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Cholera.

"Dangerous Physicians."

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A Melancholic Attempts to Commit
Suicide while under the Influence
of Cocaine.

Alienist and Neurologist Editorials,

— BY —

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EDITORIALS.

General Grant.—The death of General Grant, nine months after Dr. John H. Douglas' first examination and prognosis of a probable fatal termination, when only an indurated and inflamed nodulation at the base of the tongue, with some adjacent sympathetic inflammation and congestion was discernible, shows us how unerring medical science has become of late years in diagnostic power, in regard to epithelioma. Considering the formidable character of the dead hero's malady from the start, and the overwhelmingly depressing influences which prostrated his life forces and made the development of cancer in him a possibility and its rapid progress toward the inevitable end a certainty, it is remarkable that General Grant has lived so long. This, with the work he did on his book, and the solicitude for its completion before the end, he knew was coming, might overtake him, with his task unfinished, added to the drain of the cancer upon each day's diminishing vitality, makes it remarkable that the end came not sooner. His case was managed with consummate skill, such as the profession expected from the professional character and ability of Dr. Douglas and his associates, Drs. Shrady, Sands and Barker.

The sanctity of the family privacy seemed, during the progress of the case, to have been too often invaded by the too-ready and too-often heralded bulletin of his condition, which probably returned to harm the suffering hero. (For this reportorial and public demands were perhaps much to blame.) But there is fortunately little room for the adverse criticism which the profession received over the management of the case of President Garfield. Grant's case fell into the right hands from the very beginning, and he suffered no misdirected search in the wrong direction for the *locus morbi*, which no amount of skill could remedy.

If we go not beneath the surface we must say General Grant died of cancer. If we go further into causes, we see a psychological shock—a wounded spirit—which no organism, trained as his was, to a soldier's

sense of honor, could withstand. The treachery of his financial associates to him and to the public who trusted the firm, through the association of his name with it, gave him the fatal blow of vital depression, which made the development of epithelioma a possibility and its early fatality a certainty.

It is gratifying to the medical world to know that the hero of so many unconditional surrenders only succumbed to death after every means in the power of science, of resisting the all-conquering foe, had been tried; that, through wise counsels, no suggestions from cundurango sources were allowed to embarrass the efforts of his chosen physicians and shorten his precious days; no persistent probing of false passages prolonged his daily agony or compromised his failing vital energies. The hero of Appomattox yielded only to the inevitable, and no reproach of neglected resource falls upon the profession or suspicion of error.

A grander battle than his last was never fought by patient or physician. His devoted medical advisers, with the fidelity, courage and skill of true medical science, contested every inch with the foe, and gave a sympathizing world, at times, astonishing hopes of victory. While the "silent commander" worked on as he had done so often before, in the face of death and in the line of duty, till the work on his memoir, which was to save his family from want and add another laurel (and not the least) to his chaplet of immortal fame, was finished, and he was ready to make his final unconditional surrender to the God of Hosts.

"He sleeps his last sleep,
No sound shall awaken him to glory again."

But his brave spirit, like that of the suffering Garfield, triumphed over death, and his name will live forever as immortal as that of Lincoln. The grave has no victory over such men. They vanquish Death and take away his sting!

As physicians will praise the heroism of the trying days when his life was nearing its painful inevitable close, so will the people forever applaud the valiant services he rendered his country, and the magnanimity he showed his foes in the trying days of a people's greatest peril. They will honor him much because in peace he was twice their President, and in war he was a great general;

but they and all the world will honor him more because he was ever the brave, inflexible man of courageous duty, whether on the battle field facing the foe, in the executive chair confronting the people, or listening to the still small voice of conscience, in the silent chamber of death. No shadow of moral cowardice darkened his character. No suggestion of duty to be evaded found acceptance with him, even in the face of impending death. This is what makes men high in power, great, and public names immortal.

