the upper part of the cornea, and as the sight did not return, and the swollen red mass still persists to some extent, at the end of a year it has been found necessary to place the girl in an asylum for the blind.

In the records of the numerous cases which I have examined I can find no evidence that any eye complication so serious as this has ever before been observed.

Gowers says, "When the lids fail to cover the eyes these are often dry in the morning. Corneal inflammation is sometimes met with, apparently due to imperfect protection of the globe when the lids fail to meet, conjunctivitis is not rare, and occasionally there has been opacity of the cornea and even sloughing, generally in both eyes, but in one before the other. Œdema of the lids is occasionally present, and may be associated with œdema of the conjunctiva." And Mr. Swanzy, in his "Handbook on the Eye," says "the sensibility of the cornea is lessened. Ulcers of the cornea are not common, but are more often seen in men than in women. The exposure of the eye and the dryness of the cornea are probably to a great extent the cause of ulceration when it occurs, but Sattler inclines to the belief that it is also largely due to paralysis of the nervous supply of the cornea."

In a paper by Dianoux on "The Ocular Lesions in Exophthalmic Goître," read before the International Medical Congress in 1886, he considers that stretching of the ciliary and optic nerves by the exophthalmos produces the internal eye lesions, which he classes under three heads—(1) the effects on motor organs, viz., dilatation of the pupil and paralysis of accommodation; (2) the effects on nutrition, viz., neuro-paralytic corneitis, papillary œdema, and irido-choroiditis; and (3) the effects on sight, viz., mist, shimmering, and finally amblyopia.

While I have gone so fully into eye complications in this affection, it may be well to mention in detail the more commonly observed ocular phenomena:—1. Exophthalmos, which is present in about 90 per cent. of the cases, and which may be unilateral or bilateral, or more marked on one side than the other, and which varies in degree according to the heart action. 2. Graefe's lid sign, or impairment of the consensual movement of the upper eyelid in association with the eyeball on the patient looking downwards, and a modification of this has been noticed by Ramsay in the form of a spasmodic retraction of the upper lid after an imperfect descent. 3. Stellwag's sign, which consists in an incompleteness and diminished frequency of the involuntary act of winking. 4. Dalrymple's sign, or abnormal widening of the palpebral orifice which is due to retraction of the upper lid. Very rarely the lower lid had been retracted also. 5. Möbius and others have recorded paresis of the muscles that move the eyeball, and even complete ophthalmoplegia has been noted. Finally, tremor of the lids and tremor of the eyeballs have both been noticed, the former of no significance, as it occurs in people in health, the latter a nystagmus which probably corresponds to the tremor of the body and limbs.

In this case of my own there was no secretion or appearance of acute inflammation, but the condition resembled rather that seen in the case of strangulated hæmorrhoids. And although there is some obscurity as to the cause of this serious complication and as to its method of onset, we have at all events learned this lesson, that in all cases of Graves' disease where the exophthalmos prevents the lids from meeting over the eyeballs every precaution should be adopted by the medical attendant to lessen the corneal exposure and reduce the proptosis. The methods that have been found useful for these purposes are tightly applied muslin bandages over the eyes, the application of tincture of iodine to the upper lids and where the protrusion is very great, the eyelids should be stitched together, or even in order to lessen the palpebral orifice the upper and lower lids should be united in the region of both commissures by vivifying their edges for some distance and stitching them together so as to bring about a permanent union. However, it is only right to mention that a young girl who was undergoing an operation of this sort died suddenly on the operating table in Guy's Hospital in June, 1873, but this untoward result may not be taken to prove more than that a tendency to sudden death exists in exophthalmic goitre.

