

## INDUCTION OF ABORTION IN CARDIAC DISEASE.

Dolérís (*Nouv. Arch. d'Obstét. et de Gynéc.* May, 1892) performed this operation, recently, on a woman, aged 25, who had aortic insufficiency and dilatation of the aorta. She was advised never to become pregnant, but did not regard this advice. Her last period ended on November 9th, 1891. The cardiac symptoms grew worse, and uncontrollable vomiting set in. Pregnancy was evident, and on December 31st it was determined to induce abortion. For four days antiseptic sublimate injections were thrown up and iodoform tampons applied. On January 4th a laminaria stem was placed in the cervix. On the 5th a second and larger stem was introduced. On the 6th the ovum was extracted; the amniotic pouch was opened by the curette. The embryo was extracted in two pieces. The uterine wall was carefully scraped in order to detach the decidua vera. After an intra-uterine injection a tampon was applied to the vagina. Small pieces of already detached chorion were expelled on the evening of, and the day after the operation. After about a fortnight's rest, the patient felt quite free from all the bad symptoms caused by the pregnancy. The catamenia reappeared on January 28th. The advantages claimed by Dolérís for his method are: limitation of flooding (in this case hardly a drop of blood was lost), strict antiseptics, and rapid evacuation of the uterine contents:—*British Med. Jour.*

## Progress of Therapeutics.

### THERAPEUTICAL STUDY.

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For some time past the advances made in Therapeutics have been more in the line of laboratory products than in that of those medicaments directly from the forest and field.

We better understand the action and uses of antipyrine, phenacetine, sulfonal and many other recent additions to our armamentarium than we do of such drugs as belladonna, digitalis, cimicifuga, phytolacca and a host of older remedies.

Those medicines that act speedily, whose therapeutic effects are rapidly manifested, very soon find their proper place and field of usefulness, while those whose action is slower require more time for their study.

This very need of time and a long series of observations must always be an obstacle in the way of rapid advancement in the study of this class of remedies.

We may, therefore, reasonably expect that improvements in the treatment of acute diseases will progress faster than in that of those more chronic in nature.

Before we can determine the value of reports on the action of medicines, it is needful to inquire into the circumstances attending experiments in their use, otherwise we are liable to be led into the grossest error.

Hitherto, much of the study of therapeutics, and many of the reports on the action of medicines, have had no practical value.

There are a multitude of contingencies tending to invalidate results, and a pretty large number of experimentors seem to disregard these in their observations. In order to make sure of the action of a remedy, we must be able to clearly recognize the exact condition of the system of the patient at the time of administering the medicament. How many times a remedy is administered for a supposed condition when another exists.

Who has not seen the "diphtheria curer" having remarkable success "curing diphtheria" and "not losing a single case," while other physicians, practising in the same vicinity, were not meeting the disease at all; or has not heard of some doctor "curing pneumonia" cases by the dozen, while other physicians around were meeting only cases of severe cold or simple bronchial attacks? And these very "doctors" (?) are the ones who rush into print, vaunting this or that remedy as a "specific" for certain diseases, when, perhaps, they may not have met a single case of the kind. These so-called reports on the action of certain medicines are vitiated from their very fountain head, and, instead of being a guide and help, are a snare and a delusion. Instead of assisting those who depend on them, they lead to disappointment, and, what is worse, may cost a life. This loose, unreliable mode of study, observation and reporting has greatly hindered therapeutical advancement.

Another fruitful source of error in the study of the therapy of medicines is the use of remedies in combination with something else, and then attributing the effects of the combination to one single remedy. One can scarcely take up a medical journal without seeing some such caption as "Salol in Diarrhoea," "Ergot in Pneumonia," "Phenacetine in Typhoid Fever," "Manaca in Rheumatism," etc. When the article is read, it is found that the medicine in discussion was given in combination with from two to four other of the most reliable remedies known for that particular disease. Whatever good was done by the prescription was the result of the combination, and could not be attributed to any one alone. If one alone did the work, then the others should have been left out.

Before me there is a late medical journal