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ON THE TREATMENT OF DROPSY BY
BALSAM OF COPAIVA.

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In directing attention to the remarkable diuretic action of this drug, in cases of *dropsical* effusions, I do not claim to have made any discovery, but having been struck with the rapidity and completeness of the removal of serous effusions, by its use I feel justified in bringing its peculiar virtues particularly before the profession. Feeling confident that but few practitioners of medicine, have given it a fair trial in ascites, and that, too often, after having been disappointed by the use of hydragogues, they have had recourse to the trocar, when a simple and effectual remedy may be found, that will achieve the desired result without pain or exhaustion to the already debilitated patient. I have been induced to call attention to the success of the copaiva treatment in dropsical cases, in hopes that a more extended trial may establish its reliability, and secure for others, results as gratifying as they were astonishing to me.

Passing by cases of cirrhosis and chronic peritonitis, with their accompanying effusion, in which after re-accumulation after tapping, I have succeeded in not only diminishing, but completely removing the fluid by the use of the balsam. I will refer to one case, viz., ovarian dropsy, seldom regarded as being amenable to medical treatment, but which, thanks to copaiva, is to-day completely removed, and the patient enjoys better health than she has done for years. Dr. Austin Flint says of diuretics, as a class, that "it is difficult to obtain much effect from them in hydro-peritoneum," and also of the prolonged use of hydragogues "that they are liable to do harm," but never having used hydra-

gogues but in one single case of ascites, I will say of copaiva—as belonging to the "class" of diuretics—that in my hands it has earned the title of diuretic *par excellence*, as it has never failed in promptly and effectually removing the serum, through the medium of the kidneys, with the exception of one case—chronic albuminuria. Its distinguishing diuretic properties, so mild yet so certain, obviating the prescribing of elaterium gamboge, &c., the operation of tapping and ovariectomy, should, in my opinion, give this drug a place in the materia medica which it has never enjoyed, as an active and efficient agent in dropsy, functional or inflammatory.

Mrs. James Stewart, of Melrose, æt. 35, mother of five children, called on me in July last, and informed me that she had consulted Dr McDonald, of Antigonish, and Hon. Dr. Parker of Halifax, who pronounced her case to be ovarian dropsy, and proposed paracentesis as the only alternative, for without an operation "she must die sooner or later."

I found her considerably enlarged, but not suffering much inconvenience from pressure on the heart or lungs, although the cyst—monocyst—extended from the pubes to the ensiform cartilage. Appetite small, bowels constipated, no symptoms of peritoneal congestion or local inflammation, but had a sense of burning in the right iliac fossa, which, with the increase of measurement, from the ant-sup. spin. process of the ileum, to the umbilicus, would seem to decide the question of the right ovary being the affected one, and giving origin to the cyst. No glandular enlargements, œdema, varicose veins, or any indication of pressure on venous trunks. Respiratory, circulatory, nervous and digestive systems apparently healthy, and hence the idea of cancer of the ovary I rejected as being improbable. Percussion and auscultation corroborated the idea that this was a case of simple uncomplicated cyst without uterine adhesions, or in fact adhesions anywhere. From her statements I concluded the disease to have been developing itself gradually for months before its discovery. Believing that she had no ascitic fluid in the peritoneal sac, and accepting the diagnosis of Drs. Parker and McDonald, that it was "ovarian cyst, and could only be treated by an operation," I hesitated to prescribe any medicine, but remembering the *sharp* action of this drug in several cases of