Since the three cardinal symptoms of this affection were first grouped together by Graves as a separate and definite malady, many additional symptoms have been described, some of which, like tremor, are almost constantly present, while others are found with more or less varying frequency. Most of these have been mentioned by Dr. Foot in his particularly interesting and instructive lecture on this affection, which appears in the second series of International Clinics. He there also calls attention to the undoubted right of associat-

ing with this malady the name of its discoverer Graves, rather than that of Basedow. So that it is interesting to find in the most recently published German treatise on exophthalmic goitre an admission by the author, Dr. Mannheim, of Berlin, that in studying the history of the affection, he discovered that Graves had known, recognised and described the disease before Basedow, and that therefore one could not refuse to give him the priority and name the disease after him, and this he adopts as the title of his work, "Morbus Gravesii."

I could not attempt within the space of a short paper to discuss fully the various theories that have been put forward with regard to the pathology of this perplexing disease. But while it is almost universally accepted by writers on diseases of the nervous system, and by pathologists generally, that the symptoms owe their origin to a functional or organic lesion of the central nervous system, there are at the present day not a few who, following on the lines of Möbius, consider that the starting-point in the affection is the altered condition of the thyroid gland, which either by a hypersecretion or altered secretion disposes of toxic agents to the blood, which in turn produce minute pathological changes, or it may be only functional disturbances in the central nervous system. This latter view has lately received more attention on account of the recent researches that have been made in regard to the functions of the thyroid gland, but more chiefly in regard to its atrophied state in producing the condition known as myxœdema, and to the highly successful result of treating this latter disease with some preparation of the gland itself.

In the first place I would mention briefly that Mr. Victor Horsley's researches have gone to prove the importance of the thyroid as a blood forming and metabolic agent. He says it forms or rather secretes from the blood a colloidal substance which is transmitted by the lymphatics from the acini of the gland back to the circulation, and it is of special metabolic importance in early extra-uterine life, as shown by the more fatal effect of thyroidectomy in young animals, while its value falls as the general vital processes decrease. Its great importance in relation to health is shown by the effects that follow its removal in animals; these are (1) diminution in the corpuscular elements of the blood, and in the amount of its oxygen, with the presence of abnormal constituents in the plasma such as mucin; (2) a general toxæmic state which gives rise to excitatory and subsequently paralytic changes in the central nervous system, which are shown by tremors, spasms, rigidity, and afterwards motor and sensory paralysis; and in the third place derangement of nutrition follows, as shown by emaciation, increase of mucin in the subcutaneous tissues and even later fibroid increase, with heat changes, also, in which the temperature is first above and afterwards below normal, and in which the symptoms are aggravated by cold and ameliorated by heat.

So much therefore for the importance of this gland in the preservation of the economy of the body.

Undoubtedly there is an increase or perversion of its functions in Graves' disease, which one might readily assume to be the cause of many of the secondary symptoms, but those who support the view, among whom are Professor Greenfield and Dr. Byrom Bramwell of Edinburgh, that the primary source of the malady has its origin in the altered state of the gland, reason from the following data:—

(1) The pathological state of the thyroid in ex. goitre.

(2) The presence in the nervous system—particularly in that part of it which from the symptoms one would suspect to be involved—of slight but widespread changes which are of a like nature to those seen in toxic diseases, such as hydrophobia and tetanus, and therefore suggesting that these changes in Graves' disease may also be of toxic origin.

(3) A comparison of the clinical features of myxœdema in which the gland is atrophied with those of ex. goitre in which it is enlarged.

(4) The beneficial effects on this disease of partial thyroidectomy.

(5) The beneficial effects which follow medical treatment directed to reducing the size of the goitre.

(6) The correspondence in some important respects of the phenomena of Graves' disease with those produced by artificial introduction of the thyroid secretion.

With regard to its pathological structure, Drs. Grainger Stewart and Gibson reported at the British Medical Association last August the result of post-mortem examinations which had been made in three cases, and Professor Greenfield in the "Bradshaw Lecture," delivered before the Royal College of Physicians last November, recorded the result of his observations on six fatal cases. In every instance there was marked increase in the secreting structure of the gland, which Professor Greenfield considered bore the same relation to the normal gland as that which the mammary gland in lactation bears to itself when in a state of quiescence, and in peculiar contrast to what has generally been accepted the gland was found to be not very vascular, at least the increase in vascularity was not more than is met with in a secreting mammary gland. Greenfield points out that great increase in the secreting tissue and greatly exaggerated function may be present without notable increase in volume. In advanced stages of the disease fibrous overgrowth may replace the secreting structure, and in that case one might expect a subsidence of the symptoms, or even if the glandular atrophy is extreme myxœdema may ensue—a sequela which it is true has been sometimes observed.

