

even this small amount of vision left him, so that he could not distinguish light from darkness. Three weeks later, when first seen by Dr. Payne, he was again beginning to see objects. The veins of the fundus were a trifle full, the arteries somewhat narrowed, the margins of the papillæ somewhat hazy, the temporal halves of the discs taking on a glistening white appearance, the nasal halves retaining a pinkish appearance. Blindness was almost absolute in the nasal halves of the fields, the temporal halves possessing perception of moving objects. The patient has always been perfectly well, and there was no evidence of specific disease, diabetes, hemorrhage, nor of the taking of any drug which might produce the sudden amblyopia. His occupation of bookbinder did not expose him to any toxic influence, nor did it demand very keen vision. The patient had taken a moderate amount of alcohol for years, five or six drinks of whisky a day, and had chewed two or three small plugs of medium strong tobacco a week. This was not excessive, yet it was the only cause to be found for the amblyopia. It is probable that his field was narrowed gradually, or that he had developed scotomata previous to this attack and that the suddenness of the attack was apparent only.

The second case was one of blindness from drinking wood-alcohol. A large quantity, said to be a pint, was drunk with suicidal intent. The patient was unconscious for four days, and on recovering was absolutely blind, with widely dilated pupils. When seen ten days later he had absolutely no perception of light, his pupils were widely dilated, right papilla a trifle hazy and uniformly milky white, both veins and arteries a trifle narrowed; no other changes in the fundus. The left papilla exhibited practically the same changes, only not quite so far advanced. The patient has now been under treatment for three or four weeks; the papillæ are becoming whiter, and there is absolutely no light perception in either eye.

DR. SOUTHARD held it unnecessary to assume any toxic agent in the first case, and reported a case in which the central vision remained good while the concentric narrowing of the fields progressed until total blindness ensued. In this case no tobacco nor alcohol had been used, and the patient was a picture of health. At no time was there any swelling of the nerve-head, and the reflexes were always normal.

DR. EATON was of the opinion that the changes in the fundus in the first case were possibly due to a distension of Schwalbe's (subarachnoid) space, giving rise to edema of the nerve and retina, and consequent atrophy from compression. This conjecture seemed borne out by the blur in the left eye, and the appearance of edema in the macular region. A number of men who had inhaled Columbia spirits, had complained of temporary obscuration of vision. In these cases the loss of vision is intermittent.

DR. MERRITT stated that the whiteness of the discs in the first case was much more pronounced than when he saw the case two weeks ago.

DR. PAYNE stated that the reflexes in both cases were normal.

DR. EATON recalled the case which he presented to the Society on February 21 of this year, in which a crystal of methylene-blue and a 20 per cent. solution of protargol had been applied to an infected ulcer of the cornea, leaving a dense, bluish-green deposit on the cornea. This deposit has now entirely disappeared, and the vision has risen to 20/10.

Therapeutics.

Treatment of Pneumonia.

In his article on the treatment of pneumonia, Hare, of Philadelphia, emphasizes two statements: 1, when called to care for a patient through an attack of illness the physician should be a watchman all the time and a therapist only when necessity arises; 2, in all acute infectious diseases, particularly in croupous pneumonia, patients may be divided into three classes; namely, those who are so mildly ill that all they need is good care and little or no active treatment; cases so malignant that nothing can produce a cure, and a third class between the

first two, which is capable of cure only when the most skillful treatment is given. We must also keep in mind the fact that pneumonia is an infectious disease and runs a definite course and no attempt should be made to influence its regular course by any line of treatment. However, complications arise in a good percentage of the cases so that the skill and tact of the physician would have to be brought into action and opportunities will be afforded for the physician to show sense and knowledge of therapeutics. In typical cases the process passes through three stages, namely, the stage of hyperemia or engorgement, the stage of consolidation or red hepatization, and the stage of resolution. In cases of delayed resolution complications are liable to arise, which require special treatment. By the use of anti-pneumatocin, endeavors have been made to antagonize if possible the injurious influences of the diplococcus pneumoniae on the blood and different organs. If the efforts in this line of treatment are perfected the dangers and complications arising from an attack of pneumonia will be greatly diminished. As has been mentioned, however, the combating of dangerous symptoms which arise with the complications, and the strict support of the patient's condition and strength so that the tendency to exhaustion may be withheld, must occupy the attention of the practitioner.

