

**JOURNAL OF PRACTICAL  
MEDICINE.  
OCTOBER, 1900.  
PP.322-384. VOL. XI. NO.6**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649320295

Journal of Practical Medicine. October, 1900. pp.322-384. Vol. XI. No.6 by Various

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**VARIOUS**

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October, 1900

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# JOURNAL OF PRACTICAL MEDICINE



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**ALBUMEN IN THE URINE.**

Chronic inflammation of the kidneys, says Dr. Black in *The Healthy Home*, is the cause of many more deaths than is generally known. Its detection by the physician is not always as easy as is commonly supposed. Formerly most every physician thought he could easily detect this disease by an examination of the urine. One thing depended upon to determine whether or not the disease existed was the presence of albumen. If after a few chemical examinations of the water the physician found no albumen, he generally concluded and announced to his patient that there was no kidney disease. On the other hand, when he found it in several specimens he was most positive that the patient had Bright's disease. While, as a rule, a disease based upon the above premises might be correct, it is a fact that these signs are not always to be depended upon.

Persons passing albumen are not always severely sick or in immediate danger of death. It may be passed when it is impossible to detect any disease, and in fact when the health and strength are not in any way impaired.

Dr. Saumby in the "International Medical Annual" affirmed that albuminuria might exist where there was perfect health. Although he published good reasons for making this statement, it was not generally accepted until further examinations along this line proved his statement to be true. Keep in mind at all times that the presence of albumen in the urine is strong presumptive evidence of kidney disease, but this paper is to impress upon the minds of patients who know that they pass albumen that

this is not in itself a sure indication that they are doomed to an early death.

Persons with albuminuria often learn to examine their urine, thinking that in this way they can determine whether or not they are getting better or worse by the amount of cloud which exhibits itself under their examination. They should know that the amount of albumen in the water is of no value whatever in determining the amount of destruction that is taking place in the substance of the kidney.

Thus, while it has been demonstrated that albuminuria does not always prove the existence of Bright's disease, it is also as well known that the disease may exist without the presence in the water of any albumen whatever. This is contrary to the opinion entertained by the medical profession for many years. As a result of not understanding this matter thousands have been destroyed by chronic Bright's disease, while its presence was never detected.

Dr. C. A. Tuttle, an eminent physician of New Haven, Conn., recently said in a paper read before the New York State Medical Association: "I believe chronic Bright's disease is more often overlooked by the physician than any other common disease. All advanced physicians today entertain the same opinion."

"I'm afraid I have lost a patient," said the young physician who realizes the value of making an impression.

"Didn't you know what remedy to prescribe?"

"Perfectly. That part of it was simple enough, but I couldn't think of the Latin for 'mustard plaster.'"

**THERAPEUTICS OF UROTROPINE.**

The important place which urotropine has attained in genito-urinary surgery is exemplified by the fact that it was made the subject of a special paper by Dr. E. L. Keyes, of New York (*Philadelphia Medical Journal*), at the recent meeting of the American Congress of Physicians and Surgeons. Among the instructive cases reported by the distinguished author, there was one of persistent anuria following external urethrotomy which was at once relieved by the use of the drug, the symptoms again appearing when it was discontinued. Dr. Keyes always uses urotropine when urinary chill is present or is threatened, and it appears to be almost a specific in acute catarrhal pyelitis. Large doses may be necessary at first, these being followed by long-continued smaller doses. As a prophylactic against urinary chill urotropine is highly recommended. Attention is called by the author to the fact that in some instances the drug caused dysuria, or that urine passed during its administration had an irritating effect on wounds with which it came in contact. This, it seems to us, is only likely to occur under the use of very large doses, and especially where the patient does not receive an adequate amount of water, so that the urine becomes highly concentrated. Dr. Keyes, however, instances a case of enlarged prostate in which  $67\frac{1}{2}$  grains were given daily for months, and the patient rendered perfectly comfortable. According to Nicolaier, who has made the most thorough experimental and clinical study of urotropine, a daily amount of 15 to 22 grains is usually sufficient to obtain the desired therapeutic effect, and he advises

that each dose should be dissolved in at least one-half pint of water. If larger doses are employed, the quantity of water should be correspondingly increased.