Coming to the next point in the argument, although the changes found in the nervous system are not by any means constant, still minute hæmorrhages and degenerative changes are frequently met with which closely resemble the conditions that are observed in diseases like tetanus and hydrophobia which are believed to be of toxæmic origin.

In contrasting the clinical features of myxœdema with those of Graves' disease the following points are called attention to:—

IN EX. GOITRE.

1. The gland is hypertrophied.
2. Young women are affected.
3. There is hyper-excitability, nervousness, tremors, and unrest.
4. The skin is soft, smooth, moist, with excessive perspiration and diminished electrical resistance.
5. There are subjective sensations of heat (flushing), with easily produced elevations of temperature.
6. The pulse is frequent.
7. There is marked emaciation.
8. Amenorrhœa is common.
9. Marriage and pregnancy may cure.
10. Mental disorder more usually take the form of acute mania.

IN MYXŒDEMA.

1. It is atrophied.
2. Older women suffer.
3. The patient is stolid and placid.
4. The skin is dry, harsh, rough, no sweating, and increased electrical resistance.
5. There is feeling of coldness with subnormal and unvarying temperature.
6. It is slow or infrequent.
7. There is increase in weight and bulk.
8. Menorrhagia is more common.
9. Pregnancy is very rare, but when it occurs patients get worse.

10. Melancholic delusions are more often m et with

We next come to consider the beneficial effects of partial thyroidectomy. Steirlin collected 29 cases in which a portion of the gland was removed, and in 22 of them complete recovery ensued. Wette collected 26 of what he considered undoubted cases in which removal of portion of the gland was followed by considerable improvement and often by a distinct cure, in fact he says that the altered gland is the cause of the disease, and that operation is the only satisfactory treatment.

Putnam, of Boston, has found removal successful in curing the disease, but says, that while there is little risk of death there is great risk of considerable temporary prostration and laryngeal paresis.

Frieberg, of Cincinnati, recommends it in severe cases that will not yield to medical treatment.

Booth and Newton, of New York, have also recorded satisfactory results from operation.

There is not much to be said either for the beneficial effects of medical treatment directed towards reducing the size of the gland, or to the fact that the introduction of thyroid juice into the system in health produces certain effects similar to symptoms of ex. goitre.

Certainly pressure, ice, and the inunctions of red iodide of mercury externally and the administration of belladonna and ergot internally, all of which may be said to aid in reducing the size of the swelling or in diminishing the secretion have been credited with at least as good results as any other therapeutic agents.

The administration of the juice in health has been followed by relaxation of the arterioles, rapid heart action, diuresis, slight rise of temperature, and an overdose in myxœdema has produced flushing, excessive perspiration, muscular spasm, tremor, tumultuous heart action, rapid pulse, and death from cardiac failure.

Now while all these arguments seem more or less to favour what I may call the "glandular theory," and to prove that the goitre is the cause of the other symptoms lest anyone should be led to adopt this view from the plausible nature of the arguments set forth and to consider that we should at once hand over our cases to the surgeon for the purpose of curing them, I will touch briefly on the other side of the question.