Perhaps we ought to apologize to the reader for transcending the limits of a mere medical record of the dead ex-President; but when so great a man dies the full heart flows over regardless of proprieties of place. But is it improper, in a calamity like the present, when a mourning nation is rendering homage to the departed, that physicians, who see more of the true heroism and of the real shams of life and saw in General Grant's last illness the truest heroism of his life displayed, to give him the tribute due to him? No! Physicians are men and patriots, and those who saw how Grant died and saw how he lived the last nine months of his life, under the shadow of his impending doom, know that he lived to the last like a hero, and died as only the really great can die.

Apropos of the Threatened Invasion of Cholera.—We may be pardoned for calling attention to our paper read before the St. Louis Medical Society last September, and the relation of the nervous system to cholera, its prevention and treatment through the nervous system, which may be found in the January number of this JOURNAL, for cholera is in all, except its causative factor, the comma bacillus, a primary disease of the nervous system, its symptoms being those of suddenly overwhelming shock to the vital nerve centers, rather than those which might follow from the mechanical destruction of microbe invasion, and its evasion and resistance will be but accomplished, aside from such means as directly destroy the microbe, through a fortified and sustained nervous system.

The stimulating and tonic power of hot water to the cutaneous surface, and galvanism from center to periphery and periphery to center, galvanic baths when practicable, hot rectal injections while in these baths (the enemata

charged with tannin which is a bactericide), would prove far more efficacious than sinapisms, and when the latter are employed they should never be omitted from abdomen, epigastrium and the whole length of the spine. Chloroform and ether are better for the muscular cramps of the extremities than mustard. When the bath cannot be used, cerebro-spinal and abdominal electrizations (a long electrode passed up the bowels) would not fail to be of service, care being taken to sustain and not violently shock the nervous system; to his end using a constant current, not too strong to be borne on the face of the physician. With this electrical treatment a sustaining internal therapy will not be contra-indicated, and it has this advantage, that it will take hold and help the patient in collapse when the appropriating power for medicine is gone, and it will restore waning or lately lost impressibility to medication, and thus save or assist in saving. The danger of the electrical treatment is in its being overdone by rash novices. Violent shocks of an interrupted current are not to be commended, though a mild interrupted current might be cautiously used with advantage. The true electro-therapy of cholera, however, consist principally in the correct employment of constant galvanism.

The influence of static electricity in the atmosphere in the cholera-sick room ought to be salutary, because especially of its ozonizing power, and upon the patient through the probable power of the electrical spark to destroy the comma bacilli if discharged into the rectum, and through abdomen into the colon and small bowels.

"Dangerous Physicians."—Under this caption the *Buffalo Medical and Surgical Journal* calls attention to the dangers following neglected antiseptic washing after certain surgical operations and post-mortems; commending washing in a corrosive sublimate solution of one part to one thousand as the only fairly safe procedure.

But there are other than antiseptic precautions necessary to be observed by physicians in order that they may not be dangerous to their patients. One of these the *New York Medical Record*, of July 11th, dwells upon, as follows:—

Could those physicians who have rendered their patients victims to the living death of an opium eater be summoned to answer this serious charge, there would be a large assembly. The mischief done by these

men is seldom realized by themselves. The enormity of their unconscious guilt is more often manifest to physicians whose wide reputation brings the sufferers to them, as the last resort, for relief. It is then too often found that the remedy has proved worse than the disease, and that morphine and opium pains are what are making the patient wretched; and the cure depends upon the possibility of curing the opium habit.

The temptation of the country physician to give opium in some form is very great. His patients are scattered over a wide territory. The only visit he can make in the day must be one which will bring relief, sure and speedy, to his patient. He has no time to try if less potent medicines will prove of avail; therefore he prescribes opium.

In some instances the physician himself is a slave to the insinuating drug, and prescribes it to his patients, prompted by that feeling which opium begets of liking to have others to share its pleasures.

Another class of physicians who administer opium are those young in the profession, who wish to impress their clients with their power and skill by producing prompt results.