The utility of urotropine in genito-urinary surgery is well summed up by Dr. W. T. Belfield (*Progressive Medicine*, Dec. 1, 1899), in the following statement: "Urotropine is of extreme value to the surgeon, also, giving him the ability to secure, before and after operative measures, that ardently sought 'asepsis of the urinary tract' hitherto usually unattainable. The drug should be administered for several days before and after every operation upon an infected urinary tract."

**WINTER CLOTHING.**

With the coming of December every one thinks of winter clothing, and as a clothing we all believe in wool. Undoubtedly, as the saying goes, "there is nothing to beat it." A man clothed in wool is far nearer to the condition of the natural monkey with whom he is said to have such affinities than when dressed in any other garb, even than when got up in furs or in the homely sheepskin. The trouble is that wool is difficult to wash and very difficult indeed to sterilize without deterioration, whereas cotton and linen can be made not only to look clean, but to be really clean by the simple process of putting it in a copper and boiling it. If one inquires how woollen underclothing is dealt with by the ordinary laundress, one finds that it is washed in warm water, well lathered with soap, and rapidly dried, preferably upon some form of stretcher, the aim being not entirely cleanliness, but the avoidance of the shrinkage which is apt



to take place if it be left long in water and of the "going hard" which occurs if the fabric is boiled. The process is definitely laborious and one that the poor find too tedious and expensive to be indulged in more frequently than is absolutely necessary. Hence, no doubt, what a contemporary calls the "dreadful smell of humanity" which characterizes a British crowd, for Great Britain of all countries in the world is the one whose inhabitants most affect woolen cloth.—  
*Hospital.*

#### THE PHYSICIAN THE NATION'S GUARDIAN.

He stands, the guardian of humankind,  
Amid the battle plains of dark disease;  
With soothing balm to heal the lame and blind,  
And power to give the wounded blessed ease.

A soldier dying lay upon the field,  
His white lips moving in a faint-breathed prayer;  
When, lo, a pitying spirit by him knelt,  
And dressed the wounds with skilled and tender care.

And one, who else had died, returned to one  
Who watched and waited many a weary day,  
In pain and anguish, for the soldier son—  
Lost to her heart amid the battle fray.

He came alive and strong to mother, wife,  
And holy little children, sweet and fair;  
And in God's book an angel wrote: "A life,  
Saved by a brave physician's timely care."

A mother languishes on painful bed,  
And death is hovering o'er her dark and cold.  
But, lo, one comes with firm and gentle tread,  
And strikes away the death-king's eager hold.

And twain arise at last—another life  
To give to God—its beauty and its prayer—  
A link to bind more closely man and wife—  
Another victory the physician's share.

A plague is spreading o'er sunny land  
And striking human forms with fever low;  
Fear is the watchword now on every hand,  
And parched lips moan faint in hopeless woe.

Hark! Through the silence breaks a welcome  
sound,—  
A footstep that is springing, firm, and true,  
And hope spreads snowy wings, and hearts rebound,  
And souls are strengthened in their prayers anew.

Beside the stricken the physician stands.  
He comes with guards against the tainted air,  
And life and peace within his outstretched hands,  
And bravery of heart to do and dare.

Now, once again, the land blooms fair and free,  
And health and hope are banners wide unfurled.  
The nation's greatest higher honor see  
Than theirs upon the guardian of the world.

Though storms may sweep throughout the universe,  
And wound and kill and ravage wild and wide,  
He, still courageous, mitigates the curse,  
And guards his nation as he would a bride.

Oh, nation, to him low in homage bend.  
God bless the brave physician. Who but he  
Lives all forgetful of a selfish end,  
And strikes till death for Life and Liberty?

