

PYOKTANIN.

Dr. O. Wanscher refers to Professor Stilling's paper, in which the latter called attention to the antiseptic properties of the aniline dyes and named them pyoktanin, from their pus-killing properties. Experiments with the aniline dyes are now justifiable, for Merck has produced a non-poisonous aniline which can be given in doses of 15 grains to dogs, with no result other than to stain their faeces blue.

Wanscher confirms Stilling's statements regarding the pus-destroying properties of pyoktanin, but he is not certain that the good result following its use in two cases each of iritis and of choroiditis are to be ascribed to the antiphlogistic power of the pyoktanin. On the other hand, Carl and Braunschweig have disputed its antiphlogistic power, and also claim that it caused severe pain, shooting into the brow and the temple, and that great irritation with croupous exudate occurred upon the ocular conjunctiva after its use. Wanscher thinks these statements unjustified. He has found in a one-per-cent. solution of blue pyoktanin (methyl violet) an agent which fulfils the desire expressed by Billroth for a stain which will find and destroy its own peculiar bacteria without injuring the tissues. The results of Carl and Braunschweig he attributes in part to improper use of the stain. The pyoktanin, to be effective, must seek out the bacteria in the tissues; hence, it must be dissolved, clear, and easily absorbed. The more granular it is the more difficult will absorption be. Moreover, the application must be so made that no danger is incurred of transferring any pyoktanin from one patient to another, which can easily happen if the same brush is used for several patients. Pyoktanin in a half-dried condition, destroys the bacteria of pus, but not those of croup and diphtheria. Possibly the semi-dried mass is irritating, just as powdered chlorate of potash acts as an escharotic, while a concentrated solution has no such action. Again, the pyoktanin must be employed repeatedly until the tissues are effectually stained. To this end ten or twenty drops at a sitting are often necessary, and they must be instilled every two or three hours, according to circumstances. Carl discards it as ineffective because he did not succeed in checking a serpiginous ulcer by using one drop a day.

For six weeks, Wanscher says, he instilled pyoktanin (blue and yellow) in nearly every case that applied. Fifty patients received upward of a thousand instillations. About twenty patients came daily to his clinic, instillations being employed generally four times a day; altogether there were three hundred instillations a day. He says in no case did he see irritation follow. None of his patients have complained of pain; and, on the other hand, he says he has undoubtedly rescued three eyes which would have been

lost through gonorrhoea, and two others have recovered from it with full vision. Braunschweig has treated seventy patients with pyoktanin in two months, but it was not employed in a case of gonorrhoea. Wanscher reports his four cases in detail.

Besides the cases of gonorrhoea, he has treated by instillation of a one-per-cent solution of pyoktanin two cases of cataract operation, four iridectomies, one squint operation, one case of gonorrhoea of the lachrymal sac, two cases of specific choroiditis, one of simple iritis, two of suppurative conjunctivitis, superficial keratitis, etc. The result in these and in other eyes and surgical cases in private practice has confirmed his good opinion of pyoktanin, especially of the blue pyoktanin.

In his private practice he says he has cured a gonorrhoea of the lachrymal sac which had persisted a year under other methods of treatment, even including galvanic stimulation of the mucous membrane of the canal. He has also employed it in the dressing after operation of a case of osteitis and necrosis of the tibia which had lasted twenty-five years. The result was favorable, and no irritation was produced. A walking case of gonorrhoea, associated with great dysuria, was abated with a one-per-cent. solution of pyoktanin. The same result was obtained in a case of balanoposthitis. A good result was also obtained in a case of ingrowing nail and inflamed corn. After operation a bandage soaked in a one-per-cent. solution was applied. The wound healed in a few days, notwithstanding the fact that the patient continued to go about.

Wanscher finds yellow pyoktanin less active than the blue. The color disappears quickly when used upon the eye, but more slowly when used upon the skin. Alcohol quickly dissolves the fresh stain.

In conclusion, he speaks of a one-per-cent. solution of blue pyoktanin as one of the most valuable of our therapeutic remedies for use in purulent ophthalmia.—*Therapeutische Monatshufte.—Medical News.*

A RELIABLE PURGATIVE ENEMA.

The following enema has proved so reliable and satisfactory in my hands, that I feel it is worthy of a brief note:

R. Sulphate of magnesia,	2 ounces.
Glycerin.,	2 "
Oil of turpentine,	$\frac{1}{2}$ ounce.
Water,	2 ounces.—M.

Label, "To be used as an enema."

To move the bowels after abdominal section or after plastic operations on the female pelvic organs, it has been in constant use for many months. When used alone it has moved the bowels, as a rule, promptly; and has been equally