

A REMEDY FOR HÆMOPTYSIS.

Dr. Holden says, in the *Medical Record*, that he desires to call the attention of the profession to a method of treatment of hæmoptysis, which, while most simple and efficacious, he has not seen described by any, viz., the throwing of the atomized vapour of a saturate solution of gallic acid directly into the mouth and throat. He has repeatedly found the most gratifying success follow at once, even in cases of profuse hæmorrhage. Unlike other styptics thus administered, it quiets the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and, aside from its efficacy, it inspires immediately the confidence of the patient. For about two years he adopted this method, and has been surprised that no similar experience has found its way into the medical journals. His habit has been to have an atomizer and bottle of gallic acid always at hand, and when summoned hastily, to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where the blood was streaming from the mouth with every expiration. (*Med. and Surg. Reporter*, No. 768.)

CARBOLIC ACID INHALATIONS IN CHRONIC BRONCHITIS.

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In a bad case of chronic bronchitis—a case in which there was strongly marked bronchiectasis on both sides, harassing cough both by day and night, profuse muco-purulent secretion that oftentimes was very offensive in smell, and emaciation with other general signs of bronchial phthisis, the writer has recently administered carbolic acid by inhalation, and made the patient comfortable by so doing, when every other palliative had failed.

At first it was given in the vapor of hot or warm water; but, after a short trial, these inhalations were discontinued, because they made the patient perspire too much. Then it was administered in the form of spray with Codman & Shurtleff's atomizing apparatus No. 5, and the result was gratifying in every respect. The preparation which was used most, consisted of the crystallized acid dissolved in water in the ratio of one grain of the former to one ounce of the latter, that is, 1 part of the acid to 480 parts of water. Trials were also made with a solution as weak as 1 part to 600 on the one hand, and as strong as one part to 300 on the other, but those having a strength of 1 part to 450 or 480 answered best. The patient was made to breathe or inhale the spray with deep inspirations, from five to ten minutes at a sitting, unless a feeling of drowsiness were sooner produced, once a day, usually; twice a day, however, when the expectoration was very profuse or offensive in smell.

The use of these inhalations was continued on and off for about eighteen months without producing any unpleasant consequences whatever. On the contrary

they always gave the patient marked relief. They invariably soothed and quieted the cough. They corrected the fetor of the breath and of the expectoration. They lessened the quantity of the expectoration itself in a decided manner without tightening the cough or rendering it dry. And they proved beneficial in other respects, for under their use the pulse became less frequent and irritable, and the tendency to afternoon fever was likewise diminished. Notwithstanding, this case terminated fatally (although the end was long postponed,) and therefore carbolic acid inhalations must not be considered as, in any sort of way, a specific for chronic bronchitis. However, our patient's life was obviously prolonged, and her comfort was greatly promoted by their frequent use. It is, then, as a palliative of more than ordinary value in the treatment of this disease that we now confidently recommend the inhalation of carbolic acid.

The only contra-indication to its employment in chronic bronchitis which we observed, was the contraction of a "fresh cold," especially when attended with fine crepitation. Under such circumstances we always judged it expedient to suspend the inhalations until the acute symptoms had passed away. Carbolic acid appears to be too irritating in its nature to be used in this way with safety in cases where there is acute inflammation of the pulmonary tissue or of the bronchial mucous membrane. But, in cases where those chronic inflammatory conditions of the bronchial mucous membrane, which need a stimulating plan of treatment, are present, this agent may be administered in the way mentioned above, without risk, and with great benefit to the patient.—*New York Medical Record*.

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MONTREAL AS A CENTRE FOR MEDICAL EDUCATION.

Montreal, the metropolis and great manufacturing centre of the Dominion, has always been recognised as the chief seat of Medical Education for the British American Provinces. Its rapid growth and increased manufacturing interests have largely developed those means, which in the first instance gave to our city its medical reputation. To-day, therefore, it should be in the position of extending to all who come to it the fullest possible advantages