In a number of cases of ex. goitre a complete cure has followed the removal of a nasal polypus or the cauterisation of a thickened nasal mucous membrane, while some instances of complete recovery are recorded in which practically no treatment at all has been adopted. Guttman about twelve years ago practised thyroidectomy without any result. Kocher, of Berne, had a case which died the night after operation, and four cases in which no result was notified, and he says the patients have as little chance from operation as if they suffered from malignant goitre. Strümpell, in one case, partially removed the gland and the patient died. While Mannheim as the result not only of great personal observation but also of extensive research in the literature of the subject considers that unless for urgent dyspnœa operation should not be undertaken, and he asserts that only twelve of Wette's cases were genuine Graves' disease, and of these three were unsuccessfully operated on, two were moderately successful, and the others were doubtful. Four of his own forty-one cases were operated on and only one seems to have received partial benefit. He says the most successful treatment is a dietetic and hygienic one which ensures physical and mental rest in the widest sense, and that experience shows electricity to be useful, but the utmost that therapeutics can effect is perceptible improvement, whilst a complete cure is beyond it.

In conclusion, it may be of interest to mention that this disease has been observed in animals. Two cases are reported from St. Petersburg, the first that of a four year old thoroughbred horse, which after a long gallop exhibited abnormally strong and frequent arterial pulsations, cardiac palpitations, and progressive weakness, the thyroid body was found tumefied, and sixteen days after marked double exophthalmos appeared, and after a month's illness the colt died. The second case was that of a small pet bitch, seven years old, in which the cardinal symptoms were present, but were cured with iodine in three months. In the Veterinary Reports for the Kingdom of Saxony, 1890, Roder cites the case of a cow in which palpitations, arterial pulsations, enlarged thyroid and intense double exophthalmos had existed for four years. Finally a somewhat doubtful case has been reported by Professor Cadiot, of Paris, in which a gelding exhibited cardiac palpitations, a bounding pulse, great hypertrophy of the thyroid gland, but no exophthalmos. A reference to these interesting cases will be found in the *Lancet*, of Aug. 20th, 1892.

Selected Prescriptions and Therapeutic Notes.

145.—For Whooping-Cough :—

℞ Sulphonal, gr. j ;
Creasoti, ♏ ij ;
Syr. tolutani ;
Aquæ, āā ℥ij.

M. Two teaspoonfuls to be given every two hours.

The Practitioner.

146.—For Bronchitic Asthma :—

℞ Extract : stramonii, gr. ½ ;
Potassii iodidi, gr. v ;
Ammonii carbonatis, gr. iv ;
Tincture lobeliæ æthereæ, ♏ v ;
Aq. chloroformi, ad. ℥ss.

M. A tablespoonful every four or six hours.

The Practitioner

147.—Colourless Iodine Ointment :—

℞ Iodi, gr. xx ;
Potassii iodi, gr. iv ;
Sodii sulphitis, gr. xl ;
Aq. qs.

M. Rub the salts with the water until the solution becomes colourless, then add

Adipis benzoati, ℥j.

Atlanta Clinic.

148.—For Neuralgia :—

℞ Liq. arsenicalis, ♏ iij ;
Tinct. gelsemii, ♏ x ;
Liq. strychniæ, ♏ iij ;
Glycerini, ♏ xx ;
Aq. destill, ad ℥j.

M. For one dose. To be repeated three times a day after meals.

149.—To Assuage the Thirst in Diabetes :—

℞ Pilocarp. nitratis, gr. vij ;
Sp. vin. rectificati, ℥j ;
Aq. destill, ℥ij.

M. The tongue to be moistened with five or six drops of this mixture four or five times a day.

La Medicine Moderne.

duction of organic bodies artificially by the synthetic process was accomplished in numerous cases, and there were hopes that quinine would soon be included in the list. The hope was strengthened when it was demonstrated that quinine was a derivative of a simpler basic body, to which the name quinoline or chinoline was given.

Quinoline has the formula $C_9 H_7 N$. Working with this base Friedlander and Gohring produced a large number of compounds with methyl, phenyl, and so forth. Quinoline was also prepared from the cinchona alkaloids. And quinoline and its salts and compounds were found to possess the antipyretic, antiseptic, and tonic properties of the alkaloids of cinchona. Those who had taken up the subject were fascinated with the prospect of producing quinine, but always met with disappointment. Other chemists working out the aromatic series of organic chemistry produced salts, which, judging from their chemical composition they believed would be found to have therapeutic properties resembling quinine, and in the early years of the eighties many of these new drugs were introduced. Derivatives of the aromatic group were not always safe, they had a depressant action on the heart, and some of them were toxic, and the majority of them were prone to be followed by a rash which alarmed the patient, in many instances. From depressant effects com pounds of the quinoline series were free. Physicians came to prefer them, and chemists came forward to supply the demand.

