

Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D.,
EDITOR.

R. ZIMMERMAN, M.D., L.R.C.P., London,
171 Church Street Toronto, Corresponding Editor.

SUBSCRIPTION, \$3 PER ANNUM.

All communications, remittances and Exchanges must be addressed to the Corresponding Editor, 171 Church St

TORONTO, MAY, 1880.

Selections: Medicine.

THE PRESENT AND PERMANENT TREATMENT OF DISEASE.

BY J. MILNER FOTHERGILL, M.D.

When the general practitioner is called in to see a new patient, he finds it expedient to provide immediate relief, if possible. If the case were one of his patients with whom he has become fairly well known, and whose confidence he had previously gained, his practice would perhaps be somewhat different and would be directed to the permanent interests of the patient, rather than the immediate present. Say he is called in to see a case of early phthisis where the cough is troublesome, causing the patient much discomfort; and yet the cough is fruitless as to any removal of the exciting cause of the cough, viz., the new products in the lung. The first impulse is probably to give some preparation of morphia or opium—say paregoric with some spirits of chloroform, given to make it more agreeable in mint water. Probably most of us would regard this as the most appropriate thing to be done, and our proceeding would in all likelihood be followed by the relief of the patient's sufferings, the gratitude of the friends, and an increment of reputation to the practitioner for his skill and capacity. Yet it may be questioned whether this treatment may not be directly injurious to the patient's true interests; especially if continued. As to the expediency of it at the time, probably no two opinions exist. But the danger lies in the very fact that relief is so afforded; and that the patient in consequence has a decided liking for the medicine, and is indisposed to give it up for

something else, the good effects of which are not so quickly manifest. The practitioner is conscious that while the opium allays the cough, it also exercises its effects upon the stomach; by blunting the terminal ends of the gastric nerves the sensation of appetite is lessened, and the inclination to take food diminished. It also influences the nerve-ganglia along the intestinal canal, and in doing so checks the peristaltic movements; and thus locks up the bowels. It thus strikes directly at one of the most important matters in pulmonary phthisis, namely, the keeping up the nutrition. Further, opium excites the action of the sudoriferous glands, and so adds to the exhausting night sweats which the patient probably has. Profuse sweating is justly dreaded in phthisis; whatever else it may, or may not do, it certainly drains away the salts of the body, whose loss is injurious. Those who have watched carefully the progress of phthisis must be painfully aware of the exhaustion which profuse night sweats occasion; and of the return of appetite which usually results almost immediately from their arrest. So long as they continue it is of little avail to give meat juice, milk, preparations of phosphorous, or other salts; for as fast as they are furnished to the system, they drain out in the pernicious night sweats. Now, if these effects of opium upon parts which we do not wish to influence, and which are directly injurious, are not got rid of, the line of treatment to be adopted on first seeing a phthisical patient may, and probably will, do as much harm as good; possibly more harm ultimately. If, as has been recently suggested, the effects of opium upon the sudoriferous glands be antagonized by the co-administration of belladonna, and its action