If the physician sees the patient soon after the chill he may have opportunity, if the conditions are properly recognized, to arrest the severity of the disease and perhaps avoid an otherwise fatal illness. The patient should be ordered to bed at once in a large well-ventilated room, and if possible a competent nurse should be employed. The following should constitute the early treatment in order to establish good elimination and relieve to some extent the congestion:

R. Hydrargyri chloridi mitis gr. iii-vi | 20-40
Sodii bicarb gr. v-x | 30-60

M. Sig.: At one dose, to be followed at the proper time by a saline cathartic.

The following may be administered to relieve the pain, cough, and to promote elimination by the skin:

R. Pulv. opii et ipeacuanhæ 3ss 2|
Ft. chartulæ No. vi. Sig.: One powder to allay the pain, and repeat in three hours if necessary.

The following combination is sometimes used after administering the purging dose of calomel:

R. Tinct. aconiti m. xv 1|
Tinct. opii camph. 3iss 6|
Sol. ammon. acetatis 3iii 12|
Syr. zingiberis 3iii 12|
Aquæ q. s. ad ʒiv 128|

M. Sig.: One tablespoonful every two hours.

To establish renal elimination the following may be of service:

R. Spts. etheris nitrosi ʒii 8|
Liq. ammon. acetatis q. s. ad ʒiv 128|

M. Sig.: One tablespoonful every four hours.

The question arises and is frequently asked as to the use of bleeding in the early stages of pneumonia. There can be no question as to the advisability of resorting to this method in strong sthenic individuals of middle age and with a flushed face, difficult respiration and strong, full pulse. In such cases blood to the amount of 8, 12 or even 20 ounces may be withdrawn from the arm of the patient until the pulse becomes soft and the respirations show improvement. No such depressing treatment should be resorted to, however, in feeble asthenic patients.

Rather than resort to venesection in these strong individuals other sedative measures may be taken during the first twelve or fifteen hours of the disease, by giving the patient a hot foot bath and placing hot compresses to the chest to relieve the pain, or if the fever is high, a cold compress changed frequently is of service. Internally the following is useful to depress the circulation and produce diaphoresis:

R. Tinct. veratri viridis ʒi 32|

Sig.: Three minims every twenty minutes until three or four doses are given.

In the second stage of pneumonia different conditions are present and the treatment must likewise be changed. In this stage a greater amount of labor is placed upon a heart which has become more or less weakened from the toxic substances carried by the blood. It is in this stage that the heart and general strength of the patient demand the attention and therapeutic judgment of the physician. The right heart must necessarily withstand the increased pressure and obstruction in the pulmonary circuit. If it can properly do its work, then the physician is doing injury to his patient by the administration of cardiac stimulants in his anxiety to do him justice. The question then may be asked: What signs and symptoms must be present in this stage to guide the physician in his treatment? In reply, we would state that the character of the heart sounds are of importance as well as the condition of the pulse. If the second pulmonic is well accentuated and the heart regular, that heart is doing as good work as could be expected, showing as it does that hypertrophy of the right heart is well developed and in excess to dilatation; in other words, the right heart is competent. Consequently, to whip a competent heart is like whipping a team of horses which are pulling their heavy loads competently and smoothly. On the other hand, when the load drawn drops into a quagmire the team may be temporarily spurred on by the whip in order that they may put forth some extra strength to successfully extricate the load. In the same way when the right heart shows that dilatation is overcoming the hypertrophy as shown by the weakening of the second pulmonic, then the heart may, with advantage, be aided by the administration of heart stimulants. As a result of this weakening other symptoms will arise, such as increased cyanosis, the change in the character of the respiration, and perhaps the mental condition of the patient. As heart stimulants, the following may be employed:

℞. Strychnina sulphatisgr. ¼-½ } 015-03
 Spts. ammon. arom.3iv } 16
 Aq. camphoræ q. s. ad.3ii } 64

M. Sig.: One teaspoonful every three or four hours.

The foregoing may be given alternately with spiritus frumenti ounce one half to one ounce every four hours. If the cyanosis and the subjective symptoms of the patient increase, showing increased inability of the right heart to do its work competently, then a stronger stimulation must be resorted to. Digitalis has been greatly lauded in the treatment of this disease. It reduces the temperature and lessens the rapidity of the pulse, and is of use as a heart tonic whenever the pulse is of great rapidity. It may be given as follows:

℞. Infusi digitalis3iii } 12
 Potassii citratisgr. xx } 133

M. Sig.: At one dose, to be repeated in four hours.

The great tolerance for digitalis in pneumonia has been commented upon by many writers; but we must remember, in using it as a heart stimulant in the second stage of pneumonia, that this drug should be pushed only when there are positive evidences or indications of the right heart giving out. It has the disadvantage, especially the tincture, of contracting the peripheral blood vessels and thus increasing blood pressure, and this in turn throwing more work upon the heart. It is advisable then to decrease the peripheral blood pressure as much as possible and thus negatively stimulating the heart by lightening its burden. To do this we can depend upon no better class of drugs than the nitrites, which may be administered as follows, in order to dilate the peripheral arterioles:

℞. Spts. glonoini (1 per cent.)m. xv } 1
 Spts. ammon. arom.3v } 20
 Tinct. cardamomi comp. q. s. ad.3ii } 64

M. Sig.: One teaspoonful every four hours.

The foregoing prescription may be given alternately with the digitalis, or given in combination as follows:

℞. Spts. glonoini (1 per cent.)m. xxv } 166
 Tinct. nucis vomicæ3i } 4
 Tinct. digitalis3ii } 8
 Tinct. gent. comp. q. s. ad.3iii } 96

M. Sig.: One teaspoonful every six hours.

In conjunction with the treatment of the heart in the second stage of pneumonia the organs of elimination must receive proper attention, especially is it necessary that the kidneys be properly stimulated and encouraged to do their work properly. Danforth, in his article in the "American Text-book of Therapeutics," makes the statement that a case of pneumonia is not hopeless as long as the kidneys are in active service, otherwise a fatal result may be expected. The hepatic stimulation should not be neglected and careful attention should be given to the bowels and skin.

If the third stage or that of convalescence proceeds favorably and with no complications, treatment by drugs is unnecessary. Good digestible nourishing food and proper amount of rest will usually suffice. If resolution is delayed and the cough troublesome the following may be given:

℞. Codeinæ sulph.gr. vi } 36
 Ammon. carb.3i } 4
 Aq. camphoræ3i } 32
 Syr. tolutani q. s. ad.3iii } 96

M. Sig.: One teaspoonful every three hours.

The complications most likely to arise are, pleurisy, pericarditis, endocarditis and meningitis, which should be treated as independent diseases.

Medicolegal.

Particulars Required in Personal Injury Case.—The first appellate division of the Supreme Court of New York says, in the personal injury case of Steinau vs. the Metropolitan Street Railway Company, that it does not think that the plaintiff should be compelled to specify by a bill of particulars the injury complained of, its nature, location and extent. And while it thinks that an itemized statement of the expense that the plaintiff was put to for medical and surgical appliances was correctly ordered, it thinks that the particulars should be confined to such a statement, and that the plaintiff should not be compelled to furnish the defendant with the names and addresses of the physicians, the number of visits, and other particulars. But it holds that she might be required to state the number of weeks that she was confined to her bed as alleged in her complaint.

No Physician in Attendance at Trial of Rape Case.—In the case of People vs. Figueroa, where the defendant was convicted of having committed rape on the body of a child 6 years of age, the Supreme Court of California says that the fact that no physician was in attendance at the trial appeared to be due to the fact that no subpoena was served on one. The sheriff was not the only party that could serve a subpoena, and, he having neglected to make service, the defendant, if he desired the presence of a physician at the trial, should have requested a continuance until he could procure the attendance of such a physician as he might have subsequently subpoenaed. Not having done this, he had nothing, the court holds, of which to complain.

Temporary Indigestion and Informal Consultations.—The United States Circuit Court of Appeals holds, in the case of McClain vs. the Provident Savings Life Assurance Society of New York, that, having had "dyspepsia or indigestion at times" did not convict the insured of untruth in the sense of his contract of insurance, when he answered "No" to the interrogations in his application as to his having, or having ever had, any of an appended list of 50 or 60 diseases, including dyspepsia. Temporary indigestion, or dyspepsia at times, the court says, is too common an ailment, and not serious enough to suggest itself as a disease to one answering such a question. Again, it says that the catalogue of diseases, to each of which an interrogation point was appended in the application, was a long one, and embraced diseases of a serious character; so that, under the circumstances, the insured may well have ignored or forgotten the temporary indigestion from which he at times suffered, when called upon to say whether he had ever had,