The latest, and, I think, one of the best products of the series is "Analgen." Its chemical title is a very long one, and its composition is very complicated. The manufacturers, by giving its composition and method of production, remove it from the list of secret remedies, a not unimportant fact for prescribers. The chemical formula given is $N\,H\,O\,OC_6H_5H$, and its chemical name is Ortho-aethoxy-ana-monobenzoy-lamido-quinoline. It is a white crystalline powder, insoluble in water, soluble in acids, readily soluble in hot, and sparingly soluble in cold, alcohol. As a criterion of its purity, it melts at 208° C., and leaves no residue when burned on a sheet of platinum. From experiments on dogs it has been determined that analgen is non-toxic, and when given in large doses the kidneys remained unaffected. Not unfrequently, however, the urine becomes a cherry red colour during the use of the drug, a discolouration caused by the action of the uric acid on the separated benzoyl group of the analgen, a purely chemical reaction of no physiological or pathological importance; neither blood, albumen, nor sugar were found in the urine of healthy persons to whom the chemical was administered, a statement which agrees with my experience after a trial of the drug for close on twelve months.

I obtained my first supply from Messrs. Thomas Christy and Co., of Lime Street, London, for a patient who had a violent facial neuralgia, and who for years found relief from the use of bromides; these in time lost their effect, and analgen was tried, at first in five-grain doses every three hours, but without any relief. I now decided to make the dose ten grains, and repeat as before; the effect was marked, the intense supra-orbital pain ceased after the second dose; the intolerance of light and sound disappeared, and the patient was able to resume her ordinary household duties. Still wishing to keep on the safe side in dosage, I ordered seven-grain doses for my next patient, a married woman, æt. 40, who for the past twenty years has suffered from toothache, neuralgia, and so forth, but in whose case there was no history or trace of syphilis. She took six such powders with little or no effect until, in her despair, she took two powders at one time. The fifteen produced a marked lessening of the pain. She repeated the double dose in three hours, and about an hour afterwards she declared that all pain had ceased. My experience of the drug is limited to about two hundred cases; of these the majority were neuralgic, and in every case I found that the drug must be given in full doses if relief is to be obtained. Except in the case of children of twelve to fifteen years, five-grain doses gave no results. The smallest effective dose for adults was ten grains; the largest dose I have given was fifteen grains, and the dose in every case was ordered to be repeated in three hours. I am, however, inclined to think that the dose should be repeated every two, instead of every three, hours. Migraine is quickly got rid of by a fifteen-grain dose, as is cephalalgia. For rheumatism the effects of analgen are more marked if it is combined with tartrate of soda in drachm doses, or if its use is preceded by the old-fashioned black draught and blue pill. In old-standing cases of sciatica I have not found the drug very effective—but what drug does benefit such cases? The insolubility of the drug in water is a drawback to its general use, but patients really suffering acute pain make no objection to swallow powders, or, indeed, any form of medication that offers hopes of relief.

As an anti-neuralgic remedy analgen is a distinct gain, and very welcome to the medical profession. Abroad it has been largely used, and the reports of its therapeutic effects are most favourable. Dr. Goliner, of Erfurt, reports (*a*) four cases, including visceral neuralgia, tabes, lues, and trifacial neuralgia. Dr. Treupel, of Breslau, recommends it for rheumatic gonorrhœa, articular rheumatism, and sciatica. A remarkable case of its beneficial effects in that most obscure of nervous diseases, agoraphobia, is given by Dr. Keberlet. (*b*) He prescribed fifteen grains of analgen morning and evening, and applied a cold embrocation to the patient's breast. "In fourteen days the nervous affection was effectually cured, to the great relief of the patient."

