

Original Communications.

Clinical Observations. By A. P. REID, Professor of Medicine and Clinical Medicine, Halifax Medical College.

MR. PRESIDENT,—It is not my intention to take up the time of the Association with very lengthened remarks, nor do I, for a moment, think that I have anything new to offer—my desire being rather to elicit discussion from those whose observations, continued over a long period of time and with extended opportunities, will be of great interest and value.

1st.—*Therapeutics of Chlorosis.*

All are aware that this extremely common malady is very susceptible to treatment by the ordinary means of good diet, pure air, laxatives and ferruginous and bitter tonics; but it has no less fallen to the lot of many to see cases where these means completely fail to restore health, even when very judiciously used, and it is to such as these that I wish to refer.

I will give a brief history of the first case that proved rebellious to all ordinary medication, and gave rise to the ideas to be referred to.

A. B., aged 24, came under charge at the Provincial and City Hospital, with the following history: Had been admitted about two months previously, under one of my colleagues, complaining of debility; there was amenorrhœa, and the ordinary symptoms of chlorosis. The recognised means of relief had been judiciously used, but without benefit; in fact, the house-surgeon said she was worse than on admittance.

Examination showed that there was no recognizable disease of the heart, lungs, kidney, stomach or liver, but amenorrhœa strongly pronounced, anemia and impoverished blood, venous hum, and anemic cardiac murmur, and general anasarca, which simulated the last stage of Bright's disease, with inability to even sit up in bed.

I need not occupy your time with the detail of treatment by laxatives, tonics, alteratives, bandaging, etc., which left the patient in, if anything, a worse state, so much so, that there did not even seem a chance for the continuance of life, and a departure from ordinary treatment became imperative.

In discussing the subject with the clinical class it was very evident that the blood, in addition to being very watery, was loaded with excrementitious products, and that the debilitated emunctories were unable to remove these impurities from the blood.

Acting on this assumption, I concluded that the best tonic or alterative would be liquor potassæ, as it excels all other diuretics in the amount of solids carried away by the kidneys.

Its use was contra-indicated from its known effect of producing debility and a watery state of the blood when long continued, and as well of impairing digestion.

Evidently, however, the patient would not hold out unless relieved speedily, and the liquor potassæ was given a trial—10 minim doses in mucilage three times a day.

In the course of two days the very swollen condition of the legs was a little ameliorated (no bandaging being used) and the appetite was, if anything, better.

This improvement continued, and in the course of two weeks she was able to sit up, the anasarca having quite disappeared. The cardiac murmur was lessened, and the pasty color of the skin was a little relieved.

In three weeks time the liq. potas. was discontinued; she had become very well, and was able to leave the Hospital in five weeks quite restored. Milk and nourishing diet, with liq. potass. being the only means used. Since then, I have frequently resorted to this drug in anemia ammenorrhœa, and, with few exceptions, with very great satisfaction, and in no case have I seen it productive of injury.

I have not been able to account for its failure in the few instances where iron has been subsequently required; but, even then, I think it had been of service by enabling the iron to act with greater promptitude.

In considering the course of chlorosis, we first have retention of the masses of an excrementitious blood, which debilitates, if it do not poison, the assimilating properties of the tissues; and if this be the fact, an agent which would stimulate and assist excretion should be the most efficient medicine. Such we have in liq. potass., and to this I attribute its curative power—the blood poison being removed the assimilative powers rapidly recuperate, without the necessity for special tonics.

During my last three months' duty at the Hospital, every case (six in number) of uncomplicated chlorosis was placed on liq. potass., and all got well rapidly, without other medication, unless a laxative when necessary. One case, with marked hysteria, was not benefited, and under subsequent treatment with iron, quinine, and other tonics, any improvement could not be detected.