*J. Cheston King, in the Virginia Medical Semi-Monthly.*

#### SECUNDUM NATURAM.

Old Doctor X, is dead; he's now  
Within the realms of joy,  
Where aches and quakes and ills and chills,  
And powders, pastes, and sugar pills,  
And—yes, ah, yes—long unpaid bills  
Can never more annoy!

He's paid to earth his mortal debt,  
He lived to fight disease,  
Whose fierce assaults, with all his might,  
(Hydrargyrum Chloridum mite  
And fiercer salts), he put to flight  
His enemy with ease.

He fought his foes 'gainst heavy odds  
And many battles won;  
With blue-mass pills he made attack  
And reinforced with ipecac,  
And, oh, the hosts he's driven back  
With small, hard rubber gun!

Old Dr. X, is dead; there is  
No longer doubt of that.  
Alas, no potions more he'll mix,  
No compound fractures more he'll fix,  
For Dr. X, has crossed the Styx!  
IN FACE REQUIESCAT!!

*J. Lee Hagadorn, Southern California Practitioner.*

Considerable success in the treatment of gastric fermentation has been achieved by the use of bismuth subgallate. The drug acts as an antiseptic and is non-irritant.—*Medical Summary.*

*Five-grain  
Artikamma Tablets -*

*The only scientific analgesic,  
The only safe antipyretic!  
No habit - no cardiac depression*

*Made solely by  
The Artikamma Chemical  
Company  
St. Louis, U. S. A.*

## SEASICKNESS.

Seasickness is a generic term, says Dr. Busdraghi, applied to a pathologic state which ensues when a sea voyage is taken by some individuals. It is characterized by dizziness, vomiting, and general disorder of the organism. Many terrestrial animals, such as horses, oxen, elephants, monkeys, sheep, dogs, hogs, etc., also suffer from this disease on sea voyages. Many theories have been advanced in explanation of the disease. Dr. Graily Hewitt succeeded in producing symptoms of the disease by letting individuals swing before an oscillating looking-glass. He concluded from this experiment that the disease is due to a disorder of the visual apparatus. The truth of this theory, plausible though it may be, is shaken by the observation of clinicians that blind men suffer with the disease as well as those with normal vision, as do *voyageurs* while sleeping.

An individual starting upon a sea voyage, thinking of the probable dangers that threaten him, enters into a state of excitation and exhilaration, so different is the life which he is about to enter from the tranquil and placid existence which he has been leading before this voyage. This state of excitation does not even spare the tried seamen, who all are superstitious to a marked degree, as we may judge from the amulets, etc., which they wear preparatory to taking a sea voyage. Among the various forms of neurasthenia there is one called agorophobia, in consequence of which individuals can walk along a street without any ill effects, but, strange to say, they are obliged to shun open squares. The

effect produced upon the visual apparatus by the open sea, the excitement of the individual, and the solar reflex or brilliant light, etc., all combine to produce seasickness. The sense of smell and also the sense of hearing are affected in seasickness, as it is often noted that individuals suffering with seasickness complain of the noise made by the engines and screws, and attribute to these noises their complaints. The sense of smell is sometimes a factor in the cause of this disease, and many persons cannot approach the kitchen because of the odors which emanate therefrom. Many cannot remain in the dining-room, and in some cases the odor of salt water causes dizziness and vomiting. The same thing may be said of the effects of heat and cold.

Another factor in the production of seasickness is the disturbance in the natural equilibrium of the body. Thus alternate anemia and hyperemia of the brain is produced in individuals on board ship. This effect of disturbance of the equilibrium of the body is seen in the liver particularly, because it is a large viscus, and it is oscillated by the constant jerking of the ship. The stomach, particularly after a meal, the spleen, the bowels, the bladder, the diaphragm, the heart, etc., all are disturbed by the oscillation of the ship.

Another cause of seasickness is to be found in the atmospheric conditions which even influence the temperament of people when on shore, making them nervous and excitable at times. The direction of the wind, the clouding of the sky, are all conditions that play a part in the production of this disease.

We must now say something about