I may just add that in no case in which I prescribed analgen has the patient complained of singing in the ears, deafness, fulness in the head, nausea, nor have I known of a single case in which any rash followed from its use.

Selected Prescriptions and Therapeutic Notes.

150.—To Allay the Itching in Urticaria:—

℞ Hydrarg. perchloridi, gr. iss;
Chloroformi, ℥xx;
Glycerini, ℥ij;
Aq. rosæ, ad ℥viij.

M. To be dabbed on the affected parts.—BURGESS.

151.—"Carbolised Collodion":—

The following formula is a good one for the preparation of "carbolised collodion":—

℞ Acidi carbolici,
Olei ricini, āā ℥ss;
Collodii, ℥j. M.

152.—For Vaginismus:—

℞ Iodoformi, gr. xv;
Extracti belladonnæ, gr. viij.;
Ol. theobromæ, q.s.

M. For one suppository. To be used at bedtime.—LUTARD.

153.—Useful in Alopecia Areata:—

℞ Resorcin, ℥iss;
Ol. ricini, ℥iss;
Sp. vin. rectificati, ℥v;
Balsami peruviani, gr. viij.

M. To be applied locally.—HAZARD.

(*a*) "Reichs-Medicinal Anzeiger," No. 4, 1893.
(*b*) "Der Praktische Aerzt,"

Clinical Records.

HOPITAL SALPETRIERE, PARIS.

Case of Pedicellate Adenoma of the Posterior Wall of the Stomach—Ablation—Suture of Walls of the Stomach—Recovery.

Under the care of Dr. CHAPUT.

(Reported by our French Correspondent.)

A MAN, æt. 64, was admitted to the Salpétrière on April 4th, 1894. He was extremely cachectic. No important hereditary antecedents. His present illness began nine months ago. He had first indigestion, colic, and flatulence. Three months ago he vomited during two days much black fluid, resembling tar. Since that date has suffered from dull pain in the epigastrium; has lost appetite and mostly vomits after feeding. He has been aware for three months of the appearance of an epigastric tumour. He has become extremely thin since the commencement of the dyspeptic symptoms.

There is in the epigastrium a large tumour visible externally, but more definable on palpation. It is limited below by a line passing horizontally through the umbilicus, above by the border of the false ribs, and another horizontal line passing five fingers' breadth above the umbilicus, externally by the costal margin, and forward it encroaches a finger-breadth on the median line, to the right of which it is prolonged. The tumour is hard, and does not fluctuate, and is sonorous to percussion; it is mobile transversely, less so vertically. It is painful, and tender to the touch. When the abdominal muscles are contracted the tumour disappears behind them. There is no sign of dilatation of the stomach; no enlarged glands discoverable.

In presence of the symptoms—digestive troubles, sanguinary vomiting, tumour, cachexia—cancer of the stomach was diagnosed.

M. Chaput hesitated at first to interfere, because of the cachectic state of the patient; he later decided to operate on consideration that the pylorus was probably intact, as the stomach was not dilated; that the tumour was situated on a level with one face of the organ, and that its ablation would be much less dangerous than that of a cancerous pylorus.

The operation was performed on April 18th. The patient was fed on milk only for several days before, and was kept without food from the previous afternoon. A median laparotomy below the umbilicus was performed. The stomach was then drawn forward. The anterior wall was healthy and glided over the surface of a more deeply-placed tumour. This wall was incised for a distance of 12 centimetres equidistant between the large and small curvature.

The tumour within the stomach showed a lobulated surface not ulcerated but covered by white mucus. The stomach was well washed with boiled water. It was then discovered that the tumour sprang from the posterior wall by a short thin pedicle, but of which the line of attachment to the stomach wall measured about 8 centimetres.

The pedicle was seized by long forceps, which were made to include some centimetres of sound adjacent surface, and divided. The peritoneum was not wounded by this procedure except in the left half of the incision; in the right half the mucous membrane alone was incised. The wound of the peritoneum was closed with a continuous suture and the stomach was closed.