We would not single out the country doctor, for the incautious city physician with less excuse for the practice of too freely and too often prescribing opium, is but little less to blame.

The handy hypodermic syringe in the hands of city and country doctor alike, and the seductive and deceitful nepenthe which it so often holds, is greatly blamable for the ruin wrought; but reckless anæsthesia and chloral narcosis injudiciously ordered are likewise slaying thousands of thoughtless and reckless victims.

The great harm from these drugs comes through prescribing them instead of giving them, and from their frequent repetition.

It would be an easy matter for physicians to furnish single doses or a limited number of doses of narcotics and hypnotics, withholding, so far as practicable, the name of the article employed.

But there are many other ways in which physicians are dangerous. A dangerous physician to the community is the sensational-emotionalist, who discovers always the most wonderful therapeutic properties in every new drug, and on inadequate data fulsomely lauds it to profession and laymen alike. Among these are the cocaine enthusiast who, with the village parson and the parish priest, discuss the remedy that is to empty the inebriate retreat and lunatic asylum, and the electrical crank who places a battery in every house for self-use, as if a medicine chest made an apothecary, or a tool chest a mechanic or surgeon. Yes, there are dangerous physicians,

and every medical man, who has not a cool, calm, sceptical head for cautious discrimination in the employment of the potent agencies entrusted to his hand for good or ill, is a dangerous physician. Judgment superadded to extensive knowledge makes the safe physician, and without good judgment, knowledge, little or great, is a dangerous thing; especially in the domain of neurotherapy.

The millennium of medicine may some day come, when the logical faculties and the discerning powers shall be trained, as well as the faculty of retentiveness; when the cramming process of most of our medical schools shall be lengthened over a sufficient period of study to enable a reasonable amount of ratiocination to accompany the storing of abstract facts; when the young graduate in medicine shall represent a man who shall have been trained to deliberate and critical thought rather than to rapid exercise of prodigious memory. Some of our schools are trying to make medical men of this character now. Some are succeeding in it. But there must be many more long term schools and graded courses before the average young physician of America will cease to be dangerous. The mental discipline and acquisition necessary to qualify young men to safely practice an art as extensive and complicated as that of medicine is, can not be acquired in two short terms at college, with an added year of nominal study in a physician's office.

Ferran and His Inoculations.—Dr. Ferran in a late reply to the strictures of M. Brouardel, made to the French Academy of Sciences, re-affirms his faith in the power of his inoculations to secure immunity for at least two months, "all morbid phenomena" he says "produced by my inoculations, like those of cholera itself, appear to come from the powerful action of some kind exercised on the nervous centers." And this is only saying what has previously been uttered (vide Jan. No. this JOURNAL.)

The trained resistance of the nervous system, inoculated under the best sanitary conditions, ought to confer immunity for at least a longer time than the system would show without a trial and training of its resisting powers. Patients whose resisting powers enable them to fight successfully through one attack of cholera during

an epidemic, do not soon have another, and in time of cholera many persons have slight symptoms from slight degrees of infection which they successfully resist.

The principle of inoculation with attenuated virus to secure immunity from graver forms of disease is a correct one, as Pasteur has well proven, and Ferran ought not to be discouraged even though procedures do not promise perpetual immunity to the vaccinated.

It is the principle of physiological acclimatization and of drug tolerance. The preservative power of repeated inoculations with attenuated cholera bacilli consist in gradually accustoming the organism, through trained resistance established by gradual invasion, rather than overwhelming attack, to the presence of the virus of cholera. The same thing is seen in the tolerance established by gradually increasing doses of the most potently poisonous medicines, opium, alcohol and tobacco for example.