The patient made a rapid recovery without fever or other untoward symptom. Examination of the tumour revealed the presence of numerous glandular cavities with a single layer of cylindrical cells and an interstitial tissue containing few cells. These characters of the growth, together with the existence of a pedicle, and the absence of ulceration, led to the belief that it was an adenoma rather than a true cancer.

The patient was shown at the Société de Chirurgie on May 23rd, 44 days after operation. He had gained 6 kilograms in weight, and was in perfect health.

THE Woman's Medical College of Pennsylvania have just turned out fifty women who have received the degree of Doctor of Medicine.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

MEETING HELD FRIDAY, MAY 11TH.

The President, DR. WALTER G. SMITH, in the Chair.

AN UNUSUAL CASE OF EXOPHTHALMIC GOITRE (GRAVES'S DISEASE).

DR. CRAIG exhibited a patient and read a paper on the above, the subject being a girl, in whom the eyeballs were markedly prominent and the lower half of the bulbar and palpebral conjunctiva of each eye formed a red protruding mass, which buried the edges of the lower lids completely beneath it. The lower portion of each cornea was ulcerated, there was no anterior chamber, and in the right eye a small mass which appeared to be the obtruded lens lay on the swollen tissues. The upper lids were freely movable, and the conjunctiva underneath was red and congested, but free from chemosis. The sight was gone, except that the patient could distinguish light from darkness, and the pain was so intense that sleep had been impossible for nearly a week. The full paper appeared in our last issue. In the discussion that followed its reading,

Sir WM. STOKES said he had seen her shortly after her admission to hospital. The chemosis of the conjunctiva and the exophthalmos, especially the former, were much more striking then. As regards the surgical treatment of cases of this class, he suggested, in lieu of thyroidectomy, which was always a serious and difficult operation, the exposure and division of the isthmus of the thyroid body. He had performed this operation in three cases of goitre, in two of which a marked and beneficial result took place, while in the third case no change took place. The size of the thyroid became much less in two of them.

Dr. H. C. TWEEDY said that many years ago he had seen inunction of red mercurial ointment tried in one of these cases, with the result that the patient's sufferings were much increased.

Dr. W. J. THOMPSON asked what line of treatment had been adopted in the present case. He had heard that in some cases there had been observed *post-mortem* changes in the inferior cervical ganglion.

The PRESIDENT said that it was worthy of note that there had been no history of a fright previous to the development of the disease. Many cases had occurred immediately after the Franco-Prussian War. This is interesting, as it may indicate the direction in which to look for the solution of the pathology of the disease. The chemical theory was a new one, and it showed that we might have diseases caused by a plus and minus derangement of the gland. It did not, however, explain the much greater frequency of the diseases affecting the gland in the female. Were we to assume that the metabolism of the female was different from that of the male body. As regards the treatment spontaneous recovery was not so rare as might be concluded from reading the text-books. Some years ago he had seen a young woman, in consultation with Dr. Ball, and she then appeared in imminent danger of dying. She subsequently got quite well. He wished to know had ligature of the arteries going to the gland been tried with a view to, as it were, starve it.

Dr. CRAIG, in reply, stated that, in regard to Sir Wm. Stokes' suggestion that in some cases division of the middle lobe might do good, this procedure was only of benefit in cases of goitre but not in cases of exophthalmic goitre. The superior and inferior thyroid arteries had been ligatured but without much good result. As regards drugs, belladonna, and ergot he believed to have been the ones most generally found useful. He had applied to the conjunctiva of his patient's eyes, to remove the local affection, resorcin with some good result, and silver nitrate with less effect.

NOTES ON CASES OF THE SEVERE TYPE OF INFLUENZA.

Dr. BURGESS commenced his paper with the queries: 1. Are severe cases merely neglected forms of the common form of the disease. 2. Are they of the nature of malignant types of fever attacking internal organs primarily.