Ferran's method is to use the pure culture diluted in bouillon, one cubic centimeter to each arm, and to make three inoculations at intervals of five days. The resistance of the nervous system is not then overcome, but it ceases to be disturbed by the presence of these life-disturbing and death-dealing bacilli. The important fact of Ferran's dilutions is it be always as he has observed it, is that the bacillus of his diluted fluid does not reproduce itself in the cellular tissue, and this is the difficult thing to understand in the whole process. Is it the bouillon or the vital resistance that brings this about? Are the bacilli divested of their vitality and reproductive power by the bouillon, before reaching the cellular tissue through Ferran's dilutions, or after being introduced into the system, the soil there being unfavorable for reproduction?

There is a principle at the bottom of Ferran's work, not new to him, nor new to Pasteur, the principle of trained tolerance of pathic potencies, by gradual excitation of the powers of physiological resistance, possessed by all animal organisms, and cholera vaccination may be made available through this new training of the old *vis medicatrix nature*.

Dr. Ferran disclaims secrecy in his late letter to the Academy of Sciences, and reminds that body that he offered to conduct his experiments before it. To this the president replies that as there is no cholera in France the proposition could not be accepted, but this is hardly fair.

It is easy enough to see whether choleraic symptoms are producible by Ferran's attenuated virus.

Ferran also reminds the Academy that his offer never received any reply from the Academy. It is to be regretted he did not receive M. Brouardel more cordially, but, perhaps, the ignoring of his letter was the cause of it.

Ferran has an undoubted right to conduct his work in his own way, till he is ready to make full and final disclosures, and to do it all himself if he prefers to, but if his aim is the ignoble one, attributed to him of seeking to monopolize the work for gain by a selfish, secret and exclusive method, humanity will condemn him, and the world will bestow upon him no laurels. This does not, however, so appear from the tenor of his last letter to the French Academy of Sciences.

If Ferran's vaccinations produce only sufficient psychological security to largely divest communities of depressing dread, they will do good for a season in Spain.

But just here one is tempted to inquire, what of forty or more innoculated nuns reported to have succumbed to the assaults of the pestilence after having been protected by Ferran's inoculations?

A Melancholic Attempts to Commit Suicide While Under the Influence of Cocaine.—

A lady patient of the editor's, married and barren, æt. 37 years, suffering from ideational and sensory depression, whose circumstances are good and whose immediate environments have in no way contributed to the act, recently attempted to take her life by drinking an ounce of laudanum, at about eight p. m. At ten a. m., and at three p. m., and similarly for the two preceding days, the patient had taken a grain dose of Merck's muriate of cocaine; for a week before this she had taken half grain doses of the cocaine in the same manner, while before this she took half a grain of cocaine in the mornings and half a grain of belladonna and morphine in the afternoons for three days preceding.

A plan of treatment, consisting of the compound hypophosphites, arsenic, morphia and strychnia, upon which the patient somewhat improved, had been laid aside for this unsatisfactory treatment with cocaine. Somewhat better results with cocaine, but by no means satisfactory; and some recent laudatory statements concern-

ing grain doses hypodermically having led the writer to try cocaine again.

The editor has not the time to now detail his experience with cocaine in melancholia, but in his hands it has not proven at all comparable to morphia, its effects being more evanescent, far less agreeable, and, in one case, causing disagreeable and violent cerebral excitement. Cocaine does not soothe the cerebrum like opium. No agency yet discovered will calm the commotion of psychical pain, or suppress the morbid outcry of cerebral exhaustion like opium. Meconism speedily induced and cautiously maintained, pending neural recuperation, is the best medication yet discovered for melancholia. Cocaine subserves but a secondary place in letting the patient lightly down from the heights of psychical exaltation induced by opium, with which the wise therapist temporarily supplements and masks the morbid feelings and thought of lypemania.

Opium is too well-tried and true a remedy, in suppressing the symptomatic expressions of melancholia, to be supplanted by an agency so fitful and variable in psychical impressions as cocaine. Still, when the new remedy shall have settled to its true therapeutic level, after the fulsome encomiums of overwrought enthusiasm shall have ceased to pervert our vision, may we not hope to find in it a new auxilliary resource in combating states of mental depression and